**United States Department of Energy**
**Office of Hearings and Appeals**

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| In the Matter of: Personnel Security Hearing | ) | | |
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| Filing Date: April 27, 2026 | ) | Case No.: | PSH-26-0107 |
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Issued: September 23, 2026

## Administrative Judge Decision

Erin C. Weinstock, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXX (the Individual) to hold an access authorization under the United States Department of Energy's (DOE) regulations, set forth at 10 C.F.R. Part 710, "Procedures for Determining Eligibility for Access to Classified Matter and Special Nuclear Material or Eligibility to Hold a Sensitive Position."[1] As discussed below, after carefully considering the record before me in light of the relevant regulations and the *National Security Adjudicative Guidelines for Determining Eligibility for Access to Classified Information or Eligibility to Hold a Sensitive Position* (June 8, 2017) (Adjudicative Guidelines), I conclude that the Individual's access authorization should not be granted.

## I. BACKGROUND

The Individual is employed by a DOE contractor in a position that requires her to hold an access authorization. Exhibit (Ex.) 1 at 6.[2] In March 2025, the Individual completed a Questionnaire for National Security Positions (QNSP) in which she disclosed that she had been hospitalized for issues related to depression and mental health several times between 2017 and 2024. Ex. 10 at 104–07. After the Individual completed the QNSP, the Individual was hospitalized on two separate occasions after she attempted suicide. Ex. 5 at 24; Ex. 6 at 27. As a result of the Individual's disclosures and the subsequent events, the Local Security Office (LSO) requested that the Individual undergo a psychological evaluation in February 2026, by a DOE-consultant psychologist (DOE Psychologist), which resulted in a finding that the Individual met sufficient *Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition* (*DSM-5*) criteria for diagnoses of Major Depressive Disorder and Persistent Depressive Disorder. Ex. 7 at 36. The DOE Psychologist also found that the Individual exhibited "behaviors consistent with borderline

[1] The regulations define access authorization as "an administrative determination that an individual is eligible for access to classified matter or is eligible for access to, or control over, special nuclear material." 10 C.F.R. § 710.5(a). This Decision will refer to such authorization as access authorization or security clearance.

[2] References to the Local Security Office's (LSO) exhibits are to the exhibit number and the Bates number located in the top right corner of each exhibit page.

personality traits." *Id.* The DOE Psychologist opined that these conditions could impair the Individual's judgment, stability, reliability, or trustworthiness. *Id.*

The LSO subsequently issued the Individual a Notification Letter advising her that it possessed reliable information that created substantial doubt regarding her eligibility for access authorization. Ex. 1 at 6. In a Summary of Security Concerns (SSC) attached to the letter, the LSO explained that the derogatory information raised security concerns under Guideline I of the Adjudicative Guidelines. *Id.* at 5.

The Individual exercised her right to request an administrative review hearing pursuant to 10 C.F.R. Part 710. Ex. 2. The Director of the Office of Hearings and Appeals (OHA) appointed me as the Administrative Judge in this matter, and I conducted an administrative hearing. The LSO submitted ten exhibits (Ex. 1–10). The Individual submitted twelve exhibits (Ex. A–L). The Individual testified on her own behalf. Hearing Transcript, OHA Case No. PSH-26-0107 (Tr.). The LSO called the DOE Psychologist to testify. *Id.*

## II. THE SECURITY CONCERNS

Guideline I states that "[c]ertain emotional, mental, and personality conditions can impair judgment, reliability, or trustworthiness." Adjudicative Guidelines at ¶ 27. Among those conditions set forth in the Adjudicative Guidelines that could raise a disqualifying security concern is "[a]n opinion by a duly qualified mental health professional that the individual has a condition that may impair judgment, stability, reliability, or trustworthiness." *Id.* at ¶ 28(b). The SSC cited the DOE Psychologist's determination that the Individual met sufficient criteria for diagnoses of Major Depressive Disorder and Persistent Depressive Disorder and her finding that the Individual exhibits behaviors consistent with borderline personality traits, "which are conditions that can impair her judgment, stability, reliability, or trustworthiness." Ex. 1 at 5. The LSO's assertions in the SSC justify its invocation of Guideline I.

## III. REGULATORY STANDARDS

A DOE administrative review proceeding under Part 710 requires me, as the Administrative Judge, to issue a Decision that reflects my comprehensive, common-sense judgment, made after consideration of all the relevant evidence, favorable and unfavorable, as to whether the granting or continuation of a person's access authorization will not endanger the common defense and security and is clearly consistent with the national interest. 10 C.F.R. § 710.7(a). The regulatory standard implies that there is a presumption against granting or restoring a security clearance. *See Dep't of Navy v. Egan*, 484 U.S. 518, 531 (1988) ("clearly consistent with the national interest" standard for granting security clearances indicates "that security determinations should err, if they must, on the side of denials"); *Dorfmont v. Brown*, 913 F.2d 1399, 1403 (9th Cir. 1990) (strong presumption against the issuance of a security clearance).

An individual must come forward at the hearing with evidence to convince the DOE that granting or restoring access authorization "will not endanger the common defense and security and will be clearly consistent with the national interest." 10 C.F.R. § 710.27(d). An individual is afforded a full opportunity to present evidence supporting their eligibility for an access authorization. The

Part 710 regulations are drafted to permit the introduction of a very broad range of evidence at personnel security hearings. Even appropriate hearsay evidence may be admitted. *Id.* at § 710.26(h). Hence, an individual is afforded the utmost latitude in the presentation of evidence to mitigate the security concerns at issue.

## IV. FINDINGS OF FACT

In April 2017, the Individual was involved in a domestic dispute with her husband and transported to a local medical center for a mental health evaluation. Ex. 10 at 149. As a result of this domestic dispute, the Individual was charged with domestic violence, but the charges were ultimately dismissed. *Id.* at 104; Ex. K (court order indicating the charges were nolle prossed). After this incident, the Individual enrolled in a partial hospitalization program (PHP) and then an intensive outpatient program (IOP), both related to her depression, anxiety, and seasonal affective disorder. Ex. 10 at 105.

In a QNSP she completed in June 2017 in connection with seeking access authorization, the Individual stated that she became upset after her husband "threatened divorce," and she attempted to overdose on over-the-counter medicine. *Id.* at 106. At the hearing, the Individual contradicted her own account of the event in the QNSP, saying that she had not attempted to overdose, though she was evaluated by medical providers after an argument with her husband when he was concerned that she had taken too many over-the-counter pills. Tr. at 54–55. That same month, the Individual was involved in a car accident after a fight with her husband. Ex. 10 at 150. Records obtained during the background investigation of the Individual indicate that the police officer who responded to the incident stated that the Individual told him that "several times she wrecked her vehicle in attempt [sic] to take her own life." *Id.* The police officer also reported that the Individual "stated several times that she would jump out of an ambulance if transported." *Id.* At the hearing, the Individual said that she did not remember "having the desire to hurt [her]self" or that she "was going to jump out of the ambulance," but did not outright deny the police officer's account. Tr. at 31.

The Individual has been seeing her psychiatrist for "evaluation, monitoring, and management of mental health symptoms and medication[] management" since December 2019. Ex. F. She provided a letter from this psychiatrist stating that she was compliant with appointments and treatment. *Id.* The letter from the psychiatrist also stated that "[t]his correspondence is provided at the request of the patient for the purpose of confirming ongoing treatment. No additional clinical details, including diagnosis or prognosis, are disclosed to protect patient confidentiality." *Id.* The Individual has also been seeing a counselor for psychotherapy since 2017. Tr. at 28; Ex. F (letter from psychiatrist indicating the Individual's care is being coordinated with her psychotherapist).

In January 2018, the Individual voluntarily underwent electroconvulsive therapy for her depression. Ex. 10 at 106. In January 2020, the Individual voluntarily enrolled in a PHP and then continued with an IOP because the medications that she was taking for her depression had not been effective. *Id.* In December 2024, she underwent another round of voluntary electroconvulsive therapy for her depression. *Id.*

In 2023, one of the Individual's supervisors referred the Individual to "employee assistance" for evaluation after the Individual made suicidal statements at work. *Id.* at 141 (quoting notes of an interview with the Individual's supervisor conducted by a background investigator). An ambulance was called to take the Individual to the hospital for evaluation, and the Individual returned to work one or two days later. *Id.* At the hearing, the Individual testified that she had said, "I'm so busy, I feel like I could strangle myself" and that the statement was sarcastic. Tr. at 21–22. She also testified that the ambulance came to take her to the mental health assessment two days after the comment in question had been made. *Id.* at 22.

In 2024, the Individual signed one of her neighbors up to receive spam and coupon mailers because of a homeowner's association dispute. Ex. 10 at 126. Later that year, the Individual was contacted by a Postal Inspector to ask about this behavior. *Id.* The Postal Inspector informed the Individual that this behavior was illegal, but took no further action. *Id.* Around this time, the Individual was also contacted by the FBI about some allegedly threatening posts she had made on Facebook. *Id.* The Individual disputed this characterization of the posts, and no further action was taken. *Id.*

On October 11, 2025, the Individual's husband informed her that he would like a divorce and provided her paperwork to sign. Tr. at 33–34. The Individual was blindsided by this request and called her mother, who came to sit with her after her husband left the house. *Id.* at 34. Eventually, the Individual's mother had to leave to go take care of the Individual's father. *Id.* After her mother left, the Individual "grabbed a bottle of pills and took a whole lot of pills" and then "immediately texted a group text to [her] family and said, 'I'm sorry. I love you all.'" *Id.* This message caused the Individual's sister to call emergency services to the Individual's home, and then the Individual was transported to the emergency room, where she was provided appropriate medical care. *Id.*; Ex. 6 at 27 (incident report regarding the Individual's October hospitalization). The Individual was eventually released into a PHP. Tr. at 35.

When the Individual returned to her home, her husband returned to help her with their dog. *Id.* The Individual believed that her husband was interested in reconciling. *Id.* She later learned that he still wanted to get divorced, and she "attempted to hurt [her]self again by taking more pills." *Id.* The Individual was again transported to the hospital where she received medical care. Ex. 5 at 24. She was later released into a PHP with a plan to transfer her to an IOP after the PHP was completed. *Id.* The Individual testified that she completed the PHP, but her therapist suggested that she did not need to complete the IOP, so she did not. Tr. at 37. The Individual explained that the therapist thought it would be better for the Individual to "try to get back into the swing of things at work, to be living daily life and take [her] mind off of coming home alone." *Id.*

In November 2025, while she was still in the PHP, the Individual began to see a physician who specialized in intravenous ketamine treatments for treatment-resistant depression. *Id.* at 38. In December 2025, the Individual began to see a counselor through her employer's employee assistance program (EAP). *Id.* at 40; Ex. L (email from EAP counselor confirming the Individual's participation in counseling).

The Individual was evaluated by the DOE Psychologist on February 10, 2026. Ex. 7 at 30. After the Individual completed the evaluation, the DOE Psychologist issued a report in which she concluded that the Individual met sufficient criteria for diagnoses of Major Depressive Disorder

and Persistent Depressive Disorder, and that she exhibited "behaviors consistent with borderline personality traits." *Id.* at 36. At the hearing, she explained that a diagnosis of borderline personality disorder requires a practitioner to "go back into early adolescent teenage years for evidence that this has been a characterological issue and not the result of a medical condition," and she did not feel she had sufficient long-term information about the Individual to make that determination. Tr. at 87. However, because the Individual displayed a "chronic and significant pattern of emotional reactivity, emotional impulsivity, . . . fear of rejection, [and] loss . . . over a significant period of time," she thought it was appropriate to note that the Individual displayed traits that fit with the profile of borderline personality disorder. *Id.* at 92–93. In her report, the DOE Psychologist specifically noted that the Individual exhibited:

> behaviors that indicate a frantic need to avoid abandonment (multiple suicide attempts related to relationship distress), levels of impulsivity that are personally damaging (suicide attempt, threatening Facebook post to neighbor, targeting neighbor with mail fraud when angry), and affective instability due to mood reactivity (domestic violence while engaged in argument with husband, suicidal statements in workplace).

Ex. 7 at 36. She stated that these concerns were also supported by the issues the Individual had related to illegal activities and the "narratives related to her [2017] car accident that were in direct contradiction to police reports." *Id.* The DOE Psychologist found that the above-described conditions could impair the Individual's judgment, stability, reliability, or trustworthiness and stated that the Individual had a "guarded to poor" prognosis because managing the conditions would be dependent on "response and adherence to treatment protocols." *Id.* The DOE Psychologist noted that the Individual had been engaged in "intensive treatment protocols" for her diagnoses, but still experienced "significant periods of functional impairment." *Id.*

The Individual provided a letter dated May 5, 2026, from the physician supervising her ketamine treatments that indicated that she had "experienced a complete remission" of her depression, citing significantly lower scores on the Beck's Depression Inventory than when she entered treatment. Ex. I. The Individual testified that she feels that the ketamine treatment has been "amazing" and made her feel more "bubbly" and "outgoing." Tr. at 39. She stated that her supervisor even commented on her improved mood during a recent performance evaluation. *Id.* at 39–40.

The Individual testified that she provided the DOE Psychologist's report to her psychotherapist, psychiatrist, and the physician supervising her ketamine treatments, and "[t]hey did not think that [the concern about the borderline personality traits] was accurate." *Id.* at 60. She further testified that those providers did not believe that any of her treatment needed to be changed based on the DOE Psychologist's report. *Id.* at 61.

At the hearing, the DOE Psychologist testified that during the evaluation, she had difficulty having a clear conversation with the Individual, and, due to the Individual's demeanor during the evaluation, the DOE Psychologist "did not push as hard as [she] sometimes do[es] to get clarity." *Id.* at 70. The DOE Psychologist explained that she was so concerned about the Individual's mental wellbeing that she called her supervisor after the evaluation. *Id.* Regarding the Individual's psychological health diagnoses, the DOE Psychologist testified that the Individual's history made

it clear that the Individual had "diligently sought treatment and diligently complied with treatment" throughout her life, but that it appeared the Individual was one of "a very small minority of cases [that] are treatment resistant." *Id.* at 75.

The DOE Psychologist testified that typically she considers a patient to be in "complete remission" from depression after "a significant period of time," typically "twelve to twenty-four months, . . . without a hospital admission or some sort of mental health crisis." *Id.* at 77. She explained twelve to twenty-four months is standard in her field, and that period of stability shows that a patient's treatment is working even as life events and life changes occur. *Id.* In her view, the statement from the physician supervising the Individual's ketamine treatment saying that the Individual was in complete remission was questionable because six months of treatment seemed like "a short period of time to make those statements." *Id.*

Further, the DOE Psychologist stated that after reviewing the hearing exhibits and hearing the Individual's testimony at the hearing, she still believed that the Individual has a guarded to poor prognosis because she did not see evidence that the Individual was receiving dialectical behavior therapy (DBT) or cognitive behavioral therapy (CBT) in the information provided by the Individual's treatment providers. *Id.* at 88–89. Although she had not recommended those specific therapies in her evaluative report, she explained at the hearing that they would be the appropriate treatment for the mental health diagnoses that she had given the Individual. *Id.* at 92. The DOE Psychologist said borderline personality disorder is typically treatable, but the treatment required is "markedly different" than the treatment required for a person with a depressive disorder. *Id.* at 93–94.

The DOE Psychologist also testified that based on the information that she had at the time of the hearing, she still believed that the Individual's stability, reliability, and judgment could be impaired by her mental health conditions. *Id.* at 90. She further explained that the concerns she raised about the Individual in her report were largely the same after observing the Individual's testimony at the hearing, though she did remark that the Individual's "demeanor and affect" were "much improved." *Id.* at 91. When questioned, the DOE Psychologist said it would be accurate to say that the Individual is "on a good path but needs more time and possibly needs some slightly different therapy." *Id.* at 93.

## V. ANALYSIS

### Guideline I

Conditions that could mitigate security concerns under Guideline I include:

(a) The identified condition is readily controllable with treatment, and the individual has demonstrated ongoing and consistent compliance with the treatment plan;

(b) The individual has voluntarily entered a counseling or treatment program for a condition that is amenable to treatment, and the individual is currently receiving

counseling or treatment with a favorable prognosis by a duly qualified mental health professional;

(c) Recent opinion by a duly qualified mental health professional employed by, or acceptable to and approved by, the U.S. Government that an individual's previous condition is under control or in remission, and has a low probability of recurrence or exacerbation;

(d) The past psychological/psychiatric condition was temporary, the situation has been resolved, and the individual no longer shows indications of emotional instability;

(e) There is no indication of a current problem.

Adjudicative Guidelines at ¶ 29.

As an initial matter, I want to make clear that the security concern here is not the mere fact that the Individual has mental health struggles, but that these struggles, as recently as November 2025, have severely impacted her life, judgment, and stability. Her continued attempts to seek care for these issues is admirable, but given her extensive medical history in this area, the recency of major mental health events, and as explained below, the lack of sufficiently specific corroboration for her testimony that the issues have been resolved, I cannot find that she has mitigated the security concerns. Even if the concerns regarding the Individual's depression were resolved, the Individual has not provided any evidence, save her own testimony, that the concerns the DOE Psychologist raised regarding borderline personality traits were considered by her medical providers or resolved.[3]

As to mitigating factor (a), the DOE Psychologist described the Individual's two depressive disorders as "treatment resistant." Without any evidence to the contrary, I find that this description shows that the Individual's depressive disorders are not readily controllable with treatment. To the extent that the Individual has argued that her ketamine treatments have treated her depressive disorders, she has not provided evidence that ketamine is considered a standard or regularly recommended treatment. Rather, it appears that the Individual's ketamine treatment is a less-than-ordinary treatment used to address her Persistent Depressive Disorder which, by its very nature, is not "readily" treatable and therefore "persistent." As such, I do not find that the short-term efficacy of one specific treatment is sufficient to show her condition is "readily controllable with treatment" considering the longstanding nature of her depressive symptoms. Even if her depressive disorders were readily controllable with treatment, there is not sufficient evidence in the record for me to find that the Individual has demonstrated ongoing and consistent compliance with a treatment plan related to the borderline personality traits that the DOE Psychologist raised. Therefore, the security concerns cannot be resolved pursuant to mitigating factor (a).

[3] The Individual provided letters from her psychiatrist and the physician supervising her ketamine treatment, and the contents of those letters are described, *supra*. Ex. F; Ex. I. She did not provide any other exhibits that contained clinical diagnoses or diagnostic impressions from any provider.

The Individual has voluntarily entered the ketamine treatment program for her depressive disorders. However, while the physician managing her ketamine treatment provided a letter stating that the Individual was in "complete remission" from her depressive disorders, the DOE Psychologist testified that she did not feel the Individual had been stable long enough for that determination to be made. As the physician managing the ketamine treatments did not testify at the hearing, I do not have sufficient context to understand how he came to his conclusion. Without that, I cannot find that the Individual has proven that she has a positive prognosis for her depressive disorders, and the DOE Psychologist's diagnosis was poor to guarded. As I explained above, I also do not have sufficient information to support the Individual's testimony that her medical providers did not agree with the borderline personality concerns that the DOE Psychologist raised. Therefore, the security concerns cannot be mitigated pursuant to mitigating factor (b).

The DOE Psychologist did not testify that the Individual's conditions were under control or in remission and had a low probability of recurrence or exacerbation and, for the reasons described above, I do not credit the physician's opinion as to the remission of the Individual's depressive disorders. As such, the security concerns are not resolved pursuant to mitigating factor (c).

As to mitigating factor (d), there is no indication in the record that the psychological conditions raised by the DOE Psychologist were temporary in nature. Therefore, mitigating factor (d) does not apply.

Finally, the Individual has not resolved the security concerns pursuant to mitigating factor (e) because the evidence that the Individual provided to support her testimony that her depressive disorders were not currently a problem was insufficient. The letter she provided from her psychiatrist only indicated that she was under that doctor's care and that she was compliant with treatment. As explained above, the letter she provided from the physician overseeing her ketamine treatment did not provide sufficient context for me to find that the Individual does not currently have a problem. Finally, as noted above, the Individual did not provide any evidence to corroborate her testimony that her providers do not believe that she has any borderline personality traits. Therefore, the security concerns are not mitigated pursuant to mitigating factor (e).

Accordingly, I find that the Individual has not resolved the security concerns asserted by the LSO under Guideline I.

## VI. CONCLUSION

In the above analysis, I found that there was sufficient derogatory information in the possession of DOE to raise security concerns under Guideline I of the Adjudicative Guidelines. After considering all the relevant information, favorable and unfavorable, in a comprehensive, common-sense manner, including weighing all the testimony and other evidence presented at the hearing, I find that the Individual has not brought forth sufficient evidence to resolve all of the security concerns set forth in the Summary of Security Concerns. Accordingly, I have determined that the Individual's access authorization should not be granted. This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Erin C. Weinstock
Administrative Judge
Office of Hearings and Appeals