United States Department of Energy
Office of Hearings and Appeals

In the Matter of: Personnel Security Hearing	)	
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Filing Date: May 13, 2026	)	Case No.: PSH-26-0116
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	)	

Issued: July 30, 2026

Administrative Judge Decision

Phillip Harmonick, 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

The Individual was first granted access authorization in 2012 in connection with his employment by a DOE contractor. Transcript of Hearing, OHA Case No. PSH-26-0116 (Tr.) at 78. In September 2025, the Individual presented at a hospital on multiple occasions due to hallucinations. *See* Exhibit (Ex.) G at 103. On November 10, 2025, the Central Intelligence Agency (CIA) notified the local security office (LSO) that the Individual had sent a message to the CIA via a public website in which he said that he had "started hearing voices in [his] head that can read just like a spy novel" and that he attributed the voices to his doctor, who he believed to have been of Iranian origin, implanting a device in his body during a surgery. Ex. 7 at 1. A security official (Security Official) at the DOE site subsequently reported that the Individual had engaged in concerning behavior, including seeking briefings on information he had no need to know, hand-carrying Top Secret (TS)/ Sensitive Compartmented Information (SCI) to a facility that lacked capacity to handle the information securely, expressing an unusual interest in classified information,

[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.

displaying paranoia, and engaging in workplace conflict and negative behavior that presented insider threat concerns. Ex. 8 at 8–9.

The Individual met with a DOE-contracted psychologist (DOE Psychologist) on two occasions in early 2026 for a psychological evaluation related to his continued eligibility for access authorization. Ex. 9 at 2. Following the evaluation, the DOE Psychologist issued a report (Report) in which she opined that the Individual met sufficient *Diagnostic and Statistical Manual of Mental Health Disorders – Fifth Edition* (*DSM-5*) criteria for a diagnosis of Substance Induced Psychotic Disorder, with onset during intoxication without a use disorder, in early remission, related to the Individual's use of Kratom.[2] *Id.* at 11. She also noted eleven instances of what she perceived to be "untruths/manipulations" by the Individual related to his mental functioning. *Id.* at 7–8.

The LSO issued the Individual a Notification Letter advising him that it possessed reliable information that created substantial doubt regarding his eligibility for access authorization. Ex. 2 at 1–2. In a Summary of Security Concerns (SSC) attached to the letter, the LSO explained that the derogatory information raised security concerns under Guidelines E, I, and K of the Adjudicative Guidelines. *Id.* at 4–15.

The Individual exercised his right to request an administrative review hearing pursuant to 10 C.F.R. Part 710. Ex. 4. The Director of the Office of Hearings and Appeals (OHA) appointed me as the Administrative Judge in this matter, and I conducted an administrative hearing. The LSO submitted ten exhibits (Ex. 1–10). The Individual submitted thirteen exhibits (Ex. A–L).[3] The Individual testified on his own behalf and offered the testimony of a psychologist (Supervising Psychologist) who evaluated him and who supervised another psychologist (Consultant Psychologist) he hired to evaluate him in connection with this proceeding. Tr. at 4, 20, 73. The LSO offered the testimony of the Security Official and the DOE Psychologist. *Id.* at 4, 153, 187.

II. THE NOTIFICATION LETTER AND THE ASSOCIATED SECURITY CONCERNS

The LSO cited Guideline E (Personal Conduct) of the Adjudicative Guidelines as the first basis for its substantial doubt regarding the Individual's eligibility for access authorization. Ex. 2 at 4–9. "Conduct involving questionable judgment, lack of candor, dishonesty, or unwillingness to comply with rules and regulations can raise questions about an individual's reliability,

[2] Kratom is a product made from the leaf of a tropical tree that is legally sold in the U.S., but is not regulated by the FDA, and is used by some as an alternative remedy to a number of conditions, including pain. *FDA and Kratom*, U.S. FOOD & DRUG ADMINISTRATION (Dec. 2, 2025) available at https://www.fda.gov/news-events/public-health-focus/fda-and-kratom (last accessed July 22, 2026). Prolonged Kratom use may result in addiction. *Id.*

The Individual also reported using another unregulated substance, phenibut, around this time as a muscle relaxant. *See* Tr. at 120, 122. As neither the Individual nor any of the psychological experts who testified at the hearing attributed the Individual's behaviors to phenibut use, I do not address it herein. *See id.* at 190 (DOE Psychologist testifying that she did not assess the Individual's phenibut use because "[i]t didn't seem like that was . . . used in the same kind of way or . . . as much" as the Kratom).

[3] The Individual's submitted Ex. A–I in one PDF submission, a supplement to Ex. A marked as Ex. A-2 as a separate PDF, and Ex. J–L in three separate PDFs. This Decision will cite to the Individual's exhibits by reference to the exhibit label and the pagination within the PDF the exhibit was submitted.

trustworthiness, and ability to protect classified or sensitive information. Of special interest is any failure to cooperate or provide truthful and candid answers during national security investigative or adjudicative processes." Adjudicative Guidelines at ¶ 15. The SSC alleged that the Individual bypassed reporting chains when he contacted the CIA regarding his espionage concerns, engaged in behavior that presented insider threat concerns, failed to report his mental health hospitalizations as required pursuant to DOE Order 472.2A, and provided false information to the DOE Psychologist during the psychological evaluation. Ex. 2 at 4–9. The LSO's allegations that the Individual concealed his mental health-related hospitalizations from security officials, provided false or misleading information to the DOE Psychologist, and engaged in a pattern of disruptive, inappropriate, and rule-violating behavior justify its invocation of Guideline E. Adjudicative Guidelines at ¶ 16(b), (d)(2)–(3).

The LSO cited Guideline I (Psychological Conditions) of the Adjudicative Guidelines as another basis for its substantial doubt regarding the Individual's eligibility for access authorization. Ex. 2 at 10–14. "Certain emotional, mental, and personality conditions can impair judgment, reliability, or trustworthiness. A formal diagnosis of a disorder is not required for there to be a concern under this guideline." Adjudicative Guidelines at ¶ 27. The SSC cited the Individual's admission to experiencing hallucinations, fixation on classified material, and conspiratorial communications, and the DOE Psychologist's opinion that the Individual experienced paranoid delusions and met sufficient criteria for a diagnosis of Substance Induced Psychotic Disorder, with onset during intoxication without a use disorder, in early remission, under the *DSM-5*. Ex. 2 at 10–14. The LSO's citation to the Individual's paranoid and bizarre behavior and the opinion of the DOE Psychologist that the Individual had a mental health condition that could impair his judgment, stability, reliability, or trustworthiness justify its invocation of Guideline I. Adjudicative Guidelines at ¶ 22(a)–(b).

The LSO cited Guideline K (Handling Protected Information) of the Adjudicative Guidelines as the final basis for its substantial doubt regarding the Individual's eligibility for access authorization. Ex. 2 at 15. "Deliberate or negligent failure to comply with rules and regulations for handling protected information – which includes classified and other sensitive government information, and proprietary information – raises doubt about an individual's trustworthiness, judgment, reliability, or willingness and ability to safeguard such information, and is a serious security concern." Adjudicative Guidelines at ¶ 33. The SSC cited to the report of the Security Official that the Individual had hand-carried TS/SCI information to and stored it in a facility not authorized to handle the information,[4] attempted to obtain classified information he did not have a need to know, and displayed an unusual interest in classified information. Ex. 2 at 15. The LSO's allegations that the Individual engaged in inappropriate efforts to obtain or view protected information outside of his need to know and failed to comply with rules for the protection of classified or sensitive information justify its invocation of Guideline K. Adjudicative Guidelines at ¶ 34(d), (g).

[4] As described herein, the portion of this allegation concerning the Individual having hand-carried the TS/SCI document, which was based on information provided by the Security Official, was recanted by the Security Official and is not addressed as a security concern under Guideline K.

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).

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

A. Individual's Workplace Conduct

The Individual began working for DOE in 2015. *See* Ex. E at 100. The Individual has been a high-performing employee throughout his tenure with DOE. Ex. B at 11, 19, 27, 36, 44, 52, 60, 68, 76, 85 (showing that the Individual was rated Exceeds Expectations or Significantly Exceeds Expectations from 2016 to 2024 and Meets Expectations in 2025).

However, the Security Official formed the opinion that the Individual was "overzealous with classified information" and unusually interested in accessing it, but never demonstrated concerning enough behavior to justify his reporting it until the events described later in this decision. Tr. at 158–59; Ex. 8 at 8.

In 2022, the Individual traveled to a DOE facility to receive a TS/SCI briefing. Tr. at 136–37. The Security Official alleged that the Individual hand-carried a TS/SCI document to the briefing at a facility not authorized to handle the material, but recanted that allegation in his hearing testimony, explaining that he had subsequently learned that the document had been faxed to the site by another person. Ex. 8 at 9; Tr. at 168–69; *see also* Tr. at 137 (Individual's account of the event). According to the Individual, the matter was immediately reported, and he stored the document in a safe pursuant to instructions he was provided. Tr. at 138, 141. However, the Security Official alleged that the document was later discovered in a safe assigned to the Individual during a security survey, which the Security Official characterized as "a shock" because the document was unlogged and marked at a higher security level than the DOE site was authorized to hold. *Id.* at 167–69.

B. Individual's Medical Issues and Hospitalizations

The Individual began experiencing chronic pain in approximately 2009. Tr. at 81. He was prescribed opioid pain medication to manage the pain. *Id.* at 82. According to the Individual, he began experimenting with Kratom in 2018 to manage his pain.[5] *Id.* at 84.

Eventually, the Individual's chronic pain became unmanageable. *See id.* at 87–88. In August 2024, the Individual underwent a major surgery. Ex. 7 at 1; Ex. A-2 at 6; Ex. 8 at 5–7. Following the surgery, the Individual was hospitalized for two weeks and then transferred to a rehabilitation facility. Tr. at 92–93. The Individual was prescribed Lyrica, a gabapentinoid medication, for nerve pain. *Id.* at 97; Ex. H at 104. The Individual also claimed to have continued using Kratom following his surgery. Tr. at 97.

According to the Individual, in June or July 2025, at which time he reported being under significant work-related stress, he began weaning off Lyrica and Kratom. *Id.* at 97–99. However, the Individual's self-described efforts to wean off the Kratom were uneven. *Id.* at 148 (testifying that he experienced physical withdrawal symptoms and that he "kind of reduced and then went back up"). The Individual also claimed that he began to suspect his wife of marital infidelity around this time, and that the combination of his change in dosage of the Lyrica and Kratom and stress negatively affected his sleep. *Id.* at 99–102. According to the Individual, his memory of the ensuing months is "fuzzy" and "unreliable." *Id.* at 99–100.

On September 5, 2025, the Individual presented at a hospital at the urging of his wife and a family friend due to his paranoia and hallucinations. *See* Ex. A-2 at 6–7; Ex. G at 103. Clinicians at the hospital diagnosed the Individual with "psychosis" and prescribed him olanzapine (also known by the brand name Zyprexa), an antipsychotic medication. *See* Ex. G at 103; *see also* Ex. 9 at 11 (indicating that, at some point, the Individual underwent a CT scan which "was recorded as normal"). However, the Individual discontinued using the olanzapine because he found it ineffective. Ex. G at 103.

On September 21, 2025, the Individual returned to the hospital at the insistence of his wife due to his paranoia. *Id.*; *see also* Ex. A-2 at 6 (letter from the Individual's wife indicating that the Individual told her that he heard her having conversations "of a sexual nature" with another man, which she denied, and that she became "concerned that he was experiencing auditory hallucinations"). Medical records from the hospitalization state that the Individual had "difficulty comprehending questions" and was "bizarre and somewhat disorganized" during an assessment. Ex. G at 103. The Individual was admitted to the hospital and stayed overnight. *Id.* The next day, clinicians found him "goal directed and linear" and discharged him from the hospital. *Id.* The treatment records indicate that the Individual stated that he was "no longer taking kratom" at the time of the hospitalization. *Id.* The Individual testified at the hearing that he took "responsibility" for failing to disclose the hospitalization as required "if this was something . . . [he] should have reported" but characterized his visit as "essentially . . .what amounted to [] an emergency [visit]" wherein he was held for less than twenty-four hours. Tr. at 134–35.

[5] The Individual claimed that he began using Kratom after consulting with, and under the supervision of, his doctor, but provided no evidence to corroborate this claim. *See* Tr. at 84.

While hospitalized, the Individual was prescribed olanzapine. Ex. F at 102. Pharmaceutical records submitted by the Individual indicate that he filled the prescription on September 23, 2025, and refilled the prescription on October 23, 2025. *Id.*

The Individual testified that he believed he had fully stopped using Kratom in late September of 2025, though he could not say precisely when. Tr. at 149. He denied recollection of experiencing any physical symptoms related to Kratom withdrawal following September 2025. *Id.* He expressed the intention never to use it in the future. *Id.* at 105.

On November 18, 2025, the Individual met with a psychiatric-mental health nurse practitioner (PMHNP) for medication management. Ex. H at 104. The Individual represented to the PMHNP that he had experienced "auditory hallucinations" "after beginning to taper off Kratom and Lyrica simultaneously." *Id.* The Individual told the PMHNP that his symptoms had improved while taking his prescribed olanzapine but that the hallucinations had recurred when he "discontinued it prematurely." *Id.*; *see also* Ex. 9 at 7 (telling the DOE Psychologist that the olanzapine was "like a wet blanket" that minimized, but did not end, his hallucinations). The Individual also told the PMHNP that he had discontinued Kratom eight weeks prior, in mid-September, and had "tapered off" the olanzapine. Ex. H at 104. The Individual reported no auditory hallucinations as of the date of his meeting with the PMHNP. *Id.*; *but see* Ex. 9 at 10 (telling the DOE Psychologist that he was unsure when his hallucinations ceased and speculating that it was in December 2025).

In addition to the aforementioned medical interventions, the Individual and his wife participated in marriage counseling with a Licensed Professional Clinical Counselor (LPCC) from September 2025 until April 2026. Ex. A-2 at 1. Thereafter, the Individual pursued counseling with the LPCC related to "body image concerns . . . ." *Id.* In a letter dated June 28, 2026, the LPCC opined that the Individual had demonstrated "sound mind and judgment" in their sessions. *Id.*

C. Incidents of Security Concern and Report to CIA

In August 2025, the Individual made a request to the Security Official to "run a [license] plate number for him" because he suspected that "he was being watched and followed" by a vehicle he had seen parked in his neighborhood. Ex. 8 at 8; Tr. at 159; *see also* Tr. at 160 (Security Official testifying that the Individual had requested that the Security Official check a license plate on at least one previous occasion).

In October 2025, during a government shutdown during which travel was restricted, the Individual sought to travel to another DOE site outside of his work hours to receive a classified briefing. Ex. 8 at 8–9; Tr. at 164. The Individual's management told him not to pursue the briefing. Ex. 8 at 9; Tr. at 143. However, the Individual disregarded those instructions and traveled on his personal time to obtain the briefing. Tr. at 143–44. In connection with receiving this classified briefing, the Individual communicated with DOE counterintelligence personnel regarding his suspicions. *Id.* at 149–50 (indicating that he only "vaguely" recalled the meeting); Ex. 9 at 4. That same month, the Individual also requested a classified briefing on subject matter unrelated to his duties and was denied the briefing. Ex. 8 at 9; Tr. at 166.

On November 4, 2025, the Individual sent a message through a public CIA website wherein he indicated that in August 2025 he "started hearing voices in [his] head" that seemed "just like a spy novel that is very specific or close to" what the Individual characterized to be the focus of his work. Ex. 7 at 1. The Individual also noted his 2024 surgery, and his research that led him to conclude that the doctor who performed the surgery was "from Iran." *Id.* The Individual indicated that he had not reported his suspicions to his counterintelligence office because "they would laugh [him] out of the building." *Id.*

The CIA referred the Individual's message to security officials at the DOE site. *Id.* An information report submitted by security officials to the LSO recounted the Individual's recent unusual behavior and implied that the Individual presented an "immediate safety threat." *Id.* at 1–2 (describing facility access considerations at the DOE site and noting that "the Individual owns guns" in support of the immediacy of the concerns).

On November 12, 2025, the Individual sent an e-mail to his supervisor wherein he provided medical images and asserted that the doctor who performed his 2024 surgery had "built what amounts to a . . . antenna" in his body. Ex. 8 at 3, 5–7. The Individual claimed that his consultations with medical professionals had resulted in conclusions of "[a]ll normal" and that he "can't rationally explain" what he was experiencing. *Id.* at 2. The Individual asked that the supervisor "suspend disbelief and give [him] the benefit of the doubt for just a short period of time" while he attempted to address his suspicions. *Id.* at 3.

Several hours later, the Security Official, who had been forwarded the Individual's e-mail by the Individual's supervisor, submitted a "statement for the record" to the LSO. *Id.* at 8. Therein, he stated that he had long been concerned about the Individual's "overzealous desire to have access to classified information" but had not previously "had all the indicators needed to send this type of email." *Id.* Based on the Individual's history of behavior and recent conduct, the Security Official expressed that he was "worried [the Individual was] justifying classified transmission by stating he has a built-in antenna . . . ." *Id.* at 9.

The Security Official testified at the hearing that he had continuing concerns regarding the Individual's trustworthiness and reliability. Tr. at 171. He expressed skepticism as to whether the Individual's bizarre behavior was truly due to delusions and testified that he considered the possibility that the Individual had sent the CIA email to "cover tracks" related to "nefarious" behavior. *Id.* at 180–83.

According to the Individual, he and the Security Official had professional disagreements prior to the aforementioned security incidents and, at times, engaged in a power struggle with each other. *Id.* at 112. The Security Official testified that he and the Individual had engaged in heightened conflict at times and characterized the Individual as "argumentative" and "belittling." *Id.* at 173, 185.

D. Evaluation by the DOE Psychologist

The DOE Psychologist met with the Individual on two occasions – January 5, 2026, and February 2, 2026 – to conduct her evaluation. Ex. 9 at 2; *see also* Tr. at 189 (DOE Psychologist testifying

that the second meeting was held to gather additional information because medical records of the Individual's hospitalizations revealed more intense psychological symptoms than he had disclosed in the first session). The Individual told the DOE Psychologist that he was "uncertain if he was being watched" as of the evaluation and noted that he had observed neighbors, whom he believed to be of Middle Eastern descent, "watching him" while having a laptop open and "a bundle of wires" at hand. Ex. 9 at 4.

The Individual told the DOE Psychologist that his auditory hallucinations only occurred "when white noise was present" and his "brain trie[d] to interpret [it] into something meaningful." *Id.* at 5–6. He characterized the auditory hallucinations as voices repeating words or phrases "mostly related to what he was doing at the moment" and denied that the "voices" ever gave him commands. *Id.* at 5. However, medical records the DOE Psychologist obtained from the Individual's hospitalizations indicated that he had reported both experiencing auditory hallucinations in the absence of white noise and that the voices had given him commands. *Id.*; *see also id.* (indicating that the Individual's wife told the medical professionals that the Individual experienced "paranoia related to the government and FBI").

The Individual characterized his psychological functioning at the time of the evaluation as "stable with no [] problems, issues, or symptoms." *Id.* at 11. He represented that the auditory hallucinations began in approximately August 2025, which he claimed was when he "started the tapering of Kratom and Lyrica," and that he was unsure exactly when the hallucinations ceased. *Id.* at 6, 10; *but see id.* at 6 (DOE Psychologist noting that medical records indicated that the Individual did not begin tapering off of Kratom until September 2025, after the hallucinations began). The Individual characterized his beliefs regarding transmitting classified material via antenna as "illogical," "ridiculous," and "embarrassing," but also said that he "will always have a small concern that [he] sent information out" via antenna. *Id.* at 10.

In addition to the clinical interview, the DOE Psychologist administered several psychological tests to the Individual, including the Beck Depression Inventory, Beck Anxiety Inventory, and Minnesota Multiphasic Personality Inventory-2 (MMPI-2). *Id.* at 9. The Individual's responses, wherein he endorsed significant physical issues, but not psychological ones, or even nervousness about the evaluation, led the DOE Psychologist to suspect that the Individual was "defended [sic] in his responding," "will channel psychological distress into physical problems," and was "resistant to accepting psychological explanations for mental health problems." *Id.* She further noted that the Individual endorsed several indicia of persecutory ideation which, while not elevating the applicable scale to clinically significant levels, suggested that he had "ongoing mistrust or mild paranoia." *Id.* (reflecting that the Individual indicated on the MMPI-2 that "it is safer to trust nobody" and that he had "enemies who really wish to harm [him]").

The DOE Psychologist issued the Report on February 11, 2026. *Id.* at 14. Therein, she opined that the Individual met sufficient criteria for a diagnosis of Substance Induced Psychotic Disorder, with onset during intoxication without a use disorder, in early remission, under the *DSM-5*.[6] *Id.* at 11.

[6] She also diagnosed the Individual with Attention Deficit Hyperactivity Disorder (ADHD), inattentive type, though this diagnosis does not appear to have significantly impacted the DOE Psychologist's opinion. Ex. 9 at 11. The Supervising Psychologist concurred in this diagnosis. Tr. at 31.

She opined that, during the height of his symptoms from approximately August 2025 to December 2025, "his mental illness was very severe," "[h]e was out of touch with reality," and "he was not reliable." *Id.* at 12. She opined that it was too soon to conclude that his reliability, judgment, and trustworthiness were not impaired considering "the severity of his symptoms[,] the limited amount of time he ha[d] been stable, and his dishonesty in the interview" and with medical practitioners. *Id.* at 13. Specifically, she cited the following as potential dishonesty or "concerns":

- The Individual claimed to medical providers and the DOE Psychologist that his auditory hallucinations were only interpretations of white noise but admitted at other times that they occurred independently of white noise, which the DOE Psychologist interpreted as "a way to make the psychotic symptoms of hallucinations not a mental health concern" because hearing voices in white noise "is a phenomenon that is not diagnosed as a mental disorder";
- The Individual denied paranoid delusions to mental health providers at a hospital;
- The Individual inconsistently reported the effects of olanzapine on his auditory hallucinations;
- The Individual provided contradictory accounts of whether his symptoms started before or after he began tapering off Kratom and Lyrica;
- The Individual falsely told medical practitioners and DOE counterintelligence personnel that his auditory hallucinations ceased after he discontinued using Kratom in September 2025 when they actually continued until at least November 2025;
- The Individual denied that there was a medical explanation for his experiences in his communication to the CIA despite having been provided with a diagnosis and treatment by medical practitioners; and,
- The Individual stated during the clinical interview with the DOE Psychologist that he would "always have a small concern" regarding his belief about the antenna, leading the DOE Psychologist to conclude that his "delusions do not appear to be completely resolved."

Id. at 7–8.[7] She recommended that the Individual be monitored over the ensuing "one to two years to ensure he is not having a recurrence of psychotic symptoms." *Id.* at 13.

E. Evaluation by the Consultant Psychologist and Opinion of the Supervising Psychologist

On June 18, 2026, the Individual met with the Consultant Psychologist for an evaluation related to this proceeding. Ex. I at 105. During the clinical interview portion of the evaluation, the Individual recounted his history of physical ailments and indicated that in 2018 his primary care physician recommended that he use Kratom for pain management. *Id.* at 107. According to the Individual, he used a daily dosage of six grams of Kratom but increased his daily dosage to fifteen grams later that year. *Id.*

[7] Some of the DOE Psychologist's "concerns" are duplicative. I have combined related concerns where appropriate and thus my summary of the DOE Psychologist's "concerns" presents seven concerns rather than the eleven the DOE Psychologist listed in her Report.

Following his surgery in mid-2024, the Individual said that he controlled pain through a combination of medications and Kratom. *Id.* at 108. The Individual claimed that he began weaning off Kratom and his medications in July 2025. *Id.* at 107–08. He represented that his "psychotic episode"[8] began shortly after he began weaning off of the aforementioned substances, though he indicated that his memory of the period from July 2025 to December 2025 "was not intact." *Id.* at 108. The Individual represented that his symptoms were compounded by his staying awake late into the night attempting to detect evidence of his wife being unfaithful, which resulted in degradation of his sleep. *Id.* He told the Consultant Psychologist that he had attempted to provide accurate information to the DOE Psychologist but may not have done so due to his impaired memory of the period in question. *Id.*

The Individual "denied any current symptoms of psychosis, auditory or visual hallucinations." *Id.* The Consultant Psychologist perceived the Individual as lucid, devoid of any physical indicia of mental impairment, and possessed of "good" insight into the events that led to the evaluation. *Id.* The Consultant Psychologist also administered the Personality Assessment Inventory (PAI) which did not produce any clinically significant results indicative of a psychological diagnosis. *Id.* at 108–09.

Based on his review of records provided to him by the Individual, the clinical interview, and the results of the PAI, the Consultant Psychologist concurred with the DOE Psychologist's diagnoses. *Id.* at 109. He opined that the Individual had stabilized and that his "judgment, reliability, and trustworthiness appear intact and unaffected by any psychological condition." *Id.* He opined that the Individual was unlikely to resort to Kratom use in the future considering that his pain had been resolved through the surgery and therefore that the Individual was unlikely to experience psychological symptoms related to titrating off substances. *Id.* Accordingly, he opined that the Individual's prognosis for avoiding future psychological symptoms was "good." *Id.*

On July 6, 2026, the Individual met with the Supervising Psychologist for a second evaluation after it was determined that the Consultant Psychologist was unable to appear to testify at the hearing concerning this matter. Ex. L at 1. Among other things, the Supervising Psychologist conducted a clinical interview of the Individual, reviewed relevant documents, and interpreted the results of the PAI conducted by the Consultant Psychologist. *Id.* at 2, 13. The same day of his evaluation, the Supervising Psychologist authored a report wherein he too endorsed the DOE Psychologist's diagnosis, opined that the Individual's psychotic episode was substance induced, and further opined that the Individual did not currently display any indicia of a psychological condition. *Id.* at 1, 14–15. The Supervising Psychologist further opined that the Individual was at a "very low" risk of experiencing future psychological symptoms based on his belief that the Individual was "approaching one year without hallucinations." *Id.* at 15–16.

F. Opinions of the Supervising Psychologist and DOE Psychologist at the Hearing

Both experts testified at the hearing that they had diagnosed the Individual with Substance Induced Psychotic Disorder, though they differed as to whether it was due to Kratom intoxication or withdrawal. Tr. at 32–33 (Supervising Psychologist attributing the Individual's symptoms to

[8] Notably, the Consultant Psychologist's report contains no information, whatsoever, on the nature of the symptoms that constituted the "psychotic episode" or when, if ever, they subsided.

withdrawal), 191, 222–23 (DOE Psychologist attributing the symptoms to intoxication). Each expert also indicated uncertainty as to the specific origin of the Individual's symptoms. *Id.* at 33, 64 (Supervising Psychologist testifying that he deduced the Individual's symptoms were related to "supplements" like Kratom because he had never seen the medications the Individual was on cause such symptoms, "but whether it[was] the effect of the drugs and supplements themselves or the effect of withdrawal is [] kind of unclear"); *id.* at 190–91 (DOE Psychologist testifying "there's no real way to know whether it was just related to Kratom" and "there's enough evidence to say that the Kratom *could* have been the [] major reason") (emphasis added). They likewise testified that little was known about the effects of Kratom. *Id.* at 46, 64, 67 (Supervising Psychologist testifying "we don't know . . . very much about [K]ratom, how long a period of time it would require for stabilization to occur" and that he believed from "a very small amount of data" connecting psychotic symptoms to Kratom that such incidents were rare but that "rarity doesn't mean that's impossible"); *id.* at 206, 225 (DOE Psychologist testifying to there being "very, very, very, very little" peer reviewed information on Kratom and its effects and that there is "certainly no peer-reviewed data" concerning how long symptoms could persist after Kratom use was discontinued).

Each expert also expressed uncertainty as to how long symptoms could persist following discontinuation of a substance. The Supervising Psychologist testified that "in most cases of substance-induced psychotic episodes, the symptoms will resolve after the substances are out of the person's system," but acknowledged that the Individual continued to show symptoms until at least late December 2025 or early January 2026. *Id.* at 34. The DOE Psychologist likewise could not say how long symptoms could persist following discontinuation of Kratom use. *Id.* at 225.

The Supervising Psychologist testified that the Individual had acknowledged during his clinical interview that his judgment and reality testing were impaired during the psychotic episode. *Id.* at 28. According to the Supervising Psychologist, this was a positive prognostic indicator because the Individual's recognition that his beliefs during the episode were delusional would lead him to seek help if he experienced similar symptoms in the future. *Id.* at 30. Furthermore, the Supervising Psychologist opined that the Individual's lack of documented mental health symptoms prior to the episode or documented history of family mental health problems were prognostically favorable. *Id.* at 36. He also noted the Individual's stated intent to avoid substances such as Kratom in the future and the Individual's resolution of the physical problems that had led him to pursue pain management as indicators that the Individual was unlikely to use substances in the future that might trigger a psychological episode. *Id.* at 47. The Supervising Psychologist opined that the Individual displayed no signs of psychological symptoms that could impair his judgement, reliability, stability, or trustworthiness as of the date of the hearing. *Id.* at 39.

Regarding the Individual's inaccurate statements to the DOE Psychologist, the Supervising Psychologist opined that these were likely due to impairments to the Individual's memory of the events, which the Individual described to the Supervising Psychologist as "foggy" during his clinical interview, and a desire to be compliant innate to his personality even if in doing so it led him to supply inaccurate information. *Id.* at 28, 40–41. The DOE Psychologist denied that the Individual had reported "fuzzy" or impaired memory during her evaluation but acknowledged that it would not be unusual for someone with the Individual's symptoms to experience memory problems. *Id.* at 198–99. However, she indicated that the Individual had engaged in "a lie of

omission" by withholding the severity of his delusions during the first of their two meetings. *Id.* at 197.

In light of the positive prognostic indicators he identified, the Supervising Psychologist testified that a period of six months to one year of monitoring would be sufficient to conclude that the Individual was stable. *Id.* at 46. He opined that the Individual's prognosis was "excellent" and that he was at low risk of recurrence of psychological symptoms. *Id.* at 48–49.

The DOE Psychologist opined that the Individual should see a mental health professional for treatment and monitoring related to his psychotic episode until he had established at least one year of stability with no indications of delusions or psychotic symptoms. *Id.* at 204–05; *see also id.* at 211 (testifying that "two years would not even be unreasonable"). She testified that this monitoring was necessary for several reasons. First, she testified that Kratom use could metaphorically "open up the [] portal" to an underlying mental health disorder to which the Individual was susceptible, causing that condition to emerge. *Id.* at 206–07. Second, the DOE Psychologist testified that she had not ruled out that the Individual's symptoms were due to schizophrenia, bipolar disorder, delusional disorder, or other potential diagnoses. *Id.* at 227. Thus, she testified that one to two years of monitoring and treatment would help him to process his traumatic experience, ensure that no underlying mental health condition was compromising his stability, and rule out other potential diagnoses that might explain his bizarre behavior. *Id.* at 207–08, 211, 227. The DOE Psychologist testified that the information she had related to the LPCC's treatment was insufficient to meet her recommendation because "body image issues are not the same as psychotic breaks" and that in any case the monitoring would need to persist to, at minimum, December 2026 considering that the Individual demonstrated delusional symptoms until at least December 2025, if not later. *Id.* at 209, 211–12.

V. ANALYSIS

A. Guideline I

Conditions that could mitigate security concerns under Guideline I include:

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

(b) The individual has voluntarily entered a counseling or treatment program for a condition that is amendable 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.

There is no dispute among the experts who opined on the Individual's psychological wellbeing that he suffered from delusions during a psychotic episode and that he should be monitored for some period of time to ensure that his delusions do not manifest themselves again. The DOE Psychologist opined that this period should be one to two years from the last observed symptoms of delusional thinking, which she indicated was at least as recently as December 2025. The Supervising Psychologist opined that this period of observation should be for six months to one year. I believe that the DOE Psychologist's more cautious timetable is more appropriate for several reasons.

As an initial matter, there is no dispute among the experts that the risks of Kratom use are not well understood. According to the DOE Psychologist, the Individual's high levels of Kratom use for many years place him at risk of psychological symptoms or the exacerbation of underlying psychological conditions. In other words, the DOE Psychologist opined that the Individual's discontinuation of Kratom use may not itself prevent the recurrence of psychological symptoms due to the cumulative effect of heavy, long-term Kratom use on his brain. The Supervising Psychologist, on the other hand, opined that it was prognostically favorable that the Individual's symptoms subsided after he reported having discontinued Kratom use and that the DOE Psychologist's timetable was overly conservative in light of this positive prognostic indicator. I note that the Individual's delusions persisted until at least December 2025 and likely into early 2026, long after he reported having discontinued Kratom use and the physical indicia of withdrawal had abated. This suggests that the mere absence of Kratom use is not enough to fully prevent psychological symptoms in the Individual. Moreover, the Individual has not been a reliable narrator of his symptoms. Instead, he has repeatedly minimized or failed to accurately report his psychological symptoms. This causes me to question the positive information he provided to his own consultants and leaves open the possibility that he is still experiencing delusional beliefs that he does not endorse because he fears losing his clearance. Both the possibilities that the Individual's Kratom use may result in psychological symptoms after discontinuing Kratom and that the Individual is not being forthcoming support the more conservative monitoring timetable provided by the DOE Psychologist.

An additional consideration warrants endorsement of the DOE Psychologist's opinion – there is no solid evidence to establish that Kratom actually caused the Individual's delusions. No substantive evidence was submitted to establish that Kratom can directly produce psychotic delusions, at what dosage it could have this effect, whether there would be comorbid physical or psychological symptoms, whether it could have this effect in a person without an underlying psychological condition, or the prevalence of such symptoms so that the probability of Kratom being the cause could be assessed. The Individual suggested that perhaps the combination of Kratom and his medications produced the delusions, but this is pure conjecture – no evidence whatsoever was introduced to suggest that such an interaction was probable or even possible. As

to Kratom withdrawal producing the symptoms, the Individual's delusions arose when he was still claiming to be using Kratom. Even if this was not the case, there is nothing in the record that would establish that Kratom withdrawal could produce delusions months after Kratom use had ceased when no physical effects of withdrawal persisted. The connection between the Individual's delusions and his Kratom use is based purely on his self-described, inconsistent account of his own Kratom use. It may well be that another substance, whether or not disclosed to DOE, caused his delusions or that the Individual has a psychological condition that produced the delusions completely separately from his Kratom use. Only the passage of time will reveal whether the Individual's delusions recur and, considering my significant doubts as to the provenance of the delusions, I find the DOE Psychologist's recommendation for monitoring of one year or more substantially more appropriate than the shorter period recommended by the Supervising Psychologist.

Turning to the mitigating conditions, I find that the Individual's sessions with the LPCC are not treatment related to his delusional beliefs. There is no indication that the Individual has discussed those beliefs with the LPCC, and counseling related to body image issues is plainly not treatment for a psychological condition related to delusional beliefs. The record contains no evidence that the Individual underwent any monitoring or treatment with any other mental health professional, pursuant to the DOE Psychologist's recommendation. The first two mitigating conditions are inapplicable. Adjudicative Guidelines at ¶ 29(a)–(b).

As to the remaining mitigating conditions, for the reasons stated above, I found the DOE Psychologist's testimony that the Individual remained at risk of recurring psychological symptoms without at least one year of monitoring by a mental health professional more persuasive than the opinion of the Supervising Psychologist that the Individual's prognosis was good and that a shorter period of monitoring would be sufficient. Thus, I find that the Individual's psychological symptoms do not have a low risk of recurrence and that, considering the uncertainty as to the likelihood of recurrence of symptoms, the source of the Individual's psychological symptoms, or even that the symptoms have fully abated, I find the remaining mitigating conditions inapplicable. *Id.* at ¶ 29(c)–(e).

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

B. Guideline E

Conditions that could mitigate security concerns under Guideline E include:

(a) the individual made prompt, good-faith efforts to correct the omission, concealment, or falsification before being confronted with the facts;

(b) the refusal or failure to cooperate, omission, or concealment was caused or significantly contributed to by advice of legal counsel or of a person with professional responsibilities for advising or instructing the individual specifically

concerning security processes. Upon being made aware of the requirement to cooperate or provide the information, the individual cooperated fully and truthfully;

(c) the offense is so minor, or so much time has passed, or the behavior is so infrequent, or it happened under such unique circumstances that it is unlikely to recur and does not cast doubt on the individual's reliability, trustworthiness, or good judgment;

(d) the individual has acknowledged the behavior and obtained counseling to change the behavior or taken other positive steps to alleviate the stressors, circumstances, or factors that contributed to untrustworthy, unreliable, or other inappropriate behavior, and such behavior is unlikely to recur;

(e) the individual has taken positive steps to reduce or eliminate vulnerability to exploitation, manipulation, or duress;

(f) the information was unsubstantiated or from a source of questionable reliability; and

(g) association with persons involved in criminal activities was unwitting, has ceased, or occurs under circumstances that do not cast doubt upon the individual's reliability, trustworthiness, judgment, or willingness to comply with rules and regulations.

Adjudicative Guidelines at ¶ 17.

The first mitigating condition is inapplicable because the Individual did not make efforts to correct the discrepant information he provided to the DOE Psychologist before the LSO issued him the SSC. *Id.* at ¶ 17(a).

The second mitigating condition is irrelevant to the facts of this case because the Individual did not claim that he relied on the advice of counsel or another representative in providing information related to his psychological functioning. *Id.* at ¶ 17(b).

The security concerns presented by the Individual's rule violations were significant and recent. While the Individual's psychological symptoms could constitute unusual circumstances mitigating the security concerns, the fact that the Individual has not resolved the psychological concerns precludes me from concluding that future rule violations are unlikely to occur. As to the Individual's untruthfulness and failure to report, these acts were not minor, nor did they occur long ago. As noted above, considering the Individual's risk of future psychological symptoms, I cannot say that the concerning behavior occurred under such unusual circumstances that it is unlikely to recur. However, even if I could find the Individual's psychological symptoms unlikely to recur, his dishonesty would still present unresolved security concerns. While the Individual has sought to attribute his discrepant accounts to memory gaps, I find it significantly more probable that the Individual intentionally minimized the severity of his hallucinations to the DOE Psychologist than that he truly believed that he only heard voices in the presence of white noise. This false claim could have had significant implications for the DOE Psychologist's diagnosis and this proceeding

if not for the DOE Psychologist obtaining the records of the Individual's hospitalization. Considering that this behavior occurred after the Individual claimed that his memory had improved, I do not attribute it to his psychological condition. Accordingly, I find the third mitigating condition inapplicable. *Id.* at ¶ 17(c).

The fourth mitigating condition is inapplicable because the Individual did not pursue counseling specifically related to untruthfulness or failure to comply with rules. *Id.* at ¶ 17(d). The fifth mitigating condition is irrelevant because the LSO did not allege that the Individual had engaged in conduct that placed him at special risk of exploitation, manipulation, or duress. *Id.* at ¶ 17(e). The sixth mitigating condition is inapplicable because the LSO did not rely on unsubstantiated allegations or sources of questionable reliability. *Id.* at ¶ 17(f). The final mitigating condition is irrelevant because the LSO did not allege that the Individual associated with persons engaged in criminal conduct. *Id.* at ¶ 17(g).

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

C. Guideline K

Conditions that could mitigate security concerns under Guideline K include:

(a) so much time has elapsed since the behavior, or it has happened so infrequently or under such unusual circumstances, that it is unlikely to recur and does not cast doubt on the individual's current reliability, trustworthiness, or good judgment;

(b) the individual responded favorably to counseling or remedial security training and now demonstrates a positive attitude toward the discharge of security responsibilities;

(c) the security violations were due to improper or inadequate training or unclear instructions; and

(d) the violation was inadvertent, it was promptly reported, there is no evidence of compromise, and it does not suggest a pattern.

Id. at ¶ 35.

The bulk of the security incidents alleged in the SSC concerned the Individual's recent, repeated conduct while influenced by delusions.[9] The Individual's psychotic episode could certainly be said

[9] The record demonstrates that the Individual and the Security Official engaged in personal disputes and that the Security Official bore personal animosity towards the Individual. However, the Security Official never raised any concerns about the Individual's conduct until after the Individual's report to the CIA, after which it was entirely reasonable for the Security Official to attempt to highlight potentially related information calling into question the Individual's reliability and stability. The fact that the Security Official did not raise security concerns about the Individual at the first opportunity suggests that he exercised professional discretion even if he had personal animosity towards the Individual that might have motivated him to report concerns. Moreover, the Individual's paranoid beliefs

to be an unusual circumstance; however, as described above, I am not at all convinced that the delusions are unlikely to recur. Accordingly, I cannot find the first mitigating condition applicable. *Id.* at ¶ 35(a).

The LSO did not allege that the Individual demonstrated a less than positive attitude toward the discharge of security responsibilities, and thus the second mitigating condition is not relevant to the facts of the case. Even if the LSO had made such an allegation, there is no indication that the Individual participated in remedial security training or received security-related counseling. Accordingly, the second mitigating condition is inapplicable. *Id.* at ¶ 35(b).

The Individual does not assert that he was improperly or inadequately trained or received unclear instructions related to security responsibilities. Thus, the third mitigating condition is inapplicable. *Id.* at ¶ 35(c).

Finally, while the Individual's judgment and stability were certainly impaired by his delusional beliefs, his security infractions while impaired were intentional – most notably, his disregard for his manager's direction not to pursue a classified briefing for which he had no need to know. These actions constituted a pattern, and thus the fourth mitigating condition is inapplicable. *Id.* at ¶ 35(d).

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

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 E, Guideline I, and Guideline K 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 asserted by the LSO. 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.

Phillip Harmonick
Administrative Judge
Office of Hearings and Appeals

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regarding being monitored by Middle Eastern neighbors and decision to ignore his supervisor's direct instructions and use personal time to obtain a classified briefing would have raised doubts in any reasonable person, whether or not they bore personal animosity towards the Individual. Considering the foregoing, I do not reject the security concerns based on the Security Official's report, even if the Security Official did have personal reasons for wishing that the Individual would lose his access authorization.