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United States Department of Energy
Office of Hearings and Appeals

In the Matter of: Personnel Security Hearing	)	
	)	
Filing Date: June 1, 2026	)	Case No.: PSH-26-0131
	)	
	)	

Issued:

Administrative Judge Decision

Kristin L. Martin, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXXXXXXXX (hereinafter referred to as "the Individual") for access authorization under the Department of Energy's (DOE) regulations set forth at 10 C.F.R. Part 710, entitled, "Procedures for Determining Eligibility for Access to Classified Matter and Special Nuclear Material or Eligibility to Hold a Sensitive Position."[1] For the reasons set forth below, I conclude that the Individual's security clearance should not be restored.

I. BACKGROUND

The Individual is employed by a DOE Contractor in a position which requires that he hold a security clearance. Derogatory information was discovered regarding psychological conditions the Individual had been diagnosed with. The Local Security Office (LSO) began the present administrative review proceeding by issuing a Notification Letter to the Individual informing him that he was entitled to a hearing before an Administrative Judge in order to resolve the substantial doubt regarding his eligibility to continue holding a security clearance. *See* 10 C.F.R. § 710.21.

The Individual requested a hearing and the LSO forwarded the Individual's request to the Office of Hearings and Appeals (OHA). The Director of OHA appointed me as the Administrative Judge in this matter. At the hearing I convened pursuant to 10 C.F.R. § 710.25(d), (e), and (g), the Individual testified on his own behalf and presented the testimony of three witnesses. The LSO presented the testimony of the DOE psychologist (Psychologist) who had evaluated the Individual. *See* Transcript of Hearing, OHA Case No. PSH-26-0131 (hereinafter cited as "Tr."). The LSO submitted ten exhibits, marked as Exhibits 1 through 10 (hereinafter cited as "Ex."). The Individual submitted seven exhibits, marked as Exhibits A through G.

[1] Under the regulations, "'[a]ccess authorization' means 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). Such authorization will also be referred to in this Decision as a security clearance.

II. THE NOTIFICATION LETTER AND THE ASSOCIATED SECURITY CONCERNS

As indicated above, the Notification Letter informed the Individual that information in the possession of the DOE created a substantial doubt concerning his eligibility for a security clearance. That information pertains to Guideline I of the *National Security Adjudicative Guidelines for Determining Eligibility for Access to Classified Information or Eligibility to Hold a Sensitive Position*, effective June 8, 2017 (Adjudicative Guidelines). These guidelines are not inflexible rules of law. Instead, recognizing the complexities of human behavior, these guidelines are applied in conjunction with the factors listed in the adjudicative process. 10 C.F.R. § 710.7.

Guideline I states that "[c]ertain emotional, mental, and personality conditions can impair judgment, reliability, or trustworthiness. A formal diagnosis of a disorder is not required for there to be a concern under this guideline." Adjudicative Guidelines at ¶ 27. Conditions that could raise a security concern and may be disqualifying include:

> (a) Behavior that casts doubt on an individual's judgment, stability, reliability, or trustworthiness, not covered under any other guideline and that may indicate an emotional, mental, or personality condition, including, but not limited to, irresponsible, violent, self-harm, suicidal, paranoid, manipulative, impulsive, chronic lying, deceitful, exploitative, or bizarre behaviors;
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> (b) An opinion by a duly qualified mental health professional that the individual has a condition that may impair judgment, stability, reliability, or trustworthiness;
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> (c) Voluntary or involuntary inpatient hospitalization;
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> (d) Failure to follow a prescribed treatment plan related to a diagnosed psychological/psychiatric condition that may impair judgment, stability, reliability, or trustworthiness, including, but not limited to, failure to take prescribed medication or failure to attend required counseling sessions; and
>
> (e) Pathological gambling, the associated behaviors of which may include unsuccessful attempts to stop gambling; gambling for increasingly higher stakes, usually in an attempt to cover losses; concealing gambling losses; borrowing or stealing money to fund gambling or pay gambling debts; and family conflict resulting from gambling.

Id. at ¶ 28.

The LSO alleges that in early 2026, the Individual was diagnosed by the DOE Psychologist with Major Depressive Disorder (MDD) and Attention Deficit/Hyperactivity Disorder (ADHD), moderate severity. Ex. 1 at 5.[2] The LSO further alleges that the DOE Psychologist concluded that

[2] The LSO's exhibit page numbers will be cited using the Bates stamp in the top right corner of the documents.

these conditions impaired the Individual's judgment, reliability, stability, and trustworthiness and that his prognosis was poor. *Id.* These allegations fall under concerning condition (b) of Guideline I. Accordingly, the LSO's security concerns under Guideline I are justified.

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 of 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 entire process is a conscientious scrutiny of a number of variables known as the "whole person concept." Adjudicative Guidelines at ¶ 2(a). The protection of the national security is the paramount consideration. The regulatory standard implies that there is a presumption against granting or restoring a security clearance. *See Department 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).

The 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). The Individual is afforded a full opportunity to present evidence supporting his eligibility for an access authorization. The Part 710 regulations are drafted so as 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.

The discussion below reflects my application of these factors to the testimony and exhibits presented by both sides in this case.

IV. FINDINGS OF FACT

The Individual has experienced attention, focus, memory, and other ADHD-like symptoms since childhood. Ex. 6 at 27–28. The Individual has experienced depression for years, beginning in childhood and related in part to childhood trauma and military experiences. *Id.* at 26. He testified that, while he was in school, he had trouble remaining focused in class and frequently daydreamed. Tr. at 13. He further testified that school personnel advised his father and stepmother that he exhibited symptoms of Attention Deficit Disorder and suggested medication, but his father refused. *Id.* at 20. The Individual stated that he received no further treatment for those symptoms as a minor. *Id.*

The Individual graduated from high school in 2011 with a 3.2 grade point average, completing his studies in four years at age seventeen. Tr. at 10, 13. He subsequently attended a military college for one year, where he completed the first year of cadet requirements but struggled academically.

Id. at 10, 13–14. He also completed approximately one year of an electrical trade apprenticeship. *Id.* at 10, 14.

In September 2012, the Individual entered military service and, after completing his training, joined his state's National Guard. Tr. at 10. His military occupational specialty involved operating, maintaining, and troubleshooting line-of-sight radios and satellite communications systems. *Id.* at 11. His military duties required a secret security clearance, and he testified that he had no disciplinary actions, security violations, or clearance suspensions during his service. *Id.* at 12.

In May 2016, the Individual began working for the DOE Contractor. Tr. at 11, 16. His position required at least an L-level DOE security clearance, and he testified that he held the required clearance throughout his employment up to present. *Id.* at 16. He eventually advanced to a senior level within his working group, although he did not recall the date of his promotion. *Id.* at 9, 18.

In 2018, the Individual deployed overseas with his National Guard unit for approximately one year while retaining his position with the DOE Contractor. Tr. at 11–12. He completed seven years of military service and received an honorable discharge in September 2019. *Id.* He testified that he had performed his military duties well and had no difficulty completing his military technical training. *Id.* at 14.

In August 2019, the Individual experienced suicidal thoughts, took out a pistol, looked at it, wondered whether anyone would notice if he were gone, and put the pistol away without taking further action. Ex. 6 at 26; Ex. 7 at 34. At the hearing, he attributed the episode to several factors, including a recent breakup and depressive symptoms that he had already been experiencing. Tr. at 42. The Individual had not previously experienced suicidal thoughts. Ex. 7 at 34. He testified that he had not experienced suicidal ideation since 2019. *Id.* at 42.

The Individual testified that he first sought treatment for depression around 2020, approximately one year after leaving the military. Tr. at 23, 36. He stated that he began seeing a therapist and taking Wellbutrin, which had been prescribed by his primary care physician. *Id.* at 24, 36. According to his testimony, at his therapist's recommendation, his therapy appointments initially occurred about once a month, later about once every three months, and eventually only as needed. *Id.* at 35–37. He testified that therapy was helpful and that his fiancée later provided additional emotional support. *Id.*

During a May 2023 source interview documented in the background reinvestigation for the Individual's security clearance, a former supervisor at the DOE Contractor who worked with the Individual from early 2021 through spring 2022 described the Individual as unmotivated, stated that he found ways to avoid work, and stated that he was capable of doing the job but did not want to do it. Ex. 5 at 22. The former supervisor also stated during that interview that he had advised the Individual to seek mental health counseling through an employee assistance program. *Id.*

During another May 2023 source interview documented in the background reinvestigation, a former supervisor at the DOE Contractor who had supervised the Individual from spring 2022 through at least May 2023 described problems with the Individual's reliability and dependability, the need for constant reminders, coworker complaints, and a lack of initiative. Ex. 5 at 22. The

DOE Psychologist testified that he had reviewed accounts of incidents around 2022 and 2023 in which the Individual was allegedly seen with his head down at his desk or was thought to be inattentive while working with two junior mechanics. Tr. at 70–71, 87–88. The DOE Psychologist acknowledged that the Individual disputed these accounts and offered explanations that the DOE Psychologist considered reasonable. *Id.* at 87–88.[3]

The Individual testified that, in approximately 2022 or 2023, his fiancée called attention to behavior that she believed was consistent with ADHD. Tr. at 21–22. He testified that he wanted to obtain a formal diagnosis and then consider treatment, but he could not recall having received a formal ADHD diagnosis during that period. *Id.* at 22, 32–33. He stated that, until these concerns were raised, no one had specifically advised him as an adult that he needed ADHD treatment. *Id.* at 21.

In 2023, the Individual was advised that he needed to upgrade his DOE clearance from an L to a Q, and he testified that he was not aware of "any hesitation on the part of the Department of Energy" in granting the higher clearance. Tr. at 16. He stated that he had generally performed his assigned work to his supervisors' satisfaction and had received positive verbal feedback. *Id.* at 17.

During 2023 and 2024, the Individual received treatment for depression after periods in which he felt hopeless and empty most days, experienced poor sleep, and had depressive feelings lasting from approximately two weeks to two months. Ex. 7 at 35. He attended approximately twelve to eighteen counseling sessions, took a sleep medication, and took Wellbutrin for approximately one year to eighteen months. *Id.* Counseling improved his coping skills, and the antidepressant helped his depression but blunted his emotions. *Id.* At the hearing, the Individual similarly testified that Wellbutrin helped his depression but left him feeling emotionally numb. Tr. at 24, 36.

A June 2023 medical record reflected that the Individual had tried medication for ADHD symptoms but discontinued it because it worsened his symptoms. Ex. 7 at 37. The Individual testified that a psychiatrist prescribed Strattera after one or two appointments; he could not recall the exact date and estimated that it was around 2023 or 2024. Tr. at 25, 33. He stated that he took the medication for approximately one or two months and stopped because it made him short-tempered. *Id.* at 25, 34. He testified that he discussed discontinuing Strattera with his primary care physician, who agreed, but did not discuss the decision with the prescribing psychiatrist. *Id.* at 25. He explained that it was difficult to secure another appointment with the psychiatrist and that his changing shift schedule also made it harder to obtain further psychiatric care. *Id.* at 34.

The Individual testified that he discontinued therapy when his appointments became as-needed rather than regularly scheduled. Tr. at 36–37. Medical records from the Individual's primary care physician reviewed by the DOE Psychologist reflected that the Individual was off the antidepressant and doing well by June 2024 and that he felt better without medication in September 2024. Ex. 7 at 37. The Individual testified that he recognized symptoms of depression in 2024 and 2025 and believed he needed treatment, but had difficulty arranging it around his unpredictable work schedule. Tr. at 38.

[3] In his report, the DOE Psychologist described that the Individual disclosed a situation in which he was discovered sleeping in a room where two junior mechanics were playing on their phones. Ex. 7 at 35. The Individual had explained during the evaluation that he had a documented ankle injury and was in the room resting his feet. *Id.*

A June 2024 entry in the Individual's medical record indicated that he had been referred for an ADHD evaluation, but, the DOE Psychologist noted, the Individual had not made an appointment for an ADHD evaluation as of April 2025. Ex. 7 at 37. On September 3, 2025, a psychologist (HRP Psychologist) conducted the Individual's initial Human Reliability Program (HRP) psychological evaluation, after which the Individual was not recommended for HRP enrollment. Ex. 5 at 20–23. During that evaluation, the Individual told the HRP Psychologist that he was experiencing anxiety, had a history of suicidal ideation but no current suicidal ideation, had difficulty controlling anger, and had significant problems with attention and concentration affecting his memory. *Id.* at 21. Although the Individual had previously received mental health treatment, the HRP evaluation reflected that he did not disclose either previous or current mental health treatment during the interview. *Id.* at 21–23.

As part of the HRP psychological evaluation, the HRP Psychologist administered the Minnesota Multiphasic Personality Inventory-3 (MMPI-3) test to the Individual. Ex. 5 at 21. The Individual's MMPI-3[4] testing results showed clinically significant elevations concerning low positive emotions, cognitive complaints, suicidal or death ideation, stress, social avoidance, and introversion or low positive emotionality.[5] *Id.* In the HRP supervisor review checklist, another supervisor at the DOE Contractor noted that the Individual sometimes had unscheduled absences, sometimes appeared lethargic or fatigued, and at times appeared not to be well rested before coming to work. *Id.* The HRP Psychologist concluded that the evaluation raised concerns regarding the Individual's reliability and cognitive functioning, including a possible personality disorder and attention, focus, and memory difficulties that could adversely affect his judgment and potentially his ability to perform his duties safely. *Id.* at 23. The DOE Psychologist later confirmed at the hearing that the referral of the Individual to him for a psychological evaluation had not resulted from an acute mental health crisis or a workplace safety or security incident. Tr. at 78–79. The Individual testified that he had disclosed his mental health history during annual worksite medical examinations and had not tried to conceal his conditions from his employer. *Id.* at 25–27.

In his December 12, 2025, response to a Letter of Interrogatory (LOI) issued to him by the LSO, the Individual confirmed the 2019 suicidal episode, stated that he had not had suicidal thoughts since August 2019, and stated that he would seek counseling through a veterans' program or an employee assistance program if suicidal thoughts returned. Ex. 6 at 26–27. His LOI response described ongoing symptoms of forgetfulness, hyperfocus or easy distraction, and difficulty sustaining attention, but he stated that he did not believe those symptoms impaired his judgment

[4] The Minnesota Multiphasic Personality Inventory (MMPI) is a standardized, self-report psychological assessment used to evaluate personality characteristics and symptoms associated with mental health conditions. The MMPI-3, published in 2020, is the most recent version of the assessment. *See* University of Minnesota Press, MMPI-3, https://www.upress.umn.edu/test-division/mmpi-3/ (last visited Oct. 29, 2026).

[5] On the MMPI-3, T-scores of 65 or greater are generally considered clinically elevated and indicative of significant psychological difficulties, although certain scales have different interpretive thresholds. Cole S. Morris et al., *Determining the MMPI-3 SUI Scale's Cross-Sectional and Prospective Utility in Suicide Risk Assessment*, 80 J. Clin. Psychol. 1243 (March 11, 2024), https://pmc.ncbi.nlm.nih.gov/articles/PMC11052672/. The Individual's scores were 65 (low positive emotions), 76 (cognitive complaints), 65 (suicidal or death ideation), 68 (stress), 77 (social avoidance), and 73 (introversion or low positive emotionality). Ex. 5 at 21.

or ability to perform his job safely. *Id.* at 27. The LOI response stated that these symptoms had existed since childhood and had occurred as recently as December 11, 2025. *Id.* at 27. The Individual also stated in the LOI response that he was actively looking for a medical professional who could help him with these symptoms without relying on medication that he believed might cause more harm than benefit. *Id.* at 28.

On February 24, 2026, the DOE Psychologist interviewed the Individual for approximately two hours, reviewed relevant personnel and medical records, and administered the MMPI-3. Ex. 7 at 32–33. During the evaluation, the Individual told the DOE Psychologist that he was experiencing a generally low mood, fatigue, feelings of worthlessness, poor sleep, difficulty concentrating, and social withdrawal; he denied recurrent thoughts of death. *Id.* at 38. The DOE Psychologist concluded that the Individual met sufficient diagnostic criteria, per the *Diagnostic and Statistical Manual for Mental Disorders, Fifth Ed., Text Revision*, for diagnoses of MDD, recurrent episode, mild, and ADHD, combined presentation, moderate. Ex. 7 at 39, 43.

In his March 9, 2026, report, the DOE Psychologist noted that the Individual had elevated MMPI-3 scores associated with cognitive complaints, social avoidance, and shyness.[6] Ex. 7 at 37–38. The DOE Psychologist noted that, despite the Individual's December 2025 stated intent to obtain treatment, the Individual had not engaged in treatment by the February 2026 evaluation. *Id.* at 43. The DOE Psychologist clarified that "MDD and AD/HD are not mental conditions that typically result in impairments in judgment, reliability, stability and trustworthiness," and that both conditions were amenable to treatment with medication. *Id.* However, he noted that untreated MDD or ADHD could impair judgment, reliability, stability, and trustworthiness. *Id.* He opined that the two conditions impaired the Individual's judgment, reliability, stability, and trustworthiness because he had chosen to avoid treatment for either condition and gave him a poor prognosis. *Id.* at 43–44. He added that "the concern here is that [the Individual] does not appreciate the impact of his symptoms and therefore is not motivated to address them. Furthermore, without treatment, one or both of his mental conditions may worsen or result in behaviors reflecting impaired judgment, reliability, stability, and trustworthiness." *Id.* at 43. He opined that while the Individual stated that his cognitive symptoms (forgetfulness, difficulty concentrating, etc.) did not interfere with his work, his elevated personality scores and the number of symptoms he reported experiencing "suggest[ed] otherwise." *Id.*

The Individual testified that, on March 19, 2026, his supervisor escorted him to the badge office and his access to work ended in connection with the clearance proceeding. Tr. at 43. He stated that he was subsequently without pay and believed that his employer was no longer contributing toward his health insurance. *Id.* at 29, 41. He testified that he did not immediately seek additional treatment because he believed that losing his pay also meant losing his health insurance and was unsure how he could pay for care. *Id.* at 44–45.

On June 4, 2026, a psychologist retained by the Individual (Individual's Psychologist) conducted a two-hour virtual psychological assessment of the Individual, reviewed relevant security-

[6] The Individual's scores, in comparison to those from his previous MMPI-3 with the HRP Psychologist, were 57 (low positive emotions), 66 (cognitive complaints), 44 (suicidal or death ideation), 45 (stress), and 66 (social avoidance). Ex. 7 at 53–55. The February 2026 MMPI-3 did not show a score corresponding to the previous results categorized as "introversion or low positive emotionality," but it showed a score of 69 for shyness. *Id.* at 55.

clearance materials including the DOE Psychologist's evaluation, and administered the MMPI-3, PHQ-9, GAD-7, and ACE measures.[7] Ex. A at 3–4. The Individual's Psychologist considered the assessment results valid and reliable, found mild anxiety and moderate depression on the GAD and PHQ, and found all MMPI-3 T scores within normative ranges.[8] *Id.* at 4–5. During the assessment, the Individual denied suicidal thoughts, intent, or plan, and his MMPI-3 scores for anger proneness, substance abuse, impulsivity, aggression, and dominance were within normal parameters. *Id.* at 5.

The Individual's Psychologist agreed that the Individual met diagnostic criteria for MDD and ADHD but opined that there was no indication that his judgment, reliability, or stability presented a security-clearance concern[9] and that the symptoms appeared well managed with a low risk of emotional or behavioral instability. Ex. A at 5, 7. The Individual told the Individual's Psychologist that he was willing to reestablish treatment relationships, once his health insurance was reinstated, and to use employee-assistance services once he was off administrative leave. *Id.* at 6. He added, "It should also be noted that [the Individual] has been emotionally stable for the past several years, which bodes well for his prognosis for both conditions, especially if he establishes relationships with treatment providers in the future." *Id.* at 5. The Individual's Psychologist recommended future counseling or psychotherapy and a psychiatric consultation to explore medication options. *Id.* at 7.

At the September 22, 2026, hearing, the Individual testified that he was studying toward a bachelor's degree and had completed twenty-seven credit hours. Tr. at 10, 14–15. He stated that he did not believe his ADHD or MDD had impaired his judgment, work quality, workplace safety practices, or compliance with security requirements. *Id.* at 19–20. He acknowledged that he continued to experience symptoms of both conditions. *Id.* at 19. He testified that maintaining focus at work could be exhausting, and that stress sometimes aggravated his symptoms. *Id.* at 40–41. He also testified that he accepted the diagnoses of ADHD and MDD and did not dispute the self-reported symptoms recorded in the DOE Psychologist's evaluation. *Id.* at 32.

The Individual testified that he had contacted the Department of Veterans Affairs (VA) about mental health care only a few weeks before the hearing. Tr. at 43–44. He stated that he had established primary care through the VA, discussed his mental health concerns with his provider, and was awaiting a mental health referral. *Id.* at 29, 42. He confirmed that he had not yet resumed counseling or begun taking medication for either condition. *Id.* at 42. He said that he had delayed

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[7] The Patient Health Questionnaire-9 (PHQ-9) is a self-report assessment used to screen for depression and measure the severity of depressive symptoms. MedlinePlus, *Depression Screening*, https://medlineplus.gov/lab-tests/depression-screening/ (last visited Oct. 29, 2026). The Generalized Anxiety Disorder-7 (GAD-7) is a self-report assessment used to screen for anxiety and measure the severity of anxiety symptoms. National Institutes of Health, *Generalized Anxiety Disorder 7 (GAD 7)*, https://www.nih.gov/node/19876 (last visited Oct. 29, 2026). The Adverse Childhood Experiences (ACE) assessment measures exposure to potentially traumatic childhood experiences, including abuse, neglect, and household dysfunction. Centers for Disease Control and Prevention, *About Adverse Childhood Experiences*, https://www.cdc.gov/aces/about/index.html (last visited Oct. 29, 2026).

[8] Specific scores were not included with the exhibit.

[9] While psychologists have clinical expertise regarding matters that can affect security clearance eligibility, the ultimate adjudicative authority on whether a security clearance concern exists resides with the Administrative Judge.

seeking further care in part because he was uncertain how to pay for treatment, but had recently learned that he qualified for VA care without charge. *Id.* at 30, 44–45.

When questioned about his insurance, the Individual acknowledged that he had just assumed his coverage ended when his pay stopped and did not know the actual date on which coverage might have ended. Tr. at 45. He testified that he had received two overdue premium notices but no notice expressly confirming that coverage had lapsed. *Id.* at 46. He admitted that he had not contacted his insurance company or otherwise verified whether he remained covered before deciding not to seek treatment. *Id.* at 46–47. He attributed that decision to unfamiliarity with the process, but conceded that failing to verify his insurance status did not reflect his best judgment. *Id.* at 47–48.

The Individual testified that he intended to follow medical recommendations. Tr. at 30, 39, 41. He described his fiancée, family, and friends as a support system that he consulted when experiencing depressive symptoms. *Id.* at 40–41. He stated that he had explored coping strategies while awaiting treatment and that his fiancée sometimes helped him regain focus. *Id.* at 40. He acknowledged that he had not obtained treatment in 2024 and 2025 despite recognizing that he was having mental health symptoms. *Id.* at 38. He further testified that his employer offered an employee assistance program that could provide counseling if he returned to the workplace. *Id.* at 30–31.

At the hearing, a former National Guard colleague testified that he had served in the same unit as the Individual and had remained in contact with him afterward. Tr. at 50–51. The colleague described an instance during military training in which the Individual noticed an equipment-cooling problem and shut down the machine before it was damaged. *Id.* He characterized the Individual as dependable, trustworthy, attentive in conversation, and a person who followed rules. *Id.* at 51–54.

In an April 16, 2026, character reference, a retired military supervisor who had supervised the Individual for several years, including during an overseas deployment, described the Individual as professional, disciplined, dependable, and composed. Ex. F at 57.[10] The former military supervisor also described an assignment in which the Individual successfully led a four-person team and communications mission across foreign territory without issue. *Id.*

The Individual's current supervisor testified that he was unaware of any safety or security violation by the Individual and had not observed problems with his assigned work.[11] Tr. at 56–58. He stated that the Individual had consistently displayed good judgment and used appropriate reporting and notification procedures when worksite issues arose. *Id.* at 58. Describing the electrical problem

[10] The Individual's exhibits' page numbers will be cited using the PDF page number.

[11] In an April 21, 2026, character reference, the Individual's current supervisor stated that the Individual consistently performed reliably and professionally in a highly regulated, security-sensitive environment and that the supervisor had not observed conduct raising concerns about the Individual's judgment, reliability, or trustworthiness. Ex. F at 52. The current supervisor also described a recent incident in which the Individual identified an unexpected 480-volt condition in a work package, calmly stopped and coordinated the work, placed the equipment in a safe configuration, and prompted corrections to the work package and field drawings. *Id.* at 53. On May 26, 2026, a former military colleague stated in a character reference that the Individual followed instructions, maintained discipline, handled military responsibilities steadily, and did not exhibit instability or unreliability during their service together. *Id.* at 54.

referenced in his character letter, the supervisor stated that the Individual had gone beyond what was expected in using proper channels and making notifications. *Id.* at 59. The supervisor also testified that he would welcome the Individual back to his team. *Id.*

A coworker who had known the Individual since high school and worked with him at the DOE Contractor testified that the Individual was technically competent and that he was unaware of safety or security problems involving him. Tr. at 62–64. The coworker stated that the Individual communicated without apparent difficulty, followed work procedures, stopped work when he identified a problem, and displayed good judgment. *Id.* at 64–66.

The DOE Psychologist testified that all three evaluating psychologists had reached the same diagnoses of MDD and ADHD, although their MMPI results differed. Tr. at 68–70. He stated that the conditions could impair judgment and reliability if left untreated but would not significantly impair those qualities if appropriately treated and stabilized. *Id.* at 71, 77. He recommended psychiatric consultation and counseling, emphasizing the benefits of combining psychotherapy with medication and consistent follow-up. *Id.* at 71–72, 76–77. He testified that his initial poor prognosis reflected concern about the Individual's failure to engage consistently in treatment. *Id.* at 72–74. He identified local community mental health clinics that offered services on a sliding-fee scale and stated that telehealth provided another treatment option. *Id.* at 74, 78, 80–81.

The DOE Psychologist acknowledged that the Individual had initiated an attempt to obtain treatment but had not yet begun receiving psychiatric care. Tr. at 73–74, 82. He testified that the Individual's prognosis had begun to move toward fair but remained poor until the Individual demonstrated consistent treatment and follow-up. *Id.* at 74–75. The DOE Psychologist also agreed that favorable testimony from the Individual's supervisor and coworker, combined with actual engagement in treatment, would improve his assessment. *Id.* at 79. He estimated that about three months of treatment could allow the Individual to demonstrate improvement. *Id.* at 81.

In response to questioning about whether the Individual's conditions were currently a problem for the Individual at the time of the hearing, the DOE Psychologist acknowledged that the reported symptoms did not appear to be causing a current problem and stated that when he evaluated the Individual in February, he did not believe the Individual had a current problem. Tr. at 84–86, 88. He nevertheless expressed concern about symptoms he had observed at the February evaluation, particularly inattention, forgetfulness, and concentration difficulties associated with ADHD. *Id.* at 86–87. When asked how those symptoms could impair the Individual's judgment, trustworthiness, stability, or reliability, he opined that an untreated lapse in attention or failure to follow instructions could possibly endanger security, although he declined to characterize that outcome as likely.[12] *Id.* at 89. He further testified that the conditions could fluctuate over time even when symptoms were not evident on a particular day. *Id.* at 90.

V. ANALYSIS

A person who seeks access to classified information enters into a fiduciary relationship with the government predicated upon trust and confidence. This relationship transcends normal duty hours

[12] Whether an Individual could pose a risk to the national security is not an assessment within the DOE Psychologist's scope of expertise.

and endures throughout off-duty hours. The government places a high degree of trust and confidence in individuals to whom it grants access authorization. Decisions include, by necessity, consideration of the possible risk that the applicant may deliberately or inadvertently fail to protect or safeguard classified information. Such decisions entail a certain degree of legally permissible extrapolation as to potential, rather than actual, risk of compromise of classified information.

The issue before me is whether the Individual, at the time of the hearing, presents an unacceptable risk to national security and the common defense. I must consider all the evidence, both favorable and unfavorable, in a commonsense manner. "Any doubt concerning personnel being considered for access for national security eligibility will be resolved in favor of the national security." Adjudicative Guidelines at ¶ 2(b). In reaching this decision, I have drawn only those conclusions that are reasonable, logical, and based on the evidence contained in the record. Because of the strong presumption against granting or restoring security clearances, I must deny access authorization if I am not convinced that the LSO's security concerns have been mitigated such that restoring the Individual's clearance is not an unacceptable risk to national security.

Conditions that could mitigate Guideline I security concerns include:

> (a) The identified condition is readily controllable with treatment, and the individual has demonstrated ongoing and consistent compliance with the treatment plan;
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> (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;
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> (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. None of the mitigating conditions apply.

The standard in these hearings is not a total absence of a security risk, but whether any risks posed are acceptable. *See* Adjudicative Guidelines at ¶ 2(a). Experiencing anxiety, depression, or concentration difficulties does not necessarily result in impaired judgment, reliability, trustworthiness, or stability. However, in this case, there is insufficient evidence to fully mitigate the LSO's concerns. While the risks to national security are speculative, the Individual has not presented evidence showing how his symptoms are managed or how he deals with flare ups. Without that information, speculative harm carries greater risk, and I cannot find the Guideline I concerns mitigated.

Regarding conditions (a) and (b), the Individual has not engaged with treatment, which is required for those mitigating conditions. Accordingly, they do not apply. Regarding conditions (d) and (e), the Individual continues to experience symptoms, indicating that his condition is not resolved and is currently a problem. Accordingly, those mitigating conditions also do not apply.

Condition (c) boils down to the weight of the evidence. While the Individual's Psychologist gave him a good prognosis and opined that he had a low probability of emotional instability, the DOE Psychologist opined that the Individual's condition was not under control or in remission and his prognosis was still poor, in the absence of treatment. The DOE Psychologist was present at the hearing and was questioned at great length about the Individual's current condition. The Individual's Psychologist was not at the hearing and could not be questioned about his report. Further, the basis for the Individual's Psychologist's opinion – in particular that the Individual "has been emotionally stable for the past several years" – is plainly inconsistent with the record evidence. The Individual has consistently reported symptoms of chronic hopelessness, apathy, lack of energy, difficulty concentrating, and forgetfulness up through the date of the hearing, and he has consistently expressed the need and intention to obtain treatment, yet has failed to do so. Moreover, the Individual was denied HRP certification only one year ago on the basis of his mental health condition, and although this fact alone does not make him ineligible for access authorization, the DOE Psychologist persuasively testified that, without treatment, the Individual's chronic negativity, inhibited concentration, and other symptoms could impair his judgment, reliability and trustworthiness. Accordingly, I give more weight to the DOE Psychologist's opinion than the opinion of the Individual's Psychologist and find that the requirements of condition (c) have not been met.

For the foregoing reasons, I find that the Individual has not mitigated the Guideline I concerns.

VI. CONCLUSION

Upon consideration of the entire record in this case, I find that there was evidence that raised concerns regarding the Individual's eligibility for access authorization under Guideline I of the Adjudicative Guidelines. I further find that the Individual has not succeeded in fully resolving those concerns. Therefore, I cannot conclude that restoring DOE access authorization to the Individual "will not endanger the common defense and security and is clearly consistent with the national interest." 10 C.F.R. § 710.7(a). Accordingly, I find that the DOE should not restore access authorization to the Individual.

This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Kristin L. Martin
Administrative Judge
Office of Hearings and Appeals