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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: January 11, 2023	)	Case No.: PSH-23-0051
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Issued: May 16, 2023

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**Administrative Judge Decision**

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Richard A. Cronin, Jr., 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."<sup>1</sup> 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 be granted.

**I. BACKGROUND**

The Individual's employer sought an access authorization for the Individual. Exhibit (Ex.) 1 at 1.<sup>2</sup> During the local security office's (LSO) investigation, the Individual disclosed that she had sought mental health treatment in the spring of 2000 and had been diagnosed as suffering from bipolar mood disorder and alcoholic depression. *Id.* at 1; Ex. 10 at 15; Ex. 12 at 67. The Individual reported in a Questionnaire for National Security Position (QNSP) that in May 2013 she had been given a diagnosis of borderline personality disorder (BPD) while serving in the military. Ex. 12 at 47. She also reported on the QNSP that in December 2013 she had been hospitalized because she had thoughts of self-harm. *Id.* at 47.

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<sup>1</sup> 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.

<sup>2</sup> The internal pagination of numerous exhibits offered by the LSO does not correspond to the number of pages included in the exhibits. For example, numerous pages within Exhibit 12 are marked with multiple page numbers. This Decision cites to pages in the order in which they appear in exhibits without regard for their internal pagination.

The Individual subsequently met with a DOE-contracted psychologist (DOE Psychologist) for a clinical interview and diagnostic psychological testing. Ex. 10. The DOE Psychologist issued a psychological assessment (Report) in which he opined that the Individual met sufficient diagnostic criteria for a diagnosis of somatic symptom disorder, moderate, and unspecified personality disorder under the *Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-5)*. *Id.* at 16. The DOE Psychologist also opined that these conditions could result in behavior that could affect her judgment, reliability, and trustworthiness. *Id.* at 16.

The LSO issued the Individual a letter notifying her that it possessed reliable information that created substantial doubt regarding her eligibility for access authorization. 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. Ex. 1.

The Individual exercised her right to request an administrative review hearing pursuant to 10 C.F.R. Part 710. Ex. 5. 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 12 exhibits (Exs. 1–12). The Individual submitted nine exhibits (Exs. A–I). The Individual testified on her own behalf and offered the testimony of an individual who was serving with the Individual on a local city council (Councilman), a friend (Friend), and a forensic psychologist (Individual’s Psychologist). Hearing Transcript (Tr.) at 27, 140, 187, 226. The LSO offered the testimony of the DOE Psychologist. *Id.* at 103.

## **II. THE NOTIFICATION LETTER AND THE ASSOCIATED SECURITY CONCERNS**

The LSO cited Guideline I (Psychological Conditions) of the Adjudicative Guidelines as the basis for its suspension of the Individual’s access authorization. Ex. 1. “Certain emotional, mental, and personality conditions can impair judgment, reliability, or trustworthiness.” Adjudicative Guidelines at ¶ 27. The SSC cited the DOE Psychologist’s opinion that the Individual met sufficient diagnostic criteria for a diagnosis of somatic symptom disorder and unspecified personality disorder under the *DSM-5*. Ex. 3. The LSO also cited the Individual’s history of various psychological diagnoses and her hospitalization as supporting that there was a security concern under Guideline I. *Id.* Given the DOE Psychologist’s diagnosis of unspecified personality disorders and the Individual’s prior psychiatric history, I find that the LSO’s invocation of Guideline I was justified. Adjudicative Guidelines at ¶ 27.

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

#### IV. FINDINGS OF FACT

The Individual is employed by a DOE contractor. Ex. 12 at 31. Her employer requested that she be granted a security clearance, and in August 2018 pursuant to that request, the Individual completed the QNSP form. *Id.* at 15. On the QNSP form, the Individual reported that while serving in the military she informed a service physician that she had been having thoughts of self-harm for which she was hospitalized for five or six days in December 2013. *Id.* at 47. She also reported on the QNSP form that in May 2013 she had been diagnosed with BPD. *Id.* She asserted in the QNSP form that she had been misdiagnosed since at the time she was suffering from Hashimoto’s thyroiditis (HT)<sup>3</sup> for which she received medication. *Id.* at 48. This medication alleviated her depressive symptoms. *Id.*

The Individual was interviewed pursuant to an investigation by the Defense Counterintelligence and Security Agency. Ex. 12. In the interview, the Individual reported that in 2000, while attending college, she experienced mental health problems and sought out a mental health professional. *Id.* at 67. She asserted that from May 2013 to September 2014 she had been diagnosed with BPD. *Id.* During the interview, the Individual again asserted that she had been misdiagnosed and that her treatment for HT had alleviated all her symptoms. *Id.* She also reported that she had applied to a Board of Military Records to request that her military record be revised to remove the diagnosis of bipolar mood disorder or BPD. *Id.* at 68. The Individual also reported that she currently sees a Veteran’s Administration (VA) clinical social worker. *Id.*

Because the security concerns relating to the Individual’s mental health had not been resolved by the investigation, the LSO referred the Individual to the DOE Psychologist for an examination. During his examination of the Individual, the DOE Psychologist administered seven psychometric tests along with personally interviewing her.<sup>4</sup> Ex. 10 at 2. After reviewing the results of his interview with the Individual and the test data, he concluded that she met the *DSM-5* diagnostic

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<sup>3</sup> During the hearing, the Individual’s thyroid disorder was also referred to as Hashimoto’s disease. In this Decision, “HT” refers to both Hashimoto’s disease and Hashimoto’s thyroiditis.

<sup>4</sup> The DOE Psychologist administered to the Individual the Beck Depression Inventory, 2<sup>nd</sup> Edition; the Beck Hopelessness Scale; the Millon Clinical Multiaxial Inventory 4<sup>th</sup> edition (MCMI); the Minnesota Multiphasic Personality Inventory, 2<sup>nd</sup> Edition (MMPI-2); the Personality Assessment Inventory; the Substance Abuse Subtle Screening Inventory-3; and the Wechsler Adult Intelligence Scale. Ex. 10 at 2.

criteria for somatic symptom disorder, moderate, and unspecified personality disorder with paranoid and schizotypal personality features (Cluster A) and borderline, histrionic, and narcissistic personality traits (Cluster B). The DOE Psychologist also opined that “[s]uch a constellation of symptoms and behaviors [resulting from these diagnoses] are highly likely to result in behavior that casts significant doubt on [the Individual’s] judgment, stability, reliability, or trustworthiness, not covered under any other guideline and that may indicate an emotional, mental, or personality condition, including, but not limited to, irresponsible, violent, self-harm, suicidal, paranoid, manipulative, impulsive, chronic lying, deceitful, exploitative, or bizarre behaviors.” *Id.* at 16. He also noted that “there is no indication that [the Individual] has demonstrated past violent or reckless behavior, but an untreated personality disorder, especially one that includes Cluster B personality traits, would be highly likely to be characterized by episodes of mood lability, impulsive behavior, depression, and thoughts of self-harm, and would significantly decrease [the Individual’s] judgement and reliable decision-making.” *Id.*

Regarding the diagnoses of somatic symptom disorder, the Individual’s Psychologist described the disorder as “a little more than hypochondriac” where a person under stress experiences stress as physical symptoms. Tr. at 149. The Individual’s Psychologist went on to testify that individuals affected by somatic symptom disorder do not worry about being sick but complain about their illness. *Id.*

At the hearing, the Individual confirmed the facts about her various diagnoses. She testified that while in the military she worked with nuclear power and possessed security clearances. Tr. at 30–31. As a child she had been diagnosed with attention deficit hyperactivity disorder (ADHD).<sup>5</sup> *Id.* at 33. While in college, she sought the services of a mental health professional who diagnosed the Individual with “depression” and gave her an antidepressant. *Id.* at 77. She decided to leave college, and her parents arranged for her to see a psychiatrist who diagnosed her with bipolar disorder and alcoholic depression and prescribed her with an antidepressant along with a mood stabilizing medication. *Id.* at 79. Because she did not like the way these medications made her feel, she eventually discontinued taking them. *Id.*

Sometime in 2013, while in military service, she started to have suicidal ideation and became concerned about these thoughts. *Id.* at 39. Her military service placed her in a hospital in which she stayed for approximately five days. *Id.* The Individual did not “get along” with the hospital’s psychologist. *Id.* at 41. Specifically, the psychologist tried to have her focus on her relationship with her father while she believed that her problems stemmed from consistent sexual harassment at her duty station by her superiors. *Id.* During one session with the psychologist, she yelled at him “because he wasn’t listening to me.” *Id.* at 42. Around this time, she received the diagnosis of BPD. *Id.* The Individual remembered receiving a recommendation to attend anger control group therapy but stopped going since the sessions themselves made her angrier than when she entered the meetings. *Id.* at 86–87. When her enlistment contract ended, she left military service. *Id.* at 43.

In 2014, after receiving her diagnosis of BPD, she was subsequently diagnosed with HT. *Id.* at 45. She sought medical attention since the antidepressants she had been prescribed to address her BPD

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<sup>5</sup> The Individual currently takes prescription medication for ADHD. Tr. at 50.

diagnosis were not working. *Id.* An endocrinologist prescribed thyroid hormones, and the Individual felt significantly better and stopped taking the antidepressant medication. *Id.*

In 2015, the Individual moved to the state where she now resides. *Id.* at 28. After this move, and working with the local VA office, the VA eventually assigned her a mental health provider. *Id.* at 48–49. The Individual sought out a therapist not because she was suffering any difficulties but because “I feel like it’s important for everybody to have a therapist. I think that – the world would be a much better place.” *Id.* at 49, 52. The Individual testified that her therapist has given her “some good insight on things.” *Id.* at 53.

Regarding her examination by the DOE Psychologist, the Individual testified that after taking the psychometric tests she felt exhausted. *Id.* at 59. Further the Individual testified that she had been under a great deal of stress at the time of her examination by the DOE Psychologist. *Id.* at 61. Specifically, the Individual, who was an elected member of her city council, was running to be the mayor of her city. *Id.* at 61. During a very confrontational mayoral campaign, the Individual had been falsely accused of holding certain political viewpoints regarding the local police force. *Id.* Further, the Individual had received death threats on her social media accounts. *Id.* at 62. Around this time, the Individual had also been recently diagnosed with irritable bowel syndrome, fibromyalgia, and Ehlers-Danlos syndrome. *Id.* at 63.

The Individual testified that she had a few occasions of thoughts of self-harm that occurred when she was dealing with a medical procedure that affected her hormonal balance. *Id.* at 84; *see* Tr. at 173 (Individual’s Psychologist’s testimony that these thoughts occurred “years ago”). She immediately contacted her therapist and the physician who had performed the procedure, and she has not had any additional problems with such thoughts. *Id.* at 84-85.

The DOE Psychologist testified that one of the psychometric tests he administered, the Millon Clinical Multiaxial Inventory, provided evidence of significant personality dysfunction. *Id.* at 104. His interpretation of another test, the MMPI-2, indicated that the Individual exhibited antisocial personality characteristics. *Id.* at 105. The DOE Psychologist described the Individual’s personality disorders as “not an organic condition. I mean, this is sort of a – a learned strategy that a person –that maybe was useful to them in – in difficult circumstances.” *Id.* at 109. The DOE Psychologist opined that HT would not cause all the personality characteristics indicated by his tests, especially narcissistic and histrionic thinking patterns. *Id.* at 108. He also opined that such personality characteristics could be treated by psychotherapy. *Id.* at 109.

Regarding the nature of personality disorders, the DOE Psychologist testified that such disorders develop early on in a person’s life. *Id.* at 132. He also testified as to his opinion that the Individual was not accurately diagnosed as having BPD but may have shown some characteristics of the disorder. *Id.* at 132, 134. When asked about what life problems the Individual exhibited that would be associated with a diagnosis of personality disorder, he cited the Individual’s description in her clinical interview that she had some relationships marked by conflict, mistrust, and suspiciousness. *Id.* at 138.

The Individual’s Psychologist testified that he conducted a psychological evaluation of the Individual including administering the Minnesota Multiphasic Personality Inventory, Third

Revision (MMPI-3), but disagreed with the DOE Psychologist's diagnosis. *Id.* at 140; *see* Ex. A (Individual's Psychologist's report). In making this determination, he believed that the DOE Psychologist had been unduly influenced by the Individual's prior BPD diagnosis and the fact that the DOE Psychologist's diagnostic conclusions regarding the Individual's personality came mainly from the psychometric tests he conducted on her. *Id.* at 142. Specifically, the Individual's Psychologist found that the conclusions made by the DOE Psychologist using the psychometric tests were not justified. *Id.* He cited the fact that the MCMI's written disclaimer indicated that the test had been designed for individuals beginning psychotherapy and that the MCMI results may vary depending on the population type to which a test taker belongs. *Id.* at 145. In this regard, the MCMI notes that well-functioning individuals experiencing normal stress or those who have personality disorders are categories of potential test takers whom the test may not accurately describe. The MCMI suggests screening out such individuals by conducting an examination of the test taker's life circumstances. *Id.* In the Individual Psychologist's opinion, the Individual fell into the group of test takers who are well functioning without significant personality problems and experiencing situational stress and that the test should not have been used to evaluate the Individual. *Id.* at 146. Consequently, the Individual's Psychologist did not believe that the DOE Psychologist's interpretation was valid. *Id.*

As for the DOE Psychologist's specific diagnosis, the Individual's Psychologist opined that individuals suffering from personality characteristics described in Cluster B would experience significant problems in working with co-workers and employers. In the Individual's case, if she had Cluster B personality characteristics, she would demonstrate behaviors such as "storming" out of a city council meeting or having inappropriate sexual relationships. *Id.* at 147. Yet he found no evidence of such problems. *Id.* at 146. Regarding Cluster A personality characteristics, such characteristics would lead others to perceive the Individual as "odd." *Id.* at 147-48. His personal two-hour interview with the Individual about her living situation, her work, and her work on the city council, led him to conclude that the Individual was "very high functioning." *Id.* at 148. The Individual's Psychologist could find no evidence in the Individual's life circumstances indicating that she was manifesting any personality disorder. *Id.*

The Individual's Psychologist opined that the Individual's earlier BPD diagnosis was "completely inappropriate." *Id.* at 151. He made this finding because there was no evidence that the Individual had significant problems with her supervisors or other individuals. *Id.* at 150. He also testified as to his belief that the Individual's hospitalization in 2013 was so long ago that it did not have any clinical relevance. *Id.* at 152. Further, the Individual's depression during that time could have resulted from her HT. *Id.* at 152, 154. He noted that thyroid disorders are always suspected when an individual presents with depressive symptoms. *Id.* at 152, 154. The Individual's Psychologist also opined that the Individual's diagnoses in 2000 for bipolar mood disorder and "alcoholic depression" were not relevant to the Individual's condition because they were made almost 23 years ago. *Id.* at 153. Additionally, since at the time the Individual had been taking antidepressants, such a prescription would have augmented the effect of alcohol consumption on the Individual. *Id.* If the Individual suffered from bipolar mood disorder, the Individual's subsequent action of discontinuing this medication would have resulted in an acute bipolar incident requiring hospitalization. *Id.* at 154. Yet there is no record of this occurring after the Individual stopped taking these drugs. *Id.*

As for the Individual's diagnosis of ADHD, the Individual's Psychologist found that it raised no concerns regarding her trustworthiness or reliability in protecting sensitive information. *Id.* at 168. While untreated ADHD might affect the Individual's efficiency at work, the Individual's use of her ADHD medication resolves any concern. *Id.* As for the Individual's admission that she had several incidents of suicidal thoughts, the Individual's Psychologist testified that it did not affect his conclusions. *Id.* at 174. He noted that the Individual is very self-reflective and tends to disclose such thoughts in contrast to ordinary people who have thoughts of self-harm that are fleeting and which they quickly forget. *Id.* at 174, 185. He noted that the Individual immediately discussed these thoughts with her therapist and the issue has been resolved. *Id.* at 174. He testified that the ability of the Individual to identify thoughts of self-harm and address them reflects high mental functioning. *Id.* at 185.

The Individual's Psychologist found that the Individual's current engagement with a therapist was for "personal growth." *Id.* at 164. He believes that the Individual seeking therapy is not a sign that there is "something wrong" with her but a way to increase her personal growth. *Id.*

In sum, the Individual's Psychologist concluded, "[the DOE Psychologist] found nothing except what the test reports inappropriately generated, in some cases, speaking of the MCMI. And -- that needs to be explained because, beyond the previous depression that's now treated with the thyroid [medication], I'm not aware that [the Individual] has current symptoms." *Id.* at 156. Regarding the DOE Psychologist's conclusion in his Report that the Individual's personality disorder, even if not demonstrated by violent or reckless behavior, could cause defects in judgment and reliability, the Individual's Psychologist disagreed with this assessment. *Id.* at 163; *see* Ex. 10 at 16. The basis for his disagreement is the fact that personality disorders begin in late adolescence and are chronic through a person's lifespan and, as such, do not develop later in life. *Tr.* at 163. If the Individual (aged 42) had any of these personality disorders, they would not appear in the future – they would already be present. *Id.*

The Councilman testified that he has known the Individual since 2017, when they both ran for the same council seat. *Id.* at 188. They have also served on a local regional council together. *Id.* By virtue of their positions on the city council, he has attended many official events with the Individual, as well as served on the city council with her. *Id.* Their service on the council entails meeting twice a month along with other subcommittee meetings. *Id.* at 190. On average, the council meets four or five times a month. *Id.* He testified that in his opinion the Individual has performed her duties in a pragmatic and organized manner. *Id.* at 191. She is effective in maintaining professional and productive relationships with the mayor and the rest of the council members. *Id.* The Councilman testified that the stress level for council members can vary a great deal but that despite this environment the Individual conducts herself in a professional manner. *Id.* at 192. On occasions, the council must deal with confidential matters, and he was not aware of any situation where the Individual improperly disclosed confidential information. *Id.* at 193. Further, in her service to the regional board, she was an excellent representative for the city. *Id.* at 198. He has never observed the Individual act in a demanding or hostile manner and has not seen the Individual try to manipulate anyone. *Id.* at 202-03. When the Individual lost her first city council race and her mayoral race, the Councilman believed that she "carried herself well" and recovered from the defeats without carrying any type of grudge. *Id.* at 204.

The Councilman testified that the Individual ran for mayor in 2021 and that the campaign was somewhat contentious. *Id.* at 195. He was aware that the local police bargaining unit made accusations that she wanted to “defund the police.” *Id.* at 196. He also testified that the Individual was upset by that allegation especially since she was a veteran. *Id.* at 197.

The Friend testified that he has known the Individual approximately 8 to 10 years. *Id.* at 208. He has engaged in social events with the Individual on between 50 to 100 occasions, and both share an interest in the performing arts. *Id.* at 209. In these settings, the Friend has never observed the Individual acting in an erratic or strange manner. *Id.* at 210. He has not observed the Individual depressed or unhappy over a sustained period. *Id.* She interacts with others in a generally friendly manner and is “even keeled.” *Id.* at 211. The Individual has a professional reputation of being well respected. *Id.* at 213–14. When the Individual ran for mayor in 2021, the Friend interacted frequently with her, and he confirmed the intensity of the campaign. *Id.* at 214. He believed that the Individual received multiple death threats and testified that, when he ran for school board, he also received death threats. *Id.* at 215. He has never observed the Individual act in an irrational or irresponsible manner. *Id.* at 216. He also testified that, when the Individual was confronted by angry crowd members during a speech, she would “masterfully” deescalate the situation. *Id.* at 217. He does not believe that the individual is a deceitful or a manipulative person. *Id.* at 217-18.

## V. ANALYSIS

The Guideline I security concerns in this case center on the Individual’s psychiatric history and the DOE Psychologist’s diagnosis of the Individual with somatic symptom disorder and unspecified personality disorder with paranoid and schizotypal personality features (Cluster A) and borderline, histrionic, and narcissistic personality traits (Cluster B). Conditions that could mitigate a security concern under Guideline I include:

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



*Id.* at ¶ 29.

In the present case, I find that mitigating factors (d) and (e) are applicable.

The Individual's involvement with the mental health system in 2000 while in college does not indicate the types of problematic personality traits described by the DOE Psychologist such as irresponsibility, violence, self-harm, suicidal behavior, paranoia, manipulativeness, impulsivity, chronic lying, deceitfulness, exploitativeness, or bizarre behaviors. From the available evidence, the Individual's motivation to seek treatment was depression. Likewise, the Individual's hospitalization in 2013 for suicidal ideation did not indicate such personality traits as described by the DOE Psychologist. I also found convincing the expert testimony from the Individual's Psychologist and DOE Psychologist that the Individual was erroneously diagnosed with BPD.<sup>6</sup> Regarding the personality traits described by the DOE Psychologist in his Report, the Individual has submitted military service evaluations that indicate that the Individual was an excellent performer while in the service and was recommended for promotion. Ex. H. Such performance would be inconsistent with an Individual suffering from the various disruptive symptoms arising from personality disorders as described by the DOE Psychologist.

I also find that the Individual was inappropriately diagnosed with bipolar disorder about the time she was attending college in 2000. The Individual's Psychologist's testimony on this issue was convincing. He noted that "[i]f a person has bipolar disorder, the last thing -- is never discontinue their medication. If a person has bipolar disorder, and they discontinue their mood-stabilizing medication, they're going to end up in the hospital. The fact that she has not taken that kind of medication for many years is indicative of the fact that bipolar was not the right diagnosis." Tr. at 154. In the Individual's case, she stopped taking such medications around 2000—some 20 years ago—and there is no evidence before me that she has ever been hospitalized with bipolar disorder or demonstrated any type of dysfunctional behavior since leaving military service. *See* Ex. A at 6, 10.

Regarding the diagnosis of somatic symptom disorder, there is little evidence before me indicating that such a diagnosis would create a security concern given the fact that the DOE Psychologist cited only the Individual's behaviors related to her personality disorder as creating a specific security concern. *See* Ex. 10 at 16; Tr. at 149 (testimony of Individual's Psychologist about somatic symptom disorder). Consequently, I find that the diagnosis of somatic symptom disorder does not raise a Guideline I security concern.

As for the diagnosis of unspecified personality disorder with paranoid and schizotypal personality features (Cluster A), and borderline, histrionic, and narcissistic personality traits (Cluster B), I find the Individual's Psychologist's opinion to be more persuasive. As discussed above, if the Individual suffers from some type of personality disorder, then such problematic behaviors as described by the DOE Psychologist would have occurred much earlier in the Individual's life. There is no extrinsic evidence that the Individual has demonstrated these types of behaviors in her life. My finding is supported by the testimony of the Councilman and the Friend. Their testimony persuades me that the Individual in the past decade has not exhibited unusual behavior. Indeed,

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<sup>6</sup> I note that the DOE Psychologist noted that he would not diagnose the Individual with borderline personality disorder, but he believed she may exhibit some of the behaviors associated with this diagnosis. Tr. at 134.

the Individual has conducted herself well in a position requiring great responsibility and on occasion being subject to great stress. Nor do I find the Individual experiencing thoughts of self-harm to raise security concerns. In this regard, I find the Individual's Psychologist's opinion regarding the Individual's personality, the fleeting nature of these thoughts, the fact that the Individual made no effort to act on the thoughts, the Individual seeking to discuss these thoughts with her therapist, and the Individual's Psychologist's opinion that the Individual had appropriately resolved these thoughts to be persuasive evidence. Based upon the evidence before me, I do not find that these thoughts reflect an existing emotional problem that raises a security concern.

As such I find the Individual has produced sufficient evidence for me to determine that any emotional problems involved in her visits to mental health professionals in 2000 and 2013 are no longer extant, and that she does not show any indication of emotional instability pursuant to mitigating factor (d). Likewise, I find that there is no indication of a current emotional problem pursuant to mitigating factor (e). As such, I find that the Individual has mitigated the Guideline I security concerns referenced in the SSC.

## **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 brought forth sufficient evidence to resolve the concerns set forth in the Summary of Security Concerns. Accordingly, I have determined that the Individual's access authorization should be granted. This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Richard A. Cronin, Jr.  
Administrative Judge  
Office of Hearings and Appeals