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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: May 29, 2025) Case No.: PSH-25-0132
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Issued: May 11, 2026

Administrative Judge Decision

Matthew Rotman, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXX (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

The Individual is employed by a DOE contractor in a position that requires a security clearance. Exhibit (Ex.) 6 at 21.² On September 19, 2024, the Individual's employer restricted the Individual's physical and classified access after receiving information that called into question his mental health. *Id.* at 22. The concerning information was provided by three independent sources: a coworker, a manager, and a workplace violence coordinator (collectively, "Sources"), as described below. Ex. 12 at 276.

First, according to the coworker, the Individual had told her the following: he believed he was being followed by police, including into a restroom at work; his medication had amplified his hearing such that he could hear people speaking from far away; the government was on the verge of collapse and many people at his worksite would be laid off; he wondered if police were

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 the DOE local security office (LSO) 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.

collecting or testing urine from the public restrooms at his worksite; and he noticed underground passageways at work that he believed were related to urine monitoring. *Id.*

Second, according to the manager, when the Individual returned from a multiday trip to his mother's funeral service in June 2024, he believed somebody had disabled his security cameras and broken into his home, where they moved things around and possibly stole things, and the culprit may have been a coworker he didn't get along with. *Id.* He did not wish to discuss this subject with his manager over the telephone, because he feared their conversation might be monitored. *Id.* In addition, the Individual stated workplace security had advised him to obtain a gun to protect himself and his family. *Id.*

Third, according to the workplace violence coordinator, who interviewed the Individual in early September 2024, the Individual stated that someone had recently come into his home with a gun and then left upon realizing the Individual was home, and that the Individual had detected the presence of the person and the gun as a result of his enhanced hearing. *Id.*

Upon receiving this information from the Sources, in addition to restricting his access, the Individual's employer referred him for a fitness for duty (FFD) evaluation by a psychologist in the employer's Occupational Medical Clinic (OM Psychologist). Ex. 6 at 22; Ex. 12 at 276. After completing his evaluation, the OM Psychologist concluded that the Individual "appeared to have some fixed paranoid persecutory thoughts and delusions" and, accordingly, diagnosed the Individual with "Paranoid persecutory delusional disorder" pursuant to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. Ex. 12 at 278. The OM Psychologist further expressed concern that the Individual disclosed owning multiple guns, which raised the prospect that he could "use violence to resolve his perceived threats by others, particularly because his perceptions of threat are most likely exaggerated and unreliable." *Id.* Subsequent to his evaluation, the OM Psychologist continued to meet with the Individual on a monthly basis. Ex. 8 at 30.

The Individual was referred for a second FFD evaluation conducted by an outside psychologist (Outside Psychologist). Ex. A. As part of this evaluation, the Outside Psychologist conducted a clinical interview, psychological testing, and neuropsychological screening measures. *Id.* at 1. He also reviewed the OM Psychologist's evaluative report. *Id.* During the clinical interview, the Individual generally acknowledged the events and incidents reported by the Sources. *Id.* at 2-3. He further disclosed some additional incidents that caused him concern. Specifically, he recently saw an individual he did not recognize look inside his vehicle when he was parked at work and on the phone with his manager, which he found "unusual and unsettling." *Id.* at 2. In addition, he informed the Outside Psychologist that ever since the alleged June 2024 burglary of his home, he had continued to notice items in his home that appeared to have been moved. *Id.* at 3.

The Outside Psychologist did not observe evidence of "overt paranoia or delusional ideation" during the clinical interview. *Id.* at 14. However, based on the reports given by the Sources, he agreed that the Individual met diagnostic criteria for a diagnosis of Delusional Disorder, with

persecutory ideation.³ *Id.* at 17. He noted two factors that possibly contributed to the delusional ideation: grief caused by the recent death of his mother, and possible side effects of a new medication he began taking three years ago for a chronic genetic disorder.⁴ *Id.* at 4–6, 13, 17. With regard to the Individual’s gun ownership, he stated, the Individual claimed that his guns were all locked in a safe and that he had no intention of using them to hurt any specific person. *Id.* at 13. Nonetheless, given the “national security interests” at stake, he expressed “some concern” with the Individual’s possession of weapons. *Id.* at 19. The Outside Psychologist recommended that the Individual (1) participate in psychotherapy to address his recent loss and its potential contribution to his ideation, and (2) obtain a psychiatric consultation to assess whether psychoactive medication could be beneficial. *Id.* at 13–14. Upon receiving this recommendation, the Individual began therapy sessions with a Licensed Professional Clinical Counselor (Therapist). Ex. 8 at 30.

In October 2024, after completion of both FFD evaluations, the Individual’s employer decided to restore the Individual’s physical access but maintain the restriction on his access to classified information for at least an additional six months. Ex. 5 at 19; Ex. 7 at 24.

The Individual’s mental health history extends back to adolescence, when he experienced depression and suicidal ideation stemming from his diagnosis with the chronic disorder.⁵ Ex. 8 at 28. During college, in 1997, he attended three or four counseling sessions to help manage stress. *Id.* In 2004, the Individual was evaluated by a DOE-consultant psychiatrist, who opined that the Individual suffered from “apprehension, anxiety, and mild depression” due to his chronic medical condition but did not meet the criteria for a psychiatric disorder or a condition that causes a significant defect in judgment or reliability. *Id.* Between 2004 and 2012, the Individual consulted with a mental health professional approximately once per week. Ex. 11 at 197, 250, 262. He characterized this counselor as a “life coach” who assisted him with “personal growth and relationship issues.” Ex. 8 at 28; *see also* Ex. 11 at 262 (Individual denying to background investigator that the counselor treated him for any mental health condition or prescribed him any medication); *id.* at 267 (counselor confirming to background investigator that the Individual did not have a condition that could impair his judgment or reliability). The Individual did not report any mental health treatment between 2012 and 2024.

In March 2025, after the LSO became aware of the concerns reported by the Sources, the Individual was referred for evaluation by a DOE-consultant psychologist (DOE Psychologist). Ex. 8 at 27. As part of the evaluation, the DOE Psychologist reviewed the Individual’s personnel security file, conducted a 1.5-hour clinical interview, administered the Minnesota Multiphasic Personality

³ The Outside Psychologist additionally diagnosed the Individual with Adjustment Disorder, with depressed mood and mixed emotions and conduct, and a “rule-out diagnosis” of Major Depressive Disorder. Ex. A at 13. He noted that “delusional ideation may be an element of psychosis associated with these conditions.” *Id.*

⁴ Regarding the latter contributing factor, the Outside Psychologist based his opinion on a conversation with a staff member at the clinic where the Individual receives treatment for his chronic condition. Ex. A at 4–6. The staff member informed him that “anecdotally reports suggest there are some changes in emotional and psychological status, including delusional ideation associated with this medication in some patients that receive care in their clinic.” *Id.* at 4.

⁵ The fact that he experienced suicidal ideation, which the Individual reported to the DOE-consultant psychologist who evaluated him in March 2025, is discrepant from his report to the Outside Psychologist that he has never had symptoms of depression or anxiety or suicidal ideation. Ex. A at 3.

Inventory–Third Edition (MMPI-3), consulted with the Therapist and the OM Psychologist, and reviewed the OM Psychologist’s evaluation report. *Id.* at 27–28. During the clinical interview, the Individual “seemed to downplay” the concerning behaviors reported by the Sources. *Id.* at 29. He did not appear to understand why these behaviors might have caused them concern. *Id.* at 31. He acknowledged experiencing some mild stress and anxiety, in part due to his concern for his grandparents in the wake of his mother’s death, but described it as manageable. *Id.* His Therapist confirmed to the DOE Psychologist that the Individual has utilized coping skills to manage stress. *Id.* at 32.

The DOE Psychologist found that the Individual met all of the diagnostic criteria for Delusional Disorder, Persecutory Type, pursuant to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR)*.⁶ *Id.* He further opined that the Individual suffers from a mental condition that can impair his judgment, stability, reliability and trustworthiness. *Id.* at 33. He noted that patients respond to treatment for Delusional Disorder “in a variable manner,” but he expressed some optimism given the Individual’s history of seeking mental health treatment and demonstrating compliance with treatment efforts. *Id.* Should the Individual continue his current course of treatment, the DOE Psychologist opined, including regular therapy and monthly appointments with the OM Psychologist, the Individual’s prognosis would be “good.” *Id.*

On April 28, 2025, the LSO issued the Individual a letter in which it notified him that it possessed reliable information that created substantial doubt regarding his eligibility to hold a security clearance. Ex. 1 at 6–8. In a Summary of Security Concerns (SSC) attached to the letter, the LSO explained that the derogatory information raised security concerns under Guideline I (Psychological Conditions) of the Adjudicative Guidelines. *Id.* at 5.

The Individual exercised his right to request an administrative review hearing pursuant to 10 C.F.R. Part 710. Ex. 2 at 10. The Director of the Office of Hearings and Appeals (OHA) appointed me as the Administrative Judge in this matter, and I subsequently conducted an administrative hearing. The LSO submitted twelve exhibits (Ex. 1–12). The Individual submitted three exhibits (Ex. A–C). At the hearing, the Individual presented the testimony of himself and his wife. Transcript of Hearing, OHA Case No. PSH-25-0132 (Tr.) at 10–92, 94–116. The LSO offered the testimony of the DOE Psychologist. *Id.* at 117–43.

⁶ Specifically, the DOE Psychologist opined that the Individual met the following criteria:

[T]he presence of delusions of a persecutory nature that have persisted for longer than a month (Criteria A), in the absence of criteria for schizophrenia ever having been met (Criteria B), the absence of indications of bizarre or odd behavior or of impaired functioning outside of the impact of his delusions (Criteria C), the absence of prior manic or depressive episodes (Criteria D), and the symptoms of the condition not being attributable to the physiological effects of a substance or to another medical or mental health condition (Criteria E).

II. THE NOTIFICATION LETTER AND THE ASSOCIATED SECURITY CONCERNS

The LSO cited Guideline I as the basis for its determination that the Individual was ineligible for access authorization. Ex. 1 at 5. “Certain emotional, mental, and personality conditions can impair judgment, reliability, or trustworthiness.” Adjudicative Guidelines at ¶ 27. One such condition that could raise a security concern is “an opinion by a duly qualified mental health professional that the individual has a condition that may impair judgment, stability, reliability, or trustworthiness.” *Id.* According to the LSO, the Guideline I concern was raised by the DOE Psychologist’s conclusion that the Individual meets the *DSM-5-TR* criteria for a diagnosis of Delusional Disorder, Persecutory Type, which is a mental condition that can impair his judgment, stability, reliability, and trustworthiness. 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 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 Dep’t of Navy v. Egan*, 484 U.S. 518, 531 (1988) (“clearly consistent with the national interest” standard for granting security clearances indicates “that security determinations should err, if they must, on the side of denials”); *Dorfmont v. Brown*, 913 F.2d 1399, 1403 (9th Cir. 1990) (strong presumption against the issuance of a security clearance).

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. HEARING TESTIMONY

In his testimony, the Individual addressed the events that he reported to the Sources in 2024, which gave rise to questions about his mental health. First, he described an occasion at work where a security guard appeared to be following him around the building, including into the restroom, and then was observed having a conversation with colleagues in the hallway, which the Individual assumed was about him. *Id.* at 18–19. He admitted he could not be sure whether the security guard had followed him intentionally but claimed he had experienced it on multiple occasions. *Id.* at 19. Second, the Individual described feeling like he was being followed by police officers when he was driving to work. *Id.* at 20–21. Third, the Individual confirmed his suspicion that his employer might be collecting and testing the urine of employees who use the workplace restrooms, claiming he had heard other employees mention it. *Id.* at 21–23. When asked if he suspected the facility had

underground passages related to urine testing, he responded, “Not that I’m aware of But like I said, I have only access to what I have access to.” *Id.* at 24. Fourth, with regard to the allegation that the Individual believed the government was on the verge of collapse, the Individual expressed believing there was “some instability,” based on what he had seen on the news, but not that he feared any “imminent collapse.” *Id.* at 23.

Next, the Individual testified about the suspected burglary of his home in June 2024. When he returned home from his mother’s funeral, he noticed items out of place, dirt and dust on the bathroom floor, pictures moved, and items in the garage that had fallen. *Id.* at 24–25; *see id.* at 99–100 (wife’s testimony confirming that she observed the same). In the weeks that followed, he noticed that several personal items were missing, including camping gear that he was unable to locate when needed. *Id.* at 26; *see also id.* at 100 (wife’s testimony confirming the same, but denying that any of her own possessions were missing). When asked, the Individual denied the possibility that the items may have been misplaced and not stolen. *Id.* at 32. The Individual later revealed that some of the missing items were boxes of ammunition, and he determined that boxes were missing by checking them against paper inventory lists he had written. *Id.* at 33. The Individual acknowledged telling a workplace security officer that the burglar could have been a coworker he didn’t get along with but insisted this was pure speculation.⁷ *Id.* at 43–44. He also acknowledged that he did not want to discuss the burglary on the phone at work, because he had been told that conversations on work phones are monitored, and he worried that the coworker who he suspected of having burglarized his house could be listening. *Id.* at 44–45.

The Individual did not report the suspected burglary to the police because he didn’t believe any of the stolen items would ever be recovered. *Id.* at 61–62; *see also id.* at 100 (wife’s testimony indicating she agreed with his opinion). The Individual’s Wi-Fi security camera did not capture any images of a break-in, but the Individual attributes this to the likely use of “Wi-Fi jammers” on the part of the burglar. *Id.* at 27. Because there were no signs of a forced entry, he began to worry the burglar had a key to his house. *Id.* at 28.

Approximately one week after he returned home from the funeral, during the middle of the day, the Individual was home alone in his garage when he heard a car pull into the driveway. *Id.* at 28–29, 31. He opened the door from the garage to his house and heard the sound of a key trying to open the front door. *Id.* at 29. The front door did not open, and eventually, he heard the vehicle speed away. *Id.* The Individual had learned in self-defense training that if an intruder enters a home, they are most likely armed. *Id.* at 30. For that reason, he assumed the attempted intruder had a gun and resolved to “shelter[] in place” in the garage.⁸ *Id.* at 30. When asked if there was any security camera footage of the attempted intrusion, the Individual stated he believed his wife was unsuccessful at retrieving any footage. *Id.* at 35–36; *see also id.* at 97–98 (wife’s testimony

⁷ The Individual’s wife testified that he had informed her of his conversation with the security officer. Tr. at 114. According to the Individual’s wife, after the Individual identified a specific coworker as the potential culprit, the security officer responded, “Oh, yeah, I know about him. You know, we’re kind of concerned about him. So you need to be careful with him,” and further indicated that the coworker “could come after your wife.” *Id.*

⁸ The Individual disputed that he ever claimed his “enhanced hearing” allowed him to detect the presence of a gun, as reported by the workplace violence coordinator. Tr. at 41 (testifying, “I mean, that does sound crazy, right, that someone can say they can hear the presence of a gun. But I never – I never said anything like that.”).

confirming that “the cameras were not responding to me, so I could not gather any information,” and no footage was stored on the “cloud”).

When asked how many guns he owns, the Individual responded, “I’d have to go count. But I have quite a few.” *Id.* at 86. He uses them to shoot at the gun range. *Id.* At home, he testified, he “usually” keeps his guns locked in a safe. *Id.* at 85–86. On further questioning, however, he acknowledged that it is his “habit at home” to carry his gun on his person, in order to be able to defend himself “if something happens.” *Id.* at 87–88; *see also id.* at 110–11 (wife’s testimony indicating that the Individual would “prefer” that she carry a gun at home as well, but she finds it too uncomfortable). He also carries a gun in his vehicle. *Id.* at 89. At the time of the incident where he suspected an intruder was trying to enter his house, he was carrying a gun on his person.⁹ *Id.* at 87.

The Individual indicated he was under a “[t]remendous amount of stress” in 2024. *Id.* at 47–48. His mother’s death in particular was “traumatic,” both because he had watched her fail to address her chronic illness, and because it pained him to see his grandparents lose a child. *Id.* at 12. He began seeing the Therapist in December 2024 for grief counseling, and as of the hearing had met with the Therapist twenty-five times. *Id.* at 53; Ex. B (undated letter from Therapist confirming the same). Over time, their therapy sessions evolved, the Individual testified, and more recently “we’re talking about just various life things that are going on.” Tr. at 53. When asked whether his therapy had addressed his depressive symptoms or given him tools to cope with stress, the Individual responded, “I don’t really see myself as a depressed person,” and “I think I handle stress okay.” *Id.* at 59–60. When asked about his past suicidal ideation, the Individual acknowledged disclosing it to the DOE Psychologist, but questioned whether that rose to the level of clinical depression. *Id.* at 77–79. “[T]he reality of the situation is,” he testified, “I think that anyone who says they’ve never thought about killing themselves is lying.” *Id.* at 77–78.

The Therapist, in his letter, indicated that they discuss a wide range of stressors affecting the Individual, including health problems, family challenges, and issues related to work. Ex. B at 1. The Therapist believes the Individual “continues to make progress and understands his stressors better.” *Id.* He further stated,

In our sessions, I have not seen any signs of delusional, paranoid, or persecutory thinking, or any of the behaviors or thoughts described by the [DOE Psychologist] in the March 2025 report. . . . Based on my professional judgment, it is unlikely that [the Individual] will return to the problematic behaviors [the DOE Psychologist] described.

⁹ The Individual submitted a letter dated March 23, 2026, from his friend of twenty-five years. Ex. C. According to the friend, the Individual is the type of person who, in the language of self-defense experts, “lives in the yellow.” *Id.* at 1. The “yellow,” he indicated, is a space between “green” and “red” where one is keenly attuned to his surroundings at all times and actively evaluates them for any sign of danger, so as to protect himself and those around him. *Id.* Because the Individual occupies this space, the friend posited, others may mistake his cautiousness for paranoia. *Id.* On the contrary, he stated, the Individual is “a person deeply concerned with safety, following the rules, and doing the right thing.” *Id.*

Id. The Therapist gave the Individual a diagnosis of Persistent Adjustment Disorder, Mixed, but did not specifically opine on the Delusional Disorder diagnosis assigned by the DOE Psychologist. *Id.*

The Individual acknowledged that multiple psychologists had diagnosed him with Delusional Disorder and testified, “I’m not going to ignore their diagnosis.” Tr. at 47. The Individual did not, however, follow the Outside Psychologist’s recommendation to obtain a psychiatric evaluation. *Id.* at 49–50. Further, as of the hearing, the Individual had reduced the frequency of his sessions with the Therapist to once per month, as he found their benefit had diminished over time. *Id.* at 52–54. The Individual had met with the OM Psychologist monthly beginning in September 2024 and ending in late spring 2025, when he went on leave of absence from work. *Id.* at 48.

With regard to the medication he takes for his chronic condition, the Individual described it as “life-altering” because it stops the progression of the disease. *Id.* at 14. He stated additionally that the medication has given him “increased hearing” by unclogging his eustachian tubes. *Id.* at 14–15. When asked about potential psychological side effects, the Individual acknowledged discussing that possibility with his treating physician after reading the Outside Psychologist’s report. *Id.* at 15–17. His treating physician felt strongly that the benefits of the medication outweighed any potential negative side effects and assured him that any alternative medication would be “more expensive and harder to get.” *Id.*; *see also id.* at 51–52. The Individual did not, however, specifically inform his treating physician that he had been diagnosed with Delusional Disorder or that mental health concerns had been raised by the three independent Sources. *Id.* at 91–92.

The Individual’s wife described him as “very honest” with a “great sense of integrity.” *Id.* at 94. She denied ever hearing the Individual “be paranoid,” but noted that the Individual has been “persecuted and discriminated” against because of his chronic medical condition. *Id.* at 95. She admitted that the Individual expressed concern that he was being followed to work and that his employer could be monitoring urine in the restrooms, but she did not find these concerns to be outside of reality and described his coworkers as “incredibly not professional” for “talking about that.” *Id.* at 102–04. She later expressed “shock” at what the Sources reported to the Individual’s employer, “because it’s so uncharacteristic of my husband.” *Id.* at 107. Their statements did not give her any concerns regarding her husband’s mental health, she testified, “but it gave me concerns for them.” *Id.* at 108. She further expressed “outrage[]” at the employer for restricting his access in the fall of 2024 without “giving him time to grieve the death of his mother.” *Id.* at 105. She noted that the Individual can “take weeks” to process an event and that she has “learned to be patient while he processes.” *Id.* at 105–06. She believed that the Individual’s sessions with the Therapist were beneficial in helping him process his grief, but as of the hearing, she did not know if he needed or intended to continue his therapy sessions. *Id.* at 106–07. With regard to the Individual’s medication for his chronic medical illness, she did not notice any psychological changes in the Individual after he began taking it. *Id.* at 104.

The DOE Psychologist testified that the recommended treatment for Delusional Disorder is psychiatric medication and therapy. *Id.* at 124. In the case of the Individual, he indicated, the “supportive treatment” from this Therapist has been beneficial to help him cope with stressors, but the Individual might also benefit from more “targeted treatment” like cognitive behavioral therapy.

Id. at 126. He further opined it would “behoove” the Individual to seek a psychiatric evaluation, as recommended by the Outside Psychologist, to see if medication would be helpful. *Id.* at 126–27. After hearing the Individual’s testimony, he concluded that the Individual’s Delusional Disorder was in full remission, because he had gone a full year without the appearance of any self-reported new delusions, and the level of stress he was experiencing in 2024, which contributed to his delusions, had lessened. *Id.* at 129, 137–39. He noted, however, that Delusional Disorder is a “chronic disorder,” according to the *DSM-5-TR*, which means that it can result in “multiple episodes that fluctuate” over time. *Id.* at 141. As of the hearing, he described the Individual as having “factual insight” (i.e., understanding why the Sources would be concerned, if they believed he made the statements they reported), but not “true insight” (i.e., believing that he may actually have delusions). *Id.* at 128–29. The DOE Psychologist gave the Individual’s a “fair” prognosis, which was less positive than his prognosis at the time of the March 2025 evaluation. *Id.* at 132. His primary concern, he stated, was that the Individual had not yet pursued the additional treatment that could help prevent a recurrence of symptoms. *Id.* at 132–33. For that reason, he testified, the Individual still had a mental condition which causes or may cause a significant defect in judgment or reliability. *Id.* at 133–34.

V. ANALYSIS

Conditions that could mitigate security concerns under Guideline G include:

- (a) the identified condition is readily controllable with treatment, and the individual demonstrated ongoing and consistent compliance with the treatment plan;
- (b) the individual has voluntarily entered a counseling or treatment program for a condition that is amenable to treatment, and the individual is currently receiving counseling or treatment with a favorable prognosis by a duly qualified mental health professional;
- (c) recent opinion by a duly qualified mental health professional employed by, or acceptable to and approved by, the U.S. Government that an individual’s previous condition is under control or in remission, and has a low probability of recurrence or exacerbation;
- (d) the past psychological/psychiatric condition was temporary, the situation has been resolved, and the individual no longer shows indications of emotional instability;
- (e) there is no indication of a current problem.

Adjudicative Guidelines at ¶ 29.

As an initial matter, I must consider whether the Individual is properly diagnosed with Delusional Disorder. Although the Individual does not directly dispute the diagnosis, at the same time, he does not appear to acknowledge that he suffers from delusional ideation. Similarly, the Individual’s Therapist denied observing any signs of delusional, paranoid, or persecutory thinking, finding instead that an Adjustment Disorder accounted for the behaviors that the Sources reported in 2024.

An Adjustment Disorder, as set forth in the *DSM-5-TR*, involves symptoms brought on by “an identifiable stressor(s),” where the symptoms “do not persist for more than an additional 6 months” after “the stressor or its consequences have terminated.” American Psychiatric Association, *DSM-5-TR*, at 319 (2022). The DOE Psychologist did not concur with this diagnosis. As he explained, by the time he evaluated the Individual in March 2025, the Individual was by all accounts successfully managing the stressors that had overwhelmed him in 2024, yet he continued to lack insight into his delusional behavior and its impact on his coworkers. By the time of the hearing, one year later, the Individual had still failed to achieve “true insight.” Accordingly, the DOE Psychologist found the Individual met all of the *DSM-5-TR* criteria for Delusional Disorder, Persecutory Type.

The hearing testimony I observed was wholly consistent with the DOE Psychologist’s assessment. Although the Individual did not express any recent delusions, he continued to demonstrate some paranoia regarding the events as he perceived them in 2024. He continued to suspect he had been followed by police and security guards at work, he continued to worry his employer was testing urine, and he continued to maintain that his coworker may have broken into his house – and possibly attempted a second break-in one week later. As a result of these suspicions, the Individual carries a gun on his person at home, in anticipation that he may need to use it at a moment’s notice. This mindset is deeply troubling for a security clearance holder,¹⁰ and my concern was not assuaged by any of the explanations that were offered. To the extent his delusions were prompted by a stressful period in 2024, the Individual remains deluded, to some degree, two years later. And to the extent his delusions could be a side effect of his medication, the Individual continues to take the same medication and expressed no intention of stopping.

In light of the foregoing, I find no reason to doubt the DOE Psychologist’s diagnosis. Not only is it well-supported by the record evidence, but two other evaluators – the OM Psychologist and Outside Psychologist – reached the same diagnosis, and I was unable to receive any testimony from the Therapist explaining the basis for his contrary opinion. Accordingly, I accept that the Individual is properly diagnosed with Delusional Disorder, Persecutory Type, which is a condition that may impair his judgment and reliability.

I next turn to whether the Individual has presented adequate evidence of mitigation. Regarding the mitigating condition set forth at paragraph (a), the DOE Psychologist opined that individuals who suffer from Delusional Disorder respond to treatment “in a variable manner.” However, even assuming that effective treatment could readily control the Individual’s condition, the Individual has not demonstrated ongoing and consistent compliance with his treatment plan. He has not sought a psychiatric evaluation, as recommended by the Outside Psychologist. Further, he has not engaged in therapeutic treatment for Delusional Disorder. While he has undergone therapy for more than a year, which has undoubtedly helped him to process his grief and manage his stress, his Therapist does not agree that he suffers from paranoid delusions and has not provided him with any targeted treatment. Moreover, the Individual expressed that he no longer finds therapy to be a

¹⁰ I reach this conclusion notwithstanding the opinion of the Individual’s longtime friend, who described the Individual as cautious and safety-oriented rather than paranoid. While the Individual’s awareness of his surroundings and sharp attention to detail are certainly valuable qualities, the troubling nature of the beliefs he formed in 2024, and the fact that they raised concerns among multiple coworkers in a short span of time, precludes me from dismissing them as merely a product of someone with a heightened state of awareness.

valuable tool and has reduced the frequency of his sessions. Accordingly, I cannot find the Individual has mitigated the Guideline I concerns pursuant to the condition set forth at paragraph (a).

Similarly, I cannot find the Individual has met the condition set forth at paragraph (b), because he has not entered counseling or treatment for Delusional Disorder, and the DOE Psychologist has adjusted his prognosis from “good” to “fair.” As to the condition set forth at paragraph (c), although the DOE Psychologist found the Individual’s condition to be in full remission, he nonetheless cautioned that the Individual’s failure to seek targeted treatment raised the likelihood that his symptoms could recur. Accordingly, he did not conclude the Individual’s condition has a low probability of recurrence or exacerbation. As to the condition set forth at paragraph (d), the Individual’s condition was not temporary one, but rather a chronic condition, and the situation has not been resolved. The Individual continues to show indications of emotional instability, as demonstrated by the signs of paranoia he exhibited at the hearing. For the same reason, in assessing the condition set forth at paragraph (e), I cannot conclude there is no indication of a current problem.

The Individual has failed to resolve the security concerns raised by the LSO under Guideline I.

VI. CONCLUSION

In the above analysis, I found that there was sufficient derogatory information in the possession of DOE to raise security concerns under Guideline I of the Adjudicative Guidelines. After considering all the relevant information, favorable and unfavorable, in a comprehensive, common-sense manner, including weighing all the testimony and other evidence presented at the hearing, I find that the Individual has not brought forth sufficient evidence to resolve the security concerns set forth in the Summary of Security Concerns under Guideline I. Accordingly, I have determined 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.

Matthew Rotman
Administrative Judge
Office of Hearings and Appeals