

*The original of this document contains information which is subject to withholding from disclosure under 5 U.S. C. § 552. Such material has been deleted from this copy and replaced with XXXXXX's.

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

In the Matter of: Personnel Security Hearing)	
)	
Filing Date: July 29, 2022)	Case No.: PSH-22-0125
)	
_____)	

Issued: December 14, 2022

Administrative Judge Decision

Steven L. Fine, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXXXXX (hereinafter referred to as “the Individual”) to hold an 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.”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

On January 6, 2021, the Individual submitted a Questionnaire for National Security Positions (QNSP) to a Local Security Office (LSO) in which she reported that she had been hospitalized for a mental health condition after undergoing a traumatic event in March 2020. Exhibit (Ex.) 9 at 49. The Individual further reported that she had been hospitalized for a mental health condition in June 2020 and had been hospitalized twice as a minor for mental health conditions. Ex. 9 at 50. The Individual also reported that she had been diagnosed with Post Traumatic Stress Disorder (PTSD) and Major Depressive Disorder (MDD). Ex. 9 at 50.

On January 26, 2021, an Office of Personnel Management Investigator conducted an Enhanced Subject Interview of the Individual. The Investigator’s note states in pertinent part:

Subject stated the FBI spoke with her roommates [at a previous] residence in 5/20. When asked what that was about she stated it started at [University A, a university attended by the Individual] with a man she met at Starbucks in 4/17, named

¹ Under the regulations, “Access 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.

[Person A] They started talking about ways to help people. In 1/18 [Person A] told her [his] plan was to overthrow [Country A's] government. She then stated she is doing everything to try to stay loyal to the US but was almost killed for it. She stated Homeland Security, DOD and the Marines are involved. [Country B] tried to recruit her and she contacted them back. The IRS is doing a criminal background on her family. Due to the seriousness of the alleged issues, the subject interview was terminated.

Ex. 9 at 66.

The LSO issued a Letter of Interrogatory (LOI), to the Individual on February 7, 2022. Ex. 6 at 1. The Individual submitted her response to the LOI on February 9, 2022. Ex. 6 at 13. The LOI asked the Individual about her investments. Ex. 6 at 3. The Individual responded by stating:

I do not have any investments that I am aware. I did get some paperwork about an income that is supposedly coming to me, however i contacted my uncle . . . that is a tax attorney about it he denied any such investments, accounts and documentation existed. I then cut off all communication so my dad . . . and uncle would stop threatening me. My dad would send me some K1 and say i owed money to the IRS but would not share where the money was at, how it originated and what happened to it. I have documentation that shows that they denied all information which also led to me deleting all communication and future communication from them. I will not tolerate threats. I have reported them to the IRS and the IRS is doing a criminal investigation into this matter.

Ex. 6 at 3. The LOI further requested: "You indicated that [Country B] tried to recruit you and you contacted them back, please explain in detail." Ex. 6 at 5. The Individual responded by stating:

Yes, im confident the man i emailed from [Country B], i did it on [University A] email and i do not have access to it get his name, came to [University A] disguised as [Country D] republic delegation with the professors, they discussed switching students, the man tried to talk to me, i stayed quiet. the contact was in a previous statement. The people i lived with . . . suggested that i apply to [Country B] jobs since i was looking for a job and their was another person in my statement that also tried to get me to go to [Country B] willingly, i later fled from their house and went homeless, i waited and only looked for a job in the United States, i have no interest working for [Country B], i am wanting to go after their nuclear program because i do not agree with them. I want to stop them from getting more fuel to support their nuclear weapons program and stop them from enabling others to enter the nuclear arms race. They were more interested in the research i was doing at [University A].

Ex. 6 at 5. The LOI also asked the Individual: "Have you experienced thoughts to harm yourself or others? If so, provide details to include the thoughts frequency, circumstances, and your response." Ex. 6 at 11. The Individual responded by stating:

Yes, when i had in treatment, i am working on in counselling how to recognize it and combat it, i do not want to die but i get the thoughts and i work hard to ground myself and counter those thoughts. I usually feel hopeless and disappointed in the world we live in and i work at finding the beautiful things in life to counter the bad thoughts. The thoughts come from the experiences i have had with people and what they did to me that makes me feel hopeless. I get the thoughts but it is not something i will act on and i can battle them.

Ex. 6 at 34.

After reviewing the Individual's response to the LOI, the LSO requested that she undergo an evaluation by a DOE-contracted Psychiatrist (Psychiatrist), who conducted a clinical interview (CI) of the Individual on April 14, 2022. Ex. 7 at 2. In addition to conducting the CI, the Psychiatrist contacted the Individual's therapist (the Therapist) and her prescribing psychologist (Psychologist), who have both been treating the Individual since December 2020, to discuss their impressions of the Individual's diagnosis, treatment, and prognosis.² Ex. 7 at 8-9. After considering all of the information available to him, the Psychiatrist issued a report on April 26, 2022, in which he concluded that the Individual met the criteria set forth in the Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-5) for Delusional Disorder (DD) Mixed type, Multiple episodes, Continuous, Moderate.³ Ex. 7 at 10. The Psychiatrist further found that the Individual met the criteria set forth in the DSM-5 for PTSD and MDD. Ex. 7 at 10.

² The Psychiatrist also reviewed the Individual's personnel security file. Ex. 7 at 2.

³ The Psychiatrist's conclusion that the Individual met the DSM-5 criteria for DD was based in part upon a written statement (the LOI Statement) authored by the Individual which she appended to her LOI response. Ex. 7 at 14. The LOI Statement was omitted from the copy of the Individual's LOI response that the LSO submitted as Exhibit 6. However, the Psychiatrist added an addendum (the Addendum) to his report that quotes extensively from the LOI Statement. Ex. 7 at 14. According to the Addendum, the LOI Statement indicates that the Individual had contacted Country B on four separate occasions. Ex. 7 at 15. On the first occasion, she was searching for information about how Country B pays for nuclear powerplants in rural countries. Ex. 7 at 15. The second email was meant to inform Country B of potential threats from Person A. Ex. 7 at 15. The Individual further indicated that while she and Person A were discussing helping people in Country A, Person A mentioned that there would likely soon be a war in Country A. Ex. 7 at 16. The Individual and Person A also talked about Country B's global strategy. Ex. 7 at 16. These interactions eventually ended when the Individual felt uncomfortable and scared by some things Person A allegedly said regarding taking down the government of Country A. Ex. 7 at 16. The Individual felt that Country B was also at risk and felt that she should inform them of Person A's plans. Ex. 7 at 16. She also informed several law enforcement agencies in the United States. Ex. 7 at 16. The Individual alleged that some of her roommates attempted to convince her to work for Country B's government and then later attempted to kill her. Ex. 7 at 15-16. After these events, the Individual sent an email to Country B that "explained how their involvement gave opportunity for [her] demise and [she] let them know that because of their behavior they enable people to take advantage" and it was meant to "hold them accountable for their lack of honesty and integrity." Ex. 7 at 16. After sending this email, the Individual left the home she had lived in with her roommates in a taxi. She alleged that the taxi driver was behaving in a suspicious manner and that at one point he stopped the taxi and attempted to "discuss what was going on," and that she was afraid he was going to kill her. Ex. 7 at 16. The Individual also contended that the "federal police" were wiretapping her but not doing anything to stop Country B. Ex. 7 at 16. In the final email, the Individual told Country B that she would "not go to them willingly" and that it was her "life mission to ruin their nuclear program." Ex. 7 at 16.

However, the Psychiatrist found that the Individual's MDD was in full remission and that her PTSD was well treated. Ex. 7 at 2. On the other hand, the Psychiatrist found:

The Delusional Disorder does represent a condition that can impair judgment, stability, reliability or trustworthiness for the reasons stated above. The prognosis is difficult to quantify. She is intelligent and is described as hard-working in psychotherapy, which are good prognostic factors, but the delusional symptoms appear to be fixed and remain as part of her world-view. They are not a focus of the treatment at this time, and without being addressed in treatment these symptoms will most likely continue. The prognosis would, therefore, be considered guarded.

Ex. 7 at 10.

After receiving the Report, the LSO began the present administrative review proceeding by issuing a Notification Letter to the Individual informing her that she was entitled to a hearing before an Administrative Judge to resolve the substantial doubt regarding her eligibility to hold 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), I took testimony from four witnesses: the Individual, her supervisor (Supervisor), her prescribing psychologist (Psychologist) and the Psychiatrist. *See* Transcript of Hearing, Case No. PSH-22-0125 (hereinafter cited as "Tr."). The LSO submitted nine exhibits, marked as Exhibits 1 through 9. The Individual submitted five exhibits, marked as Exhibits A through E.

The Individual's Exhibits A and C each pertain to her work performance during the past two years. 10 C.F.R. § 710.27(b) specifically forbids me from considering "the possible adverse impact of the loss of the individual's access authorization upon the DOE program in which the individual works." However, the Individual's excellent work history reflects positively upon her work ethic, her talent, and her character, and, most importantly, indicates that her disorders have not impaired her functioning in the occupational domain recently.

Exhibit B documents the Individual's significant accomplishments as a volunteer for an important public service organization.

Exhibit D is a report, dated October 4, 2022, authored by the Psychologist. The Psychologist reported that he has been treating the Individual since December 2, 2020, and that he had met with her on 27 occasions. Ex. D at 1. He prescribed two medications to treat the Individual, who has complied with her treatment and has experienced no adverse side effects. Ex. D. at 1. He noted that the Individual has been receiving psychotherapy from the Therapist and that the Individual's medication and psychotherapy have had "the desired effect of managing her [MDD and PTSD] symptoms." Ex. D at 1. He further opined: "Her medication and progress in individual psychotherapy have allowed [the Individual] to be a reliable, trustworthy person at work and in her social life." Ex. D at 1. The Psychologist further opined:

I do not find sufficient symptoms to diagnose [the Individual] with a Delusional Disorder. I believe that the past events and circumstances she reported may be based on real world events that were especially troubling for [her]. Furthermore, any symptoms were likely exacerbated by her disorders noted above for which she [is] now being successfully treated.

I do not expect [the Individual] to experience any delusional thoughts based on past or future circumstances. If they should occur, I am confident that she will promptly report them, and her therapy will be appropriately adjusted to mitigate and hopefully eliminate them entirely.

Given [the Individual's] very hard work in therapy, compliance with her medication regimen, her general functioning as a healthy person and award-winning employee, I believe her prognosis is excellent for continuing to be a trustworthy and reliable person who exercises good judgment across her personal and professional life.

Ex. D at 1. Exhibit D also includes a copy of the Psychologist's Curriculum Vita. Ex. D at 2-4.

Exhibit E is a report, dated August 19, 2022, authored by the Therapist, who indicated that she has been treating the Individual on a weekly basis since December 2020.⁴ Ex. E at 1. The Therapist reports that she had diagnosed the Individual with PTSD. Ex. E at 1. The Therapist indicates that she had read the Psychiatrist's report and stated:

I disagree with [the Psychiatrist's] diagnosis that [the Individual] has had delusions in the past or is likely to have them in the future. He bases his conclusion on his belief that the events she reports were delusional, not real, essentially because of the number of discrete and unrelated problems she has recounted. He does this despite giving lip service to the idea that the events were real but misinterpreted. . . . It's my professional opinion that the "delusions" being offered as a new diagnosis by [the Psychiatrist] are in fact part of [the Individual's] PTSD. She had been taught to see the world and others through a skewed lens and to exaggerate her communication to get attention. Given the plausibility of the activities and interactions with others she has told me about and as reported by the Assessment and the consistency of those reports, it is my opinion that the events as [the Individual] relates them did in fact happen, but that her interpretation of the events may have been distorted. It seems [the Psychiatrist] and I are in agreement with this if you consider the caveats he offers as explanations alternative to delusions.

It is therefore my opinion to a medical certainty that [the Individual's] current diagnosis is PTSD in full remission with an excellent prognosis for remaining in remission indefinitely. I base the full remission and very favorable prognosis on the fact that she is compliant with appropriate medications monitored by [the

⁴ The Therapist did not testify at the hearing.

Psychologist] has been totally compliant with therapy and has worked very hard to heal as expanded further below.

Our therapy sessions contain a mixture of talk and somatic therapies. [The Individual] works very hard in our sessions and on her own outside the sessions. I'm very pleased to report that [the Individual] has made significant progress in her ability to "read" people and can employ very strong appropriate boundaries. She is also seeing that she could have interpreted situations incorrectly, often exaggerating people's intent and meaning. She is able to see these situations as less threatening because of the healing she is doing from her many traumas.

In the very unlikely event that [the Individual] should encounter new circumstances that could be misconstrued as delusional by others, I am confident she would bring them up in our therapy sessions and that they would be appropriately resolved in accordance with her current good health as a person who can now discern reality correctly without distortion and can be counted on to properly follow rules and regulations.

Ex. E at 2-3. Exhibit E also includes a copy of the Therapist's resume. Ex. E at 4-5.

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 substantial doubt concerning her eligibility for a security clearance. In support of this determination, the LSO cites Adjudicative Guideline I. Under Adjudicative Guideline I (Psychological Conditions), the LSO cites the Psychiatrist's conclusion that the Individual met the criteria set forth in DSM-5 for DD which the Psychiatrist concluded impairs the Individual's judgment, reliability, stability, and trustworthiness. These allegations adequately justify the LSO's invocation of Guideline I. The Adjudicative Guidelines state: "[c]ertain emotional, mental, or personality conditions can impair judgement, reliability, or trustworthiness." Adjudicative Guidelines at ¶ 27. Among those conditions set forth in the 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 judgement, stability, reliability or trustworthiness." Adjudicative Guidelines at ¶ 28(b).

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 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 to permit the introduction of a very broad range of evidence at personnel security hearings. Even appropriate hearsay evidence may be admitted. 10 C.F.R. § 710.26(h). Hence, an individual is afforded the utmost latitude in the presentation of evidence to mitigate the security concerns at issue.

IV. Hearing Testimony

At the hearing, the Individual submitted the testimony of three witnesses, including herself, to show that the Psychiatrist’s conclusion that she meets the DSM-5 criteria for DD was inaccurate and that each of her mental health conditions are sufficiently controlled by treatment that mitigates the security concerns raised under Guideline I.

As part of her testimony, the Individual described her view of three events in her past that had raised the Psychiatrist’s concern. She first explained that she was no longer in contact with her father and uncle and had reported them to the IRS. Tr. at 19-20. When asked to elaborate, she clarified that her father and uncle had provided her with a K-1 form⁵ and said that they were going to give her approximately \$60,000 if she paid taxes on it. Tr. at 34. The Individual was concerned that she would get into legal trouble if she did not pay the taxes, so she consulted a lawyer and reported the interaction with her father and uncle to the IRS. Tr. at 35-36. Eventually, she became satisfied that she would not get into any trouble if she ceased contact with her father and uncle, so she did so. Tr. at 36.

The Individual next described her interactions with Person A that she met while in a coffee shop in college. Tr. at 37. She and Person A developed a friendship over a period of approximately six months. Tr. at 37. The Individual testified that Person A, who was a national of a foreign country (Country A), told her that he wanted to overthrow the government of Country A⁶ and attempted to recruit the Individual to assist with these efforts. Tr. at 37-38. The Individual said that this “was terrifying,” and she cut off all contact with him after sending him an email saying that they “were mortal enemies and that doing a government overthrow was not acceptable.” Tr. at 38, 41. In addition to cutting off contact with Person A, the Individual informed the U.S. Department of

⁵ The Individual did not explain what a K-1 form is.

⁶ Country A had been undergoing an active insurgency.

Homeland Security, the U.S. Marshalls, the Federal Bureau of Investigation, U.S. Marine Corps,⁷ and her college's campus police department. Tr. at 26, 46. When asked why she took Person A's threats seriously even though she had not seen him taking any substantive steps to overthrow County A's government, the Individual stated that she took him seriously because he had specifically stated that he wanted to overthrow the government. Tr. at 39.

While she was enrolled in college, the Individual "reached out to [Country B] because [she] was trying to figure out how they could afford their nuclear power plants" and also "to try and get some world peace." Tr. at 21, 23. The Individual attributed her belief that she could help create peace to being an optimistic college student and hoping that she could help to create "some sliver of peace." Tr. at 32. She explained that she last emailed Country B many years ago and does not intend to do so in the future. Tr. at 24.

The Individual testified that she has PTSD and believes that she has paranoia as well. Tr. at 56. She does not agree with the Psychiatrist's view that she has delusions, though she admitted that she was aware some of the events she described sounded unrealistic. Tr. at 56. The Individual explained that she was regularly seeing the Psychologist and that he has helped her to find medication that works for her and helped to improve her judgment. Tr. at 52-53. She also testified that she has been regularly seeing the Therapist to receive somatic therapy and will soon begin another type of therapy called "brain spotting." Tr. at 54. She says that working with these two medical professionals has helped her to "let go" of some of the things she was paranoid about in the past. Tr. at 54

The Supervisor testified that he has worked with the Individual for approximately two years and was her supervisor for a part of that time period. Tr. at 69-70. He testified that he always thought highly of the Individual's judgment, trustworthiness, and reliability in the workplace. Tr. at 78-80. He also explained that he was aware of the unusual incidents in the Individual's past and did not find her reactions to those incidents troubling. Tr. at 73-75. He explained that he believed the Individual's decision to report these incidents to authorities proved that she had good judgment. Tr. at 77-78.

The Psychologist testified that he has almost 25 years of experience. Tr. at 92. He diagnosed the Individual with MDD, recurrent, moderate or major, and PTSD. Tr. at 92, 100. He further opined that her prognosis is "very good" as long as she stays in therapy. Tr. at 101, 120. When asked if these conditions were "in remission" he stated: "I think they're both fairly well controlled. I think that we get flare-ups, but I wouldn't call them in remission, that I don't need to see her but every six months or something like that. I wouldn't go that far." Tr. at 92, 120-21. The Psychologist testified that based on his evaluation of the Individual, he did not agree with the Psychiatrist's conclusion that the Individual has a DD. Tr. at 93-100. When the Psychologist was asked about the Individual's communications with foreign governments, he responded by stating: "Well, it's clearly unusual, and as [the Individual] said, you know, it sounds crazy." Tr. at 94. The Psychologist further noted that he had no evidence indicating that the events described by the Individual did not happen or that she has ever experienced a delusion and opined that it would be

⁷ The Individual later explained that when she said she informed the U.S. Marine Corps, she meant that she informed the Marine Corps recruiter that worked to recruit students from her college to become Marine Corps Officers. Tr. at 43.

inappropriate to conclude that she experienced a delusion without such evidence. Tr. at 95, 99-100, 103, 113-114, 129. The Psychologist felt that many of the Individual's outsized reactions could be explained by her being a young person who was unsure of how to react to strange situations as well as "the narcissism of youth." Tr. at 96, 127. However, he admitted that the Individual's description of one of the incidents reported by the Individual had not changed over time "which may be indicative as [the Psychiatrist] said, of a fixed delusion." Tr. at 97-98. He further explained, however, that "in my experience, even fixed delusions tend to – tend to become modified, tend to change with medications, with therapy, with emotional states." Tr. at 98. The Psychologist noted that the Individual had been hospitalized on two previous occasions without being diagnosed with DD or schizophrenia. Tr. at 98. He opined that if the Individual had in fact had a psychotic disorder, it should have been detected during her psychiatric hospitalizations. Tr. at 133. He admitted that she had been prescribed an antipsychotic during one of those hospitalizations but argued that the antipsychotic drug was most likely prescribed for the major depression that led to her hospitalization. Tr. at 98-100. The Psychologist testified that "unusualness" does not constitute a delusion. Tr. at 109. He further testified: "Just because someone has had experiences that sound crazy does not make them delusional." Tr. at 125. The Psychologist admitted that the Psychiatrist had "much more information concerning what happened in [the Individual's] past than [the Psychologist] did." Tr. at 111. The Psychologist noted that if he believed that the Individual had experienced delusions or had a psychotic disorder, and had not treated her for them, then he would have been engaging in malpractice. Tr. at 114-115. The Psychologist does not consider the Individual's judgment to be currently impaired. Tr. at 122-123. He admitted, however, that if the Individual were to relapse, she could become suicidal. Tr. at 123. He noted that the Individual had recently experienced "one of the most nightmarish things that . . . could happen to a person" without experiencing any psychotic symptoms. Tr. at 128. He also admitted that the "brain spotting" therapy is not "evidence based." Tr. at 132.

The Psychiatrist testified that while he agreed with the PTSD and MDD diagnoses, after his review of the Individual's personnel security file and his interview with her, he concluded that she had experienced delusions as well.⁸ Tr. at 142-143. He explained that the Individual's reactions to the incidents described in her personnel security file showed that she experienced delusions.⁹ Tr. at 140-145. To this end, the Psychiatrist testified:

Her reaction of, you know, going to the Homeland Security, the Marines, the FBI, all these other things, calling -- you know, e-mailing [Country B] to get them to stop [Country C] from their actions, are, . . . quite unusual, and I think that they are indicative of the delusion that, number one, she was being persecuted because of

⁸ The Psychiatrist opined that the Individual's PTSD was being "treated well and that she was receiving the appropriate medication for her PTSD,"⁸ and that the Individual's "depression is under fair control." Tr. at 147. The Psychiatrist did, however, opine that the "somatic therapy" and "brain spotting" are not evidence-based treatments for PTSD. Tr. at 147.

⁹ The Psychiatrist testified that: "[S]tudies indicate that somewhere between, . . . 10 and 40 percent of individuals with posttraumatic stress disorder have delusions. Tr. at 40. The Psychiatrist defined a delusion as "a fixed false belief." Tr. at 152. He also explained that the DSM-5 definition of a delusion as "fixed beliefs that are not amenable to change in light of conflicting evidence." Tr. at 152.

what happened with [Person A], and the second is somewhat grandiose, thinking that, you know, she can contact [County B], they're going to stop [Country C], you know, and world peace was going to occur, at least some peace was going to occur. I mean, those are certain – certainly admirable goals, but they do indicate some grandiosity.

Tr. at 148. The Psychiatrist further testified: “The idea that [she thought] she could produce world peace is unusual. The fact that she then felt that they were going to persecute her, that would lead to her demise . . . that’s unusual. That’s a delusion.” Tr. at 153. He further opined that he recognized that the events reported by the Individual concerning Person A and Country A may have happened, he believed that the Individual’s reactions to these events and her rationale behind her reactions were unusual and an example of a delusion. Tr. at 154. The Psychiatrist testified that the Individual had admitted that she was paranoid and stated: “Paranoia is a delusion.” Tr. at 155, 160. He further noted that the Individual testified that she still “gets paranoid when stressed.” Tr. at 155. The Psychiatrist noted that the Individual had recently been hospitalized and prescribed an antipsychotic. Tr. at 148. He noted that this medication and the Individual’s psychotherapy had “been quite helpful.” Tr. at 149. Despite acknowledging this improvement, the Psychiatrist noted that the Individual’s history of grandiosity, paranoia, and feelings of persecution were not being directly addressed in her therapy. Tr. at 149. While the Individual had made “good progress” on her DD, the Psychiatrist opined, the concerns arising from her DD remain and need to be directly addressed as part of her therapy. Tr. at 149-150. He noted that the Psychologist admitted that he does not address the Individual’s DD and that the Therapist told him “[w]e talked about it in the beginning and not since then.” Tr. at 162. The Psychiatrist opined that, as a result, the Individual’s prognosis for DD was “guarded” because it was not being addressed directly in therapy. Tr. at 161. The Psychiatrist opined that the Individual’s prognosis would probably improve to “good” for the DD if it was addressed more directly in therapy. Tr. at 161. He testified that he is concerned that the Individual’s DD remains latent and if her stress levels were to get “high enough” her delusions would return. Tr. at 162. The Psychologist opined that the Individual needs to receive cognitive behavioral therapy to appropriately address her DD. Tr. at 163-165. He further opined that, while her judgment is not currently impaired, there is a risk that her DD will result in future impairment of judgment if she does not receive the appropriate treatment. Tr. at 166. He agreed that the Individual’s insight and intelligence are both good prognostic factors. Tr. at 166. The Psychiatrist further noted that the Individual had testified that she realized that some of her stories “sound fantastic” and considered this insight to be a sign of improvement. Tr. at 147.

V. Analysis

The Individual has a history of four mental health hospitalizations, two of which occurred in 2020. For the past two years, the Individual has been addressing her mental health issues by undergoing psychotherapy on a weekly basis with the Therapist and regularly attending medication management meetings with the Psychologist. Her Psychotherapy and medication regime has been somewhat successful, the Therapist and Psychologist are satisfied with her progress, the Individual appears to be experiencing a high level of occupational success, and she reports that she is doing much better. While the Individual’s treating mental health providers did not detect any evidence of delusional thinking during their treatment of the Individual, information that was available to

the Psychiatrist when he evaluated the Individual, but was unavailable to the Psychologist and Therapist until very recently,¹⁰ provides strong evidence that the Individual has, through no fault of her own, recently experienced episodes of highly impaired judgement, which supports the Psychiatrist's conclusion that she meets the DSM-5 criteria for DD. The evidence in the record clearly indicates that the Individual has not been receiving treatment specifically targeted to address her DD, and I have found the Psychiatrist's opinion that there remains a significant risk of future impairment without treatment specifically targeted to address the Individual's DD to be persuasive. Accordingly, I find that the security concerns raised by her DD under Guideline I remain unmitigated.

The Adjudicative Guidelines provide that 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 indication of emotional instability;
- (e) there is no indication of a current problem.

Adjudicative Guidelines at ¶ 29. As to mitigating factors (a) and (b), while the Individual has indicated a willingness to undergo treatment for the DD, at the time of the hearing she had not begun that treatment. As such, these factors are not applicable. Mitigating factor (c) is not applicable because neither of the mental health professionals who testified expressed a specific belief that the Individual's DD was under control, since the Psychologist did not acknowledge that the Individual had DD, and the Psychiatrist did not believe that the Individual's DD was being directly and appropriately treated. In regard to mitigating factors (d) and (e), the Psychiatrist testified that while the Individual is not currently acutely impaired, there is a significant risk that her DD symptoms will recur, unless she receives the proper treatment for her DD. Therefore, the security concerns arising from her DD have not yet been resolved.

Accordingly, I find that the Individual has not provided adequate evidence of rehabilitation or reformation to mitigate and resolve the security concerns raised under Guideline I.

¹⁰ Most importantly, the LOI Statement which appears at pages 14-16 of Ex. 7.

V. Conclusion

For the reasons set forth above, I conclude that the LSO properly invoked Guideline I. After considering all of the evidence, both favorable and unfavorable, in a commonsense manner, I find that the Individual has not mitigated the security concerns raised under Guideline I. Accordingly, the Individual has not demonstrated that granting her security clearance would not endanger the common defense and would be clearly consistent with the national interest. Therefore, the Individual's security clearance should not be granted. This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Steven L. Fine
Administrative Judge
Office of Hearings and Appeals