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

In the Matter of: Personnel Security Hearing)
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Filing Date: August 20, 2025) Case No.: PSH-25-0192
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Issued: March 13, 2026

Administrative Judge Decision

Noorassa A. Rahimzadeh, 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 restored.

I. Background

In January 2025, the Individual’s supervisor escorted her to her employer’s Occupational Medicine (Occ Med) office “based on observations of a heightened level of anxiety and some unusual thoughts.” Exhibit (Ex.) 9 at 35.² The Individual had endorsed the “belief that a ‘black ops’ group had stolen and infiltrated her personal and professional devices.” *Id.* Pursuant to her employer’s policies, the Individual’s “professional devices were scanned” and it was determined that they were “clean.” *Id.* Occ Med decided that the Individual was in need of an immediate evaluation, and she was accordingly referred to an emergency room. *Id.* Occ Med determined that the Individual was “‘not fit for duty’ pending the results of the evaluation.” *Id.*; Ex. 8. The Individual was soon permitted to return to work in February 2025 with some restrictions. Ex. 7 at 28; Ex. 6. The Individual underwent a psychological evaluation at the behest of the Local Security Office (LSO) in April 2025. Ex. 10. The psychological evaluation was conducted by a DOE-consultant psychologist (DOE Psychologist), who issued a report (the Report) of his findings in May 2025.

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 The exhibits submitted by DOE were Bates numbered in the upper right corner of each page. This Decision will refer to the Bates numbering when citing to exhibits submitted by DOE.

Id. In the Report, the DOE Psychologist concluded that pursuant to the *Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition, Text Revision* (DSM-5-TR), the Individual suffers from Delusional Disorder, Persecutory Type, first episode, currently in acute episode. *Id.* at 50. He indicated that these “[p]ersecutory delusions can lead to mistrust of others, inappropriate actions taken to protect against perceived persecution, severe situational anxiety, and mistrust of other’s actions.” *Id.* Furthermore, the Individual’s “lack of attunement with external reality, persecutory belief set, and persistent severe anxiety impairs her judgment, reliability, stability and trustworthiness.” *Id.*

The LSO began the present administrative review proceeding by issuing a letter (Notification Letter) to the Individual in which it notified her that it possessed reliable information that created a substantial doubt regarding her continued eligibility for access authorization. In a Summary of Security Concerns (SSC) attached to the Notification Letter, the LSO explained that the derogatory information raised security concerns under Guideline I (Psychological Conditions) of the Adjudicative Guidelines. Ex. 1. The Notification Letter informed the Individual 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 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 her own behalf and presented the testimony of her husband, four mental health professionals, and three coworkers. *See* Transcript of Hearing, OHA Case No. PSH-25-0192 (hereinafter cited as “Tr.”) The Individual also submitted ten exhibits, marked Exhibits A through J. The DOE Counsel submitted thirteen exhibits marked as Exhibits 1 through 13 and presented the testimony of the DOE Psychologist.

II. Notification Letter

Under Guideline I, “[c]ertain emotional, mental, and personality conditions can impair one’s judgment, reliability, or trustworthiness.” Adjudicative Guidelines at ¶ 27. Conditions that could raise a security concern and may be disqualifying include “[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).

Under Guideline I, the LSO alleged that following the April 2025 psychological examination, the DOE Psychologist concluded that the Individual met sufficient diagnostic criteria for a diagnosis of Delusional Disorder, Persecutory Type, first episode, in acute episode, which impaired the Individual’s trustworthiness, stability, reliability and judgment. Ex. 1 at 5. The LSO’s invocation of Guideline I is 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 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 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.* § 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 and Hearing Testimony

Precipitating Event and Security Incident

In early January 2025, the Individual was on vacation with her family, during which they utilized a rental car.³ Ex. 11 at 41. While the car was parked at a meter on the side of the street, unattended, it was “burglarized in a ‘smash-and-grab’ incident.” *Id.* The family's electronics and luggage were taken. *Id.* The Individual's husband testified that prior to returning to the rental car, he received “a telephone call that somebody had found [his] backpack that [he] had left in [his] car on some adjacent street[.]” Tr. at 18. He indicated that he found this telephone call strange, and he did not completely understand what was happening at the time. *Id.* A police report of the incident indicates that the family returned to their car after approximately one hour and observed that the rear passenger window had been broken. Ex. B at 8.⁴ They were approached by an individual, who told them that he had taken photographs of the incident, and provided the photographs to the Individual and her family. *Id.* “At some point between finding the police station and writing the [police] report,” they received another communication from a different individual who explained to the family that she had seen their luggage on the street. *Id.*; Tr. at 20–21. After completing the police report, they followed the location pin that the individual had texted them and were thus able to locate their belongings. Tr. at 21. Four personal tablets and a camera had been stolen.⁵ *Id.* at 21, 185. Among the stolen items were passwords and usernames that the Individual and her husband had written down. Ex. 10 at 41; Tr. at 218. The Individual's husband explained that as they were looking through their items on the side of the road, they were approached by a woman who gave them their passports and medications in a Ziploc baggie. Tr. at 21–22. He said that the woman

³ The Individual received training for counterintelligence awareness the week she went on vacation. Tr. at 184.

⁴ The exhibits submitted by the Individual were not page numbered. This Decision will refer to the PDF page number when citing to the Individual's exhibits.

⁵ The Individual's husband explained that they used the “find my device” feature to locate their tablets. Tr. at 24, 41.

explained to the family that she decided to “save” these items when she saw others going through the family’s belongings. *Id.* at 22.

The Individual indicated that she was not initially concerned about the possibility of identity theft, but after the burglary, the Individual experienced some difficulties in securing and recovering online accounts. Ex. 11 at 42; Tr. at 187. The Individual’s husband explained that they had to assume that every account for which their passwords had been stolen had been compromised. Tr. at 23. Accordingly, with the help of their friends, they began the process of securing their accounts. *Id.* at 23–24, 187, 210. They learned that several of their non-financial accounts had been compromised. *Id.* at 24–25. The Individual’s husband indicated that they had secured their accounts to the best of their ability around the end of January 2025, and that they “felt comfortable with how things were left.” *Id.* at 28, 40.

The Individual ultimately felt that the theft of her personal information could compromise her professional/work devices, and she made those concerns known to her employer’s Security Incident Team (SIT) on multiple occasions following the burglary, but before the January 2025 incident where she was escorted to Occ Med. *Id.* at 187–88, 220–21. The first time, she sought guidance on the steps she should take, as her “identity had been compromised.” *Id.* at 219. The second time, she reported she was receiving social media notifications and timestamps on her emails that were inconsistent with her social media and email activity. *Id.* The third time, she reported that her work cell phone was being “glitchy.”⁶ *Id.* She made all three reports to SIT over the course of four days. *Id.* at 220. The Individual indicated that she was “reporting what [she was] taught to report.”⁷ *Id.* at 188.

On the morning of the mid-January 2025 incident, the Individual experienced technical issues that confused and concerned her. *Id.* at 232. Accordingly, when she went into the office, she made a list of everything she found concerning, documenting a description of every possible incident, which she ultimately provided the DOE Psychologist. *Id.* at 233. She found her supervisor and tried to explain to him what she believed was possibly happening. *Id.* at 234. The Individual generally believed that she had been a victim of a black ops group that intended to secure the access credentials of DOE or DOE contractor employees. Ex. 10 at 42. She admitted that she was “freaking out” because she believed she had compromised national security. Tr. at 235, 241.

The Individual agreed that at the time she was taken to Occ Med, she needed help.⁸ *Id.* at 189. The Individual’s husband indicated that before the Individual was admitted to the emergency room,

⁶ A coworker testified that the Individual had told him that “she was seeing unusual activity[]” on her phone but he felt that it could just have been her “phone failing[,]” as he does not know how savvy the Individual is when it comes to such devices. Tr. at 61.

⁷ A coworker testified that their work involves keeping certain assets safe “in any scenario[] that [they] can think of.” Tr. at 69–70. The Individual was noted to be particularly good at thinking “outside the box” and thinking of things “that other people miss[.]” *Id.* He indicated that he knew that the Individual had reported the potential hacking of her various online accounts, and he explained that it is part of their training to report such matters. *Id.* at 79–80.

⁸ Prior to going to Occ Med, the Individual had concluded that her anxiety was severe enough to warrant some leave, and she ultimately took approximately one month of leave pursuant to the Family Medical Leave Act after her discharge from the emergency room. Tr. at 191.

she was “very, very stressed[.]” *Id.* at 26. He confirmed that while at the emergency room, the Individual underwent an interview in the early morning hours, following her admission, and she was released shortly thereafter. *Id.* at 27, 190. The Individual’s husband indicated that he had never seen his wife behave in the manner she did over the two-week period in January that culminated in her hospitalization and leave, and that she has not behaved in that manner since. *Id.* at 30. He also stated that since January 2025, she has not discussed any of the concerns that had been documented in the Report with him. *Id.* at 34.

The Individual sought treatment through her employer’s Employee Assistance Program (EAP) from April 2025 to September 2025 and attended the seven counseling sessions she was permitted to attend. *Id.* at 195–96; Ex. J. She explained that at the time she began seeing the EAP therapist, she was not “in a high anxiety kind of frame of reference[.]” so they focused their conversations on “what [she] looks like when [she] get[s] anxious.”⁹ Tr. at 197. At the behest of Occ Med, she saw a psychiatrist who consults with the employer’s Fitness for Duty program (FFD-consultant psychiatrist) in February 2025. *Id.* at 198. Before her EAP sessions ended, she began reaching out to other psychologists around the Fourth of July in 2025. *Id.* at 196. She secured a therapist in early August 2025, and at the time of the hearing, continued to see her therapist on a weekly basis. *Id.* at 155, 199.

After participating in the aforementioned evaluations and therapy, the Individual testified that she believes that her anxiety is under control. *Id.* at 215. When asked whether she has asked her providers about the possibility that she met the criteria for a diagnosis of Delusional Disorder, she responded that “[e]verybody says no.” *Id.* at 238.

Expert Testimony and Reports

DOE Psychologist

During her April 2025 psychological evaluation, the Individual told the DOE Psychologist that she believed that she was a “victim of ‘black ops.’”¹⁰ Ex. 10 at 42. The Individual’s concerns began to increase following their return home, resulting in the belief that “unknown actors have been using, and continue to use, her allegedly compromised accounts to attempt unauthorized access to secure [government contractor] systems and information.” *Id.* She “expressed her frustration that [the contractor’s] administration did not appear to take her concerns seriously.” *Id.* Accordingly, in mid-January 2025, after experiencing what she perceived were technological anomalies, she “began disclosing her concerns to members of her workgroup and became increasingly agitated.”

⁹ A January 2026 letter submitted by the EAP therapist indicates that the Individual and the therapist discussed how anxiety presents in the Individual, how to process “information and experiences,” support in “better understanding her communication style, and . . . resources for internal and external tools to support her in navigating current stressors.” Ex. H at 9.

¹⁰ The Individual testified that during the evaluation with the DOE Psychologist, the Individual was explaining the security concerns that she had in January, but that she did not have the same concerns at the time of the evaluation in April. *Id.* at 43–44, 213–14. She explained that in relaying the information regarding the security breaches/issues that she believed possibly existed in January 2025, she was trying to explain to the DOE Psychologist how she came to be in his office. *Id.* at 214–15.

Id. Because of the level of distress she was exhibiting, she was ultimately escorted to Occ Med. *Id.*

The Individual told the DOE Psychologist that “espionage entities may have established a coordinated theft operation targeting individuals associated with DOE in an effort to obtain access credentials.” *Id.* She stated that her personal and work cell phones, social media account, and home phone were all compromised and being controlled by other individuals who have intercepted messages. *Id.* at 42–43. She told the DOE Psychologist that someone had intentionally moved two of her cell phones from one secure locker in a DOE facility to the locker directly above it. *Id.* at 43. The Individual uncovered “two years of missed phone calls, which appeared to be robocalls” on four different phones, which she assumed were coming from India, and while researching the matter, she concluded that “she had been hacked a year ago.” *Id.* She expressed suspicion of two of the fathers of her daughter’s friends, believing that they gained access to her usernames, passwords, and other identifiable information, and that one of the men “may have planted bugs” in her home.¹¹ *Id.* She was also suspicious of one of the men, as he “has a high-quality camera and takes photographs when he is out in public.” *Id.* She further stated that photo reels spontaneously appeared on her phone, containing pictures of her daughter playing with the children of the aforementioned men. *Id.* The reels contained photos of her daughter’s eye, causing her to believe that “an unknown operative created the reels with the intention of using the photos to initiate transfer of and gain control of accounts that use facial recognition.”¹² *Id.* at 43–44. The DOE Psychologist learned that the Individual had been “staying up to catch calls that she believe[d] were coming in from India.”¹³ *Id.* at 43. Finally, the Individual told the DOE Psychologist about an incident of strange activity with her work computer in her workspace, but that she was “unable to report the incident because her workgroup managers had already gone home for the day.”¹⁴ *Id.* at 44.

¹¹ The Individual’s husband stated that although his wife had spoken to him about the possibility that her daughter’s friends’ fathers posed some security threat, as they were of foreign origin, she did not “elaborate beyond that” to him. Tr. at 37–38. The Report indicates that the Individual had her home “scanned for bugs and none were found.” Ex. 11 at 43. At the hearing, the Individual testified that approximately three days after they got home from their vacation, the Individual’s home internet “was acting weird,” so she called a friend, who swept her home for bugs without being asked to do so. *Id.* at 226–27.

¹² At the hearing, the Individual explained that the devices that were stolen contained a large catalogue of photo reels, and the account linked to these photo reels had been compromised. Tr. at 227–28. She went back into her “archives” and began trying to delete photos. *Id.* at 228. As she was deleting the photos, photo reels began “playing spontaneously.” *Id.* Two back-to-back photos appeared, depicting the daughters of the foreign nationals, which the Individual found disconcerting. *Id.* The photos of her daughter’s eyes were ones that she had taken when the child was an infant. *Id.* at 229. She had previously learned that “there [were] problems using facial recognition and Android phones.” *Id.* She felt that the individuals who stole the devices could have used these photos to create accounts via facial recognition technology. *Id.* She also reported these matters in mid-January 2025. *Id.*

¹³ The Individual felt that some of the aforementioned “unauthorized activity” was perpetrated by “actors operating from India.” Ex. 11 at 44.

¹⁴ The Individual had observed “three files open on [her] computer desktop” and her “nuclear wallet card laying on [her] desk” Tr. at 230. The Individual explained at the hearing that she always closes documents on her desktop before shutting down her computer. *Id.* at 230–31. She denied putting the nuclear wallet card on her desk. *Id.* at 231. The Individual testified that these incidents occurred the day before she was escorted to Occ Med in mid-January 2025. *Id.*

The DOE Psychologist conducted a Personality Assessment Inventory (PAI), which is “a structured personality assessment instrument.” *Id.* at 48. The Individual’s validity scores fell within the normal range, indicating that the Individual “answered in a reasonably forthright manner and did not attempt to present an unrealistic or inaccurate impression[.]” *Id.* At the hearing, the DOE Psychologist testified that “a person with [D]elusional [D]isorder does not believe they have an issue,” and accordingly, “psychological testing does not show elevations.” Tr. at 281–82.

The DOE Psychologist spoke to the FFD case manager, a mental health professional qualified to make diagnoses, who saw the Individual when she presented to Occ Med in January 2025. Ex. 10 at 46. The FFD case manager told the DOE Psychologist that he interviewed the Individual during the mid-January 2025 event, and that he “expressed some concern about the possibility of a [D]elusional [D]isorder but did not have sufficient information to reach a definitive conclusion.” *Id.* He found her anxiety severe enough to recommend that she admit herself into an emergency room. *Id.* As the FFD case manager, he was also responsible for placing the Individual in the FFD program and sending her for an independent evaluation with the FFD-consultant psychiatrist. *Id.* The FFD case manager told the DOE Psychologist that he had seven follow-up meetings with the Individual, and he “remains concerned about her fitness for duty.” *Id.*

The DOE Psychologist also spoke to the FFD-consultant psychiatrist who examined the Individual at the behest of Occ Med. *Id.* at 47. He told the DOE Psychologist that “[b]ecause of the nature of [the Individual’s] work and the likelihood of covert intelligence gathering in general, he was willing to consider that her report of the comprises to her account were accurate.” *Id.* Accordingly, “he did not diagnose her with [D]elusional [D]isorder but did not rule out the possibility.” *Id.* The Report indicates that the FFD-consultant psychiatrist stated that he “had difficulty following [the Individual’s] train of thought due to her preoccupation with minutiae, as well as her tendency toward disorganized thinking[.]” and he ultimately concluded that she had a “high level of anxiety.” *Id.*

The DOE Psychologist reached out to the EAP therapist the Individual saw on seven occasions, who told him that the Individual “has a long history of anxiety.”¹⁵ *Id.* Further, she felt that it was “difficult to follow [the Individual’s] train of thought” and the Individual was confused by the concerns over her mental state. *Id.* She “noted that some of [the Individual’s] statements may be suggestive of a [D]elusional [D]isorder and that she continues to believe that her [work] and personal accounts are being compromised.” *Id.* However, the Individual’s disjointed form of communicating had “obscure[d] the overall clinical picture.” *Id.*

The DOE Psychologist opined in the Report that “[t]he persistence of [the Individual’s] persecutory beliefs despite contradictory objective findings is indicative of a [D]elusional [D]isorder.” *Id.* at 49. Further, the Individual “appears to ascribe complex, coordinated motives to multiple unrelated individuals and events, and she interprets ambiguous technological or environmental changes as evidence of targeted surveillance and espionage.” *Id.* He concluded that the “lack of corroborating evidence, combined with the elaboration and conviction of her beliefs, indicates that these experiences are not grounded in reality.” *Id.* As stated above, he accordingly diagnosed the Individual with Delusional Disorder, Persecutory Type, first episode, currently in

¹⁵ At the time the DOE Psychologist reached out to the EAP counselor, she had seen the Individual twice. Ex. 10 at 47.

acute episode. *Id.* He noted that the condition can result in “errors of judgment” and can cause her to distrust her coworkers. *Id.* The “lack of attunement with external reality and persecutory belief set can lead to poor judgment, unreliability, psychological instability, and lack of trustworthiness.” *Id.*

The DOE Psychologist testified that the way in which the Individual relayed her concerns to him during the psychological evaluation indicated “a stronger belief system than she related in [her] testimony.” Tr. at 282. He indicated that Delusional Disorder was not his first thought, but as “[the Individual’s] relation of the events became more chaotic and disjointed, [he] began then to be concerned about delusional disorder, which led [him] to become more specific in the questions that [he] was asking.” *Id.* at 283. He noted that if one “take[s] any one, two, or three parts of this story, [] they make perfect sense” based on the nature of her profession for which “the possibility of espionage is always there.” *Id.* at 284. However, when the pieces of her narrative are “put together,” “it becomes unrealistic and not consistent with external reality.” *Id.* He believed that the Individual’s feeling that she was not being believed when she was reporting the aforementioned concerns to her management “elevated her distress to the level that they were concerned.” *Id.* at 286–87. He testified that these concerns crossed a line into a delusion when “she [was] not able to solve things, but new things keep happening that prevent her from generating a secure environment.” *Id.* at 287. “[T]he interpretation of that [burglary] event into paranoia is what makes it delusional.” *Id.* at 288.

The DOE Psychologist explained that “[D]elusional [D]isorders are based in plausible events[,]” and that when an individual with Delusional Disorder experiences a “negative consequence for expressing [their] delusion,” the individual either becomes “very adamant that nobody believes them” or they learn that they cannot “tell people what [they] believe to be true[.]” *Id.* at 307–08. To treat Delusional Disorder, one must take antipsychotic medication, and in the Individual’s case, also an antianxiety medication. *Id.* at 289–90. Although therapy is recommended, “efficacy is poor . . . because the person with the [D]elusional [D]isorder [does not] believe [there is] anything wrong.” *Id.* at 290. Although someone with Delusional Disorder cannot be talked out of a delusion, a therapist can help them manage the distress that the delusion causes. *Id.* at 291. However, managing anxiety is not sufficient for managing Delusional Disorder. *Id.*

The DOE Psychologist testified that based on the information he possessed at the time he wrote the Report in May 2025, the diagnosis of Delusional Disorder was sound, but that “it is unclear now whether that diagnosis still applies[,]” as an individual “can achieve . . . spontaneous remission[] from [D]elusional [D]isorder, so [it is] possible that it does not exist at this time.” *Id.* at 295. He also indicated that at the time of the hearing, he could not come to a conclusion regarding her prognosis. *Id.* at 295–96. When asked if the Individual has “an illness or mental condition . . . [that] can cause or may cause a significant defect in her judgment and reliability[,]” the DOE Psychologist stated that he did not know. *Id.* at 297.

Occ Med Psychologist

The Occ Med psychologist, who supervises the FFD program, testified that she was not the person who evaluated the Individual when the Individual was escorted to Occ Med in early January 2025. Tr. at 95, 101. She explained that they determined the Individual was not fit for duty when she

presented to Occ Med in January 2025 because they “had significant security concerns at that moment.” *Id.* at 100. She discussed the Individual and her presentation with the FFD case manager who interviewed her, specifically touching on the fact that the Individual thought that she was being targeted by a “black ops” group. *Id.* at 101. They discussed the fact that although none of her work devices had been taken in the burglary, she believed that they had been infiltrated and that she reported this to the DOE Office of Counterintelligence. *Id.* at 101–02. She became privy to the fact that the Individual’s work devices had been scanned and “found to be clean.” *Id.* at 102. The Occ Med psychologist also learned of the Individual’s concerns about the fact that her daughter’s friends have fathers of foreign origin. *Id.* The aforementioned facts suggested “potential paranoia.” *Id.*

She decided to send the Individual to an FFD-consultant psychiatrist for a more comprehensive evaluation. *Id.* at 102, 109. She explained that the FFD-consultant psychiatrist is “really good at differentiating between” anxiety and a more concerning diagnosis. *Id.* at 118. The FFD-consultant psychiatrist informed her that he diagnosed the Individual with Anxiety Disorder and that he “did not see any psychotic features[.]” *Id.* at 109–10, 121. The Occ Med psychologist recommended that the Individual seek private counseling. *Id.* at 110. The FFD case manager saw the Individual once a week in March 2025 and the Occ Med psychologist met with the Individual once, and they determined that they were not seeing the same symptoms that they had observed in January 2025. *Id.* at 111. She noted that by March 2025, the Individual’s sleep had improved, and she was taking antianxiety medication. *Id.* Based on her conversations with the FFD case manager and the FFD-consultant psychiatrist, she does not agree with the DOE Psychologist’s assessment of Delusional Disorder, Persecutorial Type.¹⁶ *Id.* at 113. She also spoke to the Individual’s therapist, who the Individual began seeing in August 2025 and who diagnosed the Individual with Adjustment Disorder with Anxiety, with other possible diagnoses of PTSD and Autism, which the Occ Med psychologist feels also make sense for the Individual.¹⁷ *Id.* at 114. The Occ Med psychologist noted that they administered the Minnesota Multiphasic Personality Inventory (MMPI) and the Millon Clinical Multiaxial Inventory (MCMI), which were both significant for anxiety.¹⁸ *Id.* at 118–19. The Occ Med psychologist explained that it is not uncommon for someone in the Individual’s profession to be hypervigilant. *Id.* at 121–22. At the time of the hearing, the Occ Med psychologist indicated that she would not have any concerns should the Individual return to work requiring an access authorization, but that she would ask the Individual to “check in” with Occ Med “every once in a while.” *Id.* at 126–27.

FFD-Consultant Psychiatrist

¹⁶ She explained that the difference between someone with anxiety and someone with delusion is that someone with anxiety can “understand [what is] right and wrong[.]” but if someone is experiencing a delusion, they believe “this is actually happening.” *Id.* at 117–18.

¹⁷ The DOE Psychologist noted in his testimony that neither a diagnosis of PTSD nor Adjustment Disorder involves a “separation from reality[.]” Tr. at 293.

¹⁸ The DOE Psychologist spoke to the mental health professional who interpreted the results of the tests that Occ Med administered, and she told the DOE Psychologist that the test results were “unremarkable” but that there was an elevation “consistent with bipolar disorder with psychotic features” in the MCMI. Ex. 10 at 46. However, she “interpreted this as indicative of [the Individual’s] high level of anxiety and fears related to the belief that her [work] and personal accounts had been compromised.” *Id.* She “acknowledged concerns regarding the possibility of [D]elusional [D]isorder[.]” but “could not reach a definitive conclusion.” *Id.* at 46–47.

The FFD-consultant psychiatrist, who saw the Individual in February 2025 and did not observe any witness testimony, began his testimony by explaining that he believes that the Individual is “qualified to go back to work” with a security clearance. *Id.* at 132, 143. He did not feel that her anxiety was “debilitating” enough to keep her from going back to work. *Id.* at 133. At their interview, the Individual presented “with a significant level of anxiety,” and presented her fears of electronic surveillance as current concerns, but he believed that she had somewhat calmed since the January 2025 burglary. *Id.* at 132–33, 143. At some point after the Individual began seeing her therapist in August 2025, the FFD-consultant psychiatrist opted to speak to the Individual’s therapist, and her therapist informed him that the Individual has some autistic tendencies and “chronic [PTSD]” *Id.* at 133. The therapist also told him that she felt that the Individual’s “severe anxiety reaction” in early January 2025 was “exacerbated by the PTSD[.]” *Id.* at 134.

He disagreed with the DOE Psychologist’s conclusion that the Individual suffers from Delusional Disorder, because based on his observations, the Individual “was highly anxious.” *Id.* at 135–36. He found the Individual’s response to be “somewhat appropriate” to the burglary, but he did feel that “she was very, very suspicious, if not . . . feeling somewhat paranoid.” *Id.* at 136. He did note that the Individual was very worried about being the target of foreign intelligence, but he did not “find that terribly unusual” when considering that she had an access authorization. *Id.* When asked whether he felt that “her fears were generally grounded in reality,” he stated, “[g]iven the information that I had, I [could not] verify 100 percent one way or the other, I just felt like those were possibilities that she was describing to me.” *Id.* at 137. He later indicated that she believed that being targeted by foreign entities could have been a possibility. *Id.* He stated that he believes the Individual “could go back to work [requiring an access authorization] and continue to be evaluated.” *Id.* at 139. As the DOE Psychologist’s Report indicates that the FFD-consultant psychiatrist could not rule out Delusional Disorder, when the FFD-consultant psychiatrist was asked about the matter at the hearing, and he stated that based on “what [he] saw, he ruled it out.” *Id.* at 142. However, he acknowledged “that someone else might interpret that as delusional.” *Id.* at 142–43.

Individual’s Therapist

Treatment notes from August 2025 provided by the Individual’s therapist indicate that the Individual was diagnosed with Adjustment Disorder with Anxiety. Ex. G at 5. The Individual’s therapy plan is to attend 55 minutes of therapy every week, and among other goals, she intends to learn how to use “grounding and breath protocols” in order to “self-regulate” and to “[i]ncrease understanding of methods to recognize and self-regulate anxiety.” *Id.* at 5–6.

The Individual’s therapist testified that she began treating the Individual in early August 2025, after the Individual was referred by her employer’s EAP.¹⁹ Tr. at 152. She explained that the

¹⁹ The Individual’s therapist testified that in addition to reviewing the DOE Psychologist’s Report, she reviewed a report submitted by a psychiatrist with the Human Reliability Program (HRP). Tr. at 153. The report created by the HRP psychiatrist was not admitted into the record. However, the Individual’s therapist testified that the HRP psychiatrist diagnosed the Individual with Adjustment Disorder with Anxiety. *Id.* at 154. The record indicates that the report was produced by the HRP psychiatrist in July 2025. *Id.* at 260.

Individual described a “distressing” burglary incident, which the Individual found distressing not only because it could affect her family, but also affect her work, as she felt that she had been hacked. *Id.* at 153. She compared the information that the Individual gave her with the information the Individual provided the DOE Psychologist, and noted that it was the same, “absolutely precise.” *Id.* at 154–55. She explained that she gave the Individual “time to describe what it was she wanted [her] to know,” allowing her to “relax, calm down, to trust the environment that she was in, and she became much more coherent.” *Id.* at 156. They also covered the Individual’s past traumas and the possibility of being autistic. *Id.* However, at the time of the hearing, the therapist was primarily treating the Individual for Adjustment Disorder with Anxiety. *Id.* at 157. She indicated that the Individual is “making good progress,” that she has moved through therapy more quickly than other patients, and that she has the ability to understand “how her thought processes can be distorted.” *Id.* at 157–59. She does not see any issue with the Individual returning to work that requires access authorization, so long as she is compliant with her medications. *Id.* at 158–59. The Individual’s therapist noted that the Individual was “diligent in looking for help” and that “[s]he knew she needed help.” *Id.* at 160. She indicated that the Individual’s ongoing anxiety is related to the hearing process. *Id.* The Individual’s therapist opined that the Individual’s “level of anxiety has significantly reduced” since the January 2025 incident. *Id.* at 168. The Individual manages her anxiety by journaling, taking walks, and doing breath work, in addition to antianxiety and sleep medication. *Id.* at 171–72.

The Individual’s therapist disagreed with the DOE Psychologist’s diagnosis, stating that the result of the testing the DOE Psychologist completed was unremarkable, and that she does not see any evidence of Delusional Disorder while the Individual is in her office.²⁰ *Id.* at 161–62. The Individual’s therapist explained that if the Individual was delusional, then the behavior the Individual exhibited in mid-January 2025 would have “surfaced” earlier, as it would have been an “an ongoing process, an ongoing response to stressors[.]” *Id.* at 161. The Individual’s therapist acknowledged the Individual “was putting together many disparate experiences and . . . coming to a conclusion[.]” but stated that the Individual “is not unlike many of the patients that [she] works with from” the Individual’s place of employment, “because [they are] trained in threat assessment.” *Id.* at 165. Accordingly, they “look at the world differently[.]” *Id.* When asked if the Individual still believes that she is being targeted, the Individual’s therapist stated that although the Individual “mentioned it” when they began their relationship in August 2025, “they barely even touched on it.” *Id.* at 166. She went on to state that she believes the matter was “resolved . . . in her mind.”²¹ *Id.* She stated that although the Individual “still has some concerns about the safety of her family . . . [she is] not highly stressed about that any longer.” *Id.* at 166–67.

Individual’s Expert

The Individual underwent another psychological evaluation in August 2025 with a psychologist she retained to offer an opinion for this hearing. Ex. H; Tr. at 247. The Individual’s expert produced a two-page report in January 2026. Ex. H. She reviewed the Individual’s medical/mental health

²⁰ The Individual’s therapist explained that she has had experience with clients exhibiting symptoms of Delusional Disorder. Tr. at 164.

²¹ She also explained that because the Individual felt that others did not understand her concerns, she became frustrated, causing her to become “activated.” Tr. at 170.

history and conducted an interview. *Id.* In her report, she concluded that the Individual suffered an “isolated, unique extreme situational anxiety reaction closely related to her job duties.” *Id.* at 7. She opined that because the Individual must think “outside the box” pertaining to safety and security, she is hypervigilant. *Id.* She concluded that because this incident was the first of its kind “over her long career, there should be little likelihood of any [recurrence] of such event.” *Id.* She described the incident as a “situational anxiety” incident, and not indicative of a delusion. *Id.*

In her hearing testimony, the Individual’s expert indicated that she examined the DOE Psychologist’s Report, consulted with the Individual’s therapist the week before the hearing, and examined the report created by the HRP psychiatrist. Tr. at 249, 272. She diagnosed the Individual with Adjustment Disorder with anxious features. *Id.*

She also suggested that as the Individual is “extremely intelligent,” it may be difficult for others to “really understand [her,]” as they “may find it confusing.” *Id.* at 251. The expert specifically noted that the Individual “was very anxious about the theft of national security materials, and she had an intense anxiety response to it.”²² *Id.* at 255. In explaining her disagreement with the DOE Psychologist’s diagnosis, she testified that it would be unusual for the Individual to have an acute episode that lasted approximately four months, as “acute” means that it is occurring “right now.” *Id.* at 251–52. When she saw the Individual, the Individual “had calmed down a lot.” *Id.* at 252. She believes that the treatment the Individual is receiving from her therapist is appropriate, and that it may prevent another “anxiety/panic attack” like the one the Individual experienced in January 2025. *Id.* at 253. The expert also opined that the Individual is in touch with reality and that the Individual does not suffer from Delusional Disorder. *Id.* at 256–57. The expert indicated that the Individual likely suffered a panic attack on the day of the burglary and another one at work in mid-January 2025. *Id.* at 269. She opined that the Individual’s prognosis is “very good[,]” as she is “coming through it” and will be “better able to cope with her own fears and anxieties.” *Id.* at 258. She recommended ongoing treatment for anxiety, asserted that it is readily controllable with appropriate treatment, and opined that there is no current problem. *Id.* at 276–77.

V. Analysis

The Adjudicative Guidelines indicate that an individual may mitigate Guideline I concerns if:

- 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;

²² In later testimony, she stated that the Individual “was a victim of theft, and [it] just happened to be national security material.” Tr. at 256. When asked what was compromised, the Individual’s expert indicated that “[t]here were some laptop computers . . . and . . . some folders they [sic] had material . . . in” them but that she “[did not] ask her in specific details” because she “[did not] need to know it at that level.” *Id.* at 260–61. She further concluded that the Individual responded the way in which she did in mid-January 2025, because she “thought that the response of her superiors was inadequate[,]” and that her “paranoia . . . kind of rippled out from that central point.” *Id.* at 264. She indicated that a delusion is a “fixed false belief,” and she does not believe that the Individual was delusional when she was upset about the burglary, as it involved “national security secrets.” *Id.*

- 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;²³
- 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 stated above, the regulatory standard implies that there is a presumption against granting or restoring a security clearance, and there are facts about this case that give me pause. While it is within the realm of possibility that nefarious groups with nefarious intentions would target access authorization holders, the details that the Individual provided to the DOE Psychologist concern me. For instance, following the burglary, the Individual came to suspect the fathers of her daughter's friends, both of whom were of foreign origin, and believed that there was some involvement from "scam callers" in India. I was not given a convincing reason as to why she began suspecting these men or the scam callers. For instance, the DOE Psychologist's Report indicates that one father used a camera to take pictures and would do so in public. There is, of course, a very simple explanation for such behavior that does not include espionage or some other covert operation. It is also concerning that she drew a direct line between the January 2025 burglary and seemingly unrelated events, like receiving scam/spam calls. It should be noted that the Individual never denied making these statements to the DOE Psychologist. Rather, she explained that she held those beliefs closer in time to the actual January 2025 burglary, not the date of her evaluation. Regardless of when the Individual felt that these concerns were real, and even considering the fact that the Individual has hypervigilant professional sensibilities, the stated concerns are so extreme in nature that I am concerned that she believed them at all.

In reviewing the information provided by the Individual's expert, my attention is drawn to the fact that she testified that the Individual was "very anxious about the theft of national security materials, and she had an intense anxiety response to it." Tr. at 255. However, the record is bereft of any evidence that national security materials were stolen or compromised. The Individual's personal devices were taken, and although she felt that these personal items could have offered a way for bad actors to access her work devices, the record does not indicate that her work devices were taken or infiltrated. In fact, a scan of her computer was conducted, and it failed to produce evidence that would bear out any such concerns. The Individual knew about the scan's lack of findings. Further, when asked about what she knew about what was stolen, the Individual's expert noted that she did not really need to know the particulars of the burglary and therefore did not ask for

²³ Guideline I states that "[a] duly qualified mental health professional . . . employed by, or acceptable to and approved by the U.S. Government, should be consulted when evaluating potentially disqualifying and mitigating information under this guidance and an opinion, including prognosis, should be sought." Adjudicative Guidelines at ¶ 27. This indicates, therefore, that the duly qualified professional who is approved by the U.S. Government in this matter is the DOE Psychologist.

details. *Id.* at 260–61. Accordingly, I am left questioning the expert’s conclusions, especially as it pertains to the appropriateness of the Individual’s response in mid-January 2025, as her understanding of what actually occurred has been thrown into question. I was also struck by how the FFD-consultant psychiatrist could not definitively rule out Delusional Disorder when he spoke to the DOE Psychologist. Further, the mental health professionals with whom the DOE Psychologist spoke could not foreclose the possibility of Delusional Disorder or stated that it was difficult to get a clear understanding of the “clinical picture.” The inability to confidently foreclose the possibility of Delusional Disorder or to even get a clear picture of the Individual’s state is unfavorable to the Individual, especially when considering the fact that the individuals with whom the DOE Psychologist consulted saw the Individual closer in time to the January 2025 incident. When I consider this fact in light of expert testimony that individuals with Delusional Disorder can modify their behavior in response to undesirable feedback, I am left wondering whether the Individual still holds these concerning beliefs about black ops activity but has learned to manage her emotional response when relaying her concerns.

The record before me contains two diagnoses that are important to the analysis, Delusional Disorder and Adjustment Disorder. The record before me also indicates that while Adjustment Disorder is temporary in nature and very amenable to treatment, Delusional Disorder is far more difficult to treat. Although more than one testifying mental health professional disagreed with the DOE Psychologist’s diagnosis, the fact remains that every mental health professional found the Individual’s worries following the burglary concerning and indicative of an illness and/or a condition. As indicated by the mental health professionals involved in this matter, Delusional Disorder is characterized by a persistent belief in delusions irrespective of any objective evidence to the contrary. Based on the information before me, this does not appear to be a hallmark of Adjustment Disorder. I have evidence that the Individual attributed seemingly disparate and coincidental occurrences to the burglary and she continued to believe that her work devices/computers had been compromised despite the fact that the work devices were not stolen and a scan had been conducted, revealing that they were “clean.” Accordingly, I cannot discount the possibility that a condition other than Adjustment Disorder was responsible for the Individual’s unstable, paranoid behavior, and I cannot conclude that the Individual’s condition is readily controllable with treatment or amendable to treatment, as the treatment she is receiving now is only designed to treat Adjustment Disorder and not anything more serious. Mitigating factors (a) and (b) have not been met.

The DOE Psychologist could not provide a current prognosis for the Individual, and when he was asked if the Individual has “an illness or mental condition . . . [that] can cause or may cause a significant defect in her judgment and reliability[,]” the DOE Psychologist stated that he does not know. *Id.* at 297. As the DOE Psychologist did not opine that the Individual’s condition is under control or in remission, and has a low probability of recurrence or exacerbation, and the prognoses offered by the other experts pertained to Adjustment Disorder, which diagnosis I am uncertain is appropriate in this case, I cannot conclude that mitigating factor (c) has been met.

As indicated above, two different mental health professionals indicated that if the Individual is returned to work requiring a security clearance, she should be monitored. I believe that this is a strong indication that while the Individual may be fit for work in the estimation of the aforementioned mental health professionals, the condition may not be entirely resolved or there

may be some concern the condition is not temporary. In the same vein, although some mental health professionals testified that the Individual was “on the other side” of the matter, not one mental health professional suggested that treatment is no longer necessary. As treatment is still necessary, and because it is possible that the Individual should be treated for something more serious than Adjustment Disorder, requiring different medication and/or therapeutic approach, and as the Individual remains concerned for the security of her family to a degree that was notable to her therapist, I cannot conclude that the past psychological/psychiatric condition was temporary, the situation has been resolved, and the individual no longer shows indications of emotional instability. I cannot conclude that mitigating factor (d) has been met.

At the hearing, the DOE Psychologist could not definitively conclude whether the Individual has an illness or mental condition that can cause or may cause a defect in her judgment and reliability. Thus, the DOE Psychologist could not preclude the possibility that Delusional Disorder is still an active condition for the Individual. Accordingly, there is still some question as to whether there is a current problem. Mitigating factor (e) has not been satisfied.

For the aforementioned reasons, I find none of the mitigating conditions under Guideline I applicable to the facts of this case. Accordingly, the Individual has not resolved the security concerns asserted by the LSO.

VI. Conclusion

For the reasons set forth above, I conclude that the LSO properly invoked Guideline I of the Adjudicative Guidelines. After considering all the evidence, both 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 the Guideline I concerns set forth in the SSC. Accordingly, the Individual has not demonstrated that restoring her security clearance would not endanger the common defense and security and would be clearly consistent with the national interest. Therefore, I find that the Individual’s access authorization should not be restored. This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Noorassa A. Rahimzadeh
Administrative Judge
Office of Hearings and Appeals