United States Department of Energy
Office of Hearings and Appeals

In the Matter of: Personnel Security Hearing	)	
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Filing Date: December 23, 2022	)	Case No.: PSH-23-0040
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	)	

Issued: July 3, 2023

Administrative Judge Decision

Katie Quintana, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXX (hereinafter referred to as "the Individual") to hold an access authorization under the United States Department of Energy's (DOE) regulations, as set forth at 10 C.F.R. Part 710, "Procedures for Determining Eligibility for Access to Classified Matter and Special Nuclear Material."[1] As discussed below, after carefully considering the record before me in light of the relevant regulations and the *National Security Adjudicative Guidelines for Determining Eligibility for Access to Classified Information or Eligibility to Hold a Sensitive Position* (June 8, 2017) (Adjudicative Guidelines), I conclude that the Individual's access authorization should not be granted.

I. Background

The Individual is employed by a DOE contractor in a position that requires him to hold a security clearance. In May 2022, during a Triggered Enhanced Subject Interview, conducted as part of the application for a security clearance, the Individual revealed that, in April 2022, he voluntarily hospitalized himself for a mental health condition. Exhibit 7 (Ex.) at 53. As a result of this disclosure, the Individual underwent an evaluation by a DOE consultant psychiatrist (DOE Psychiatrist) in September 2022. Ex. 5. Based on the evaluation, the DOE Psychiatrist determined that the Individual met the *Diagnostic and Statistical Manual of Mental Disorders, 5th edition, text revision* (DSM-5-TR), criteria for Schizophreniform Disorder, with good prognostic features. *Id*. at 8. Due to security concerns related to the Individual's psychological condition, the Local Security Office (LSO) informed the Individual, in a Notification Letter, that it possessed reliable information that created substantial doubt regarding his eligibility to hold a security clearance. In the Summary of Security Concerns (SSC) that accompanied the Notification Letter, the LSO

[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.

explained that the derogatory information raised security concerns under Guideline I (Psychological Conditions) of the Adjudicative Guidelines. Ex. 1.

Upon receipt of the Notification Letter, the Individual exercised his right under the Part 710 regulations to request an administrative review hearing. Ex. 2. The Director of the Office of Hearings and Appeals (OHA) appointed me the Administrative Judge in the case, and I subsequently conducted an administrative hearing in the matter. At the hearing, the DOE Counsel submitted seven numbered exhibits (Exs. 1–7) into the record. The Individual introduced two lettered exhibits (Ex. A–B.) into the record and presented the testimony of four witnesses, including himself. The hearing transcript in the case will be cited as "Tr." followed by the relevant page number.

II. Regulatory Standard

A DOE administrative review proceeding under Part 710 requires me, as the Administrative Judge, to issue a Decision that reflects my comprehensive, common-sense judgment, made after consideration of all the relevant evidence, favorable and unfavorable, as to whether the granting or continuation of a person's access authorization will not endanger the common defense and security and is clearly consistent with the national interest. 10 C.F.R. § 710.7(a). The regulatory standard implies that there is a presumption against granting or restoring a security clearance. *See Department of Navy v. Egan*, 484 U.S. 518, 531 (1988) ("clearly consistent with the national interest" standard for granting security clearances indicates "that security determinations should err, if they must, on the side of denials"); *Dorfmont v. Brown*, 913 F.2d 1399, 1403 (9th Cir. 1990) (strong presumption against the issuance of a security clearance).

The individual must come forward at the hearing with evidence to convince the DOE that granting or restoring access authorization "will not endanger the common defense and security and will be clearly consistent with the national interest." 10 C.F.R. § 710.27(d). The individual is afforded a full opportunity to present evidence supporting his eligibility for an access authorization. The Part 710 regulations are drafted 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.

III. Notification Letter and Associated Security Concerns

As previously mentioned, the Notification Letter included the SSC, which sets forth the derogatory information that raised concerns about the Individual's eligibility for access authorization. The SSC specifically cites Guideline I of the Adjudicative Guidelines. Ex. 1. Guideline I addresses certain emotional, mental, and personality conditions that can impair a person's judgment, reliability, or trustworthiness. Adjudicative Guidelines at ¶ 27.

Regarding Guideline I, the LSO cited the DOE Psychiatrist's report of his evaluation (Report), which determined that the Individual met the DSM-5-TR criteria for Schizophreniform Disorder with good prognostic features. Ex. 1. It also cited the DOE Psychiatrist's conclusions that this condition can impair the Individual's judgment, stability, reliability, or trustworthiness; the

Individual's recurrent psychotic episodes have impaired his judgment in the past; and the prognosis regarding the absence of future episodes was "only fair." *Id.*

IV. Findings of Fact

A. Psychological Evaluation

In September 2022, the Individual underwent an evaluation with the DOE Psychiatrist. Ex. 5. Following the evaluation, the DOE Psychiatrist issued a Report, detailing his findings. *Id*. According to the Report, the Individual disclosed that he has a family history of schizophrenia, and around 2013, before the Individual was 20 years old, he began having "strange thoughts." *Id*. at 2. When asked about the contents of the "strange thoughts," the Individual told the DOE Psychiatrist that he thought that "aliens could read [his] mind, if they saw [his] calves." *Id*. The Individual stated that the "strange thoughts" lasted for approximately two weeks, but he refused to wear shorts for around a year thereafter. *Id*. at 2–3. According to the DOE Psychiatrist, the Individual described his two weeks of "strange thoughts" as a "psychotic state." *Id*. at 3. The Individual recalled that he sought the help of a school counselor at the time, who recommended that he see a psychiatrist. *Id*. at 2. He told the DOE Psychiatrist that, although he did not refuse to see a psychiatrist, he never attended an appointment with a psychiatrist, nor did he take "any psychiatric medications." *Id*.

During the evaluation, the Individual stated that he began working for a DOE contractor in early 2022, and shortly thereafter, he experienced a second "psychotic episode." *Id*. at 4. He told the DOE Psychiatrist that, leading up to the second psychotic episode, he was experiencing stress, which included worrying about DOE learning about "his 'history of this stuff' [i.e. his initial psychotic episode]. [sic]" *Id*. The Individual elaborated, stating, "if I lose this job, it will be even harder to get a next one." *Id*. According to the Report, in March or April 2022,[2] the Individual "began having his life's second psychotic episode, experiencing both hallucinations and delusions." *Id*. The Individual revealed that the voices he heard were telling him that people were making plans to kill his loved ones. *Id*. He was also "having paranoid delusions that '[people] were stealing [his] identity and framing [him].'" *Id*. The Individual explained to the DOE Psychiatrist that, by the end of the month, he feared that people were gathering outside his home with weapons, and he called the police. *Id*. At the recommendation of law enforcement, he went to the hospital to "seek help." *Id*.

During the evaluation with the DOE Psychiatrist, the Individual disclosed that, around 5:00 A.M., he sought help at a local psychiatric urgent care facility, where he was evaluated and treated. *Id*. He recalled that the medical providers prescribed seven days of five milligrams of Abilify, an antipsychotic medication, and made him a follow up appointment with a psychiatrist (Personal Psychiatrist). *Id*. at 4–5. The Individual was unable to recall if he was given a diagnosis at that time. *Id*. at 5.

According to the Individual's disclosure during the evaluation, he saw his Personal Psychiatrist approximately one week after he was treated in the psychiatric urgent care facility. *Id*. The

[2] The Report is unclear as to whether the second psychotic episode occurred in March or April of 2022. Ex. 5 at 4.

Individual recalled that after one week of Abilify, "the voices tapered off," and his Personal Psychiatrist gave him a 30-day prescription for five milligrams of Abilify. *Id*. He noted that, although the Personal Psychiatrist did not give him "any definite diagnosis," the Personal Psychiatrist "suspected schizophrenia." *Id*. He also began attending a psychiatric program at the local medical university, where he saw a therapist for individual education and counseling sessions on a weekly basis. *Id*. at 6.

The Individual told the DOE Psychiatrist that he began meeting with his Personal Psychiatrist "every couple weeks," and although he "took his medications regularly, . . . after approximately three weeks, occasionally 'the voices were still loud.'" *Id*. at 5. The Individual relayed that, around early May 2022, the voices began telling him that his Abilify pills were sugar pills and that he should take all the remaining pills. *Id*. The Individual did so, taking approximately ten Abilify pills and then called Poison Control, which recommended that he seek emergency medical attention. *Id*. After seeking emergency medical treatment, the Individual recalled that he was transferred to a psychiatrist center, where he remained overnight. *Id*.

The Individual told the DOE Psychiatrist that, following his discharge from the psychiatric facility, he continued to see his Personal Psychiatrist on a biweekly basis and continued taking his five-milligram prescription of Abilify. *Id*. He noted that by, July 2022, he saw a "noticeable improvement" as he "could tell real sounds from hallucinations." *Id*. At the time of the evaluation, the Individual stated that he was not having any "hallucinations, delusions, or any other psychiatric symptoms," and he continues to see his Personal Psychiatrist on a monthly basis. *Id*. at 6.

Following the evaluation, the DOE Psychiatrist determined that the Individual "suffers from a recurrent psychotic disorder," which he specified as Schizophreniform Disorder, with good prognostic features. *Id*. at 7. He explained that a Schizophreniform Disorder diagnosis "is given if there is a symptomatic presentation equivalent to that of schizophrenia except that its duration is less than 6 months and there has been no decline in overall functioning." *Id*. The DOE Psychiatrist noted that, given that the Individual suffered from delusions and hallucinations and had an episode of the disorder which lasted at least one month, but less than six months, the Individual met the DSM-5-TR criteria for Schizophreniform Disorder. *Id*. at 8. Regarding his prognosis, the DOE Psychiatrist determined that the Individual fulfilled two features of the diagnostic specifier of "with good prognostic features": (1) onset of prominent psychotic symptoms within four weeks of the first noticeable change in usual behavior or functioning and (2) experiencing confusion or perplexity about the psychotic symptoms. *Id*. Given this diagnosis, the DOE Psychiatrist found that the Individual has an emotional, mental, or personality condition that can impair his judgment, stability, reliability, or trustworthiness. *Id*. at 9. He additionally noted that the Individual's "recurrent psychotic episodes have impaired his judgement in the past, and the prognosis regarding absence of future episodes is only fair." *Id*.

B. Hearing Testimony

At the hearing, a coworker (Coworker) testified on the Individual's behalf. The Coworker testified that he first met the Individual through work in September 2022, and they worked together for four months. Tr. at 51. The Coworker noted that, during those four months, he and the Individual would see each other at work three times per week and would "talk for 30, 45 minutes a day," but they

did not have any social contact outside work. *Id*. at 51–52. According to the Coworker, beginning in January 2023, he and the Individual began working in separate locations. *Id*. at 50–52. At that time, they would have in person contact approximately once every other week, but they would speak through a virtual platform two or three times per week. *Id*. The Coworker testified that he found the Individual's judgment, reliability, and trustworthiness to be "good" and noted that he never questioned the Individual's judgment or reliability. *Id*. at 52–53. He also stated that the Individual had never displayed any behavior in the work environment that the Coworker found to be concerning. *Id*. at 56–57.

The Individual's therapist (Therapist) also testified on his behalf. She testified that she works in a specialized mental health program (Program) that provides "intensive, comprehensive, team-based services for young people experiencing . . . a first episode of psychosis." *Id*. at 28. In describing the Program, the Therapist explained that it provides early intervention to people at onset or "as close to onset as possible of a psychosis experience." *Id*. at 44. She noted that the Program is available for an individual for approximately two years, and "after the first couple of years of intervention," the path forward "will depend on [an] individual's interests." *Id*. at 44–45. The Therapist stated that at the Program "often work[s] with folks to refer them out for continuing care, and [the providers] often recommend . . . continued treatment or some level of formal mental health support." *Id*. at 44–45.

The Therapist stated that she works on a multidisciplinary treatment team, which in the Individual's case, is in conjunction with the Personal Psychiatrist. *Id*. at 14. She testified that her role "specifically is around supporting folks in developing skills for recovery," which may include processing a "first episode experience," reflecting on the episode, developing skills for insight building and wellness planning, exploring the factors that may precipitate an increase in symptoms and addressing them, and developing stress management tools and coping mechanisms. *Id*. She stated that she also provides "psychoeducation to help people learn about psychosis and the specifics of their diagnosis." *Id*.

The Therapist recalled that she first began working with the Individual on a weekly basis in April 2022. *Id*. at 13. She stated that the Individual is "exceptionally consistent" regarding attendance of his therapy appointments, and he has "done wonderful work" in the Program. *Id*. at 14–15. The Therapist testified that, after beginning the Program, the Personal Psychiatrist diagnosed the Individual with schizophrenia. *Id*. at 31. She described the Individual's progress in the Program as "exceptional." *Id*. She explained that, after beginning with the Program, the Individual's psychosis symptoms "resolved pretty quickly with . . . appropriate supports and intervention," and since that time, the Individual has "continued to do really significant therapeutic work . . . around building skills for long-term recovery." *Id*. at 15.

The Therapist testified that, despite following all treatment recommendations, at the beginning of November 2022, the Individual experienced "breakthrough symptoms." *Id*. at 15, 17–18. She explained that breakthrough symptoms are "mental health symptoms that occur even in the presence of otherwise effective treatment." *Id*. at 17. The Therapist noted that the breakthrough symptoms are a "normative part of recovery" and occur even when people "are on effective medication, where folks are stable, where they're compliant with treatment and otherwise doing really well." *Id*. at 17. She explained that she learned of the Individual's breakthrough symptoms

during a therapy session when the Individual disclosed that he was hearing voices. *Id*. at 19. The Therapist testified that the Individual indicated that the breakthrough symptoms were caused by the stress of the upcoming holiday season, along with family obligations. *Id*. at 22. She stated that, as a result, she and the Individual addressed symptom management and stress reduction, and she additionally encouraged the Individual to engage with the Personal Psychiatrist. *Id*. at 21. The Therapist explained that the Personal Psychiatrist made a change to the Individual's medication, and the symptoms resolved following the medication adjustment. *Id*. at 21–22.

The Therapist testified that she felt that the Individual's disclosure of his breakthrough symptoms was significant because it demonstrated that the Individual was able to differentiate between the voices and reality.[3] *Id*. at 20. She noted that it also showed that the Individual "is engaged and committed to his treatment and recovery, that he's doing the work of recovery, reflecting on what's going on in his life, where he's at, building insight, and then reaching out for help and support as needed." *Id*. She further stated that the disclosure indicated the Individual's "commitment to his wellness and his treatment and recovery and he had the insight to recognize that something in his experience had shifted." *Id*. at 19.

The Therapist stated that, in her time with the Individual, they have focused on expanding the Individual's social engagement and deepening the quality of his social relationships. *Id*. at 23. She explained that the Individual has begun dating, started a new relationship, and is developing a new friend group. *Id*. at 23. The Therapist noted that, although the clearance process has been stressful for the Individual, he has "been able to manage the stress surrounding his clearance without having any breakthrough symptoms." *Id*. at 25–26. She testified that she felt that the Individual's engagement in the Program and his insightfulness "reflects well on his prognosis," which she described as "quite good, given how well he's responded to treatment." *Id*. at 19–20, 36. The Therapist noted, however, that there is a possibility of recurrence or exacerbation of breakthrough symptoms. *Id*. at 35. She stated that she does not "know exactly what will happen . . . moving forward" but her "impression is" that the Individual has "the skills to navigate" any breakthrough symptoms, which are a "very normal part of [the] illness." *Id*. at 36.

The Personal Psychiatrist testified that he first met the Individual in the psychiatric outpatient clinic in approximately May 2022. *Id*. at 78. He stated that he diagnosed the Individual with Schizophrenia, pursuant to the DSM-5, and confirmed this diagnosis over time.[4] *Id*. The Personal Psychiatrist explained that he started the Individual on a psychiatric medication, monitored his response, and adjusted the dosage as needed. *Id*. He noted that the Individual was initially taking five milligrams of Abilify, but due to the breakthrough symptoms that the Individual experienced toward the end of 2022, the Personal Psychiatrist decided to increase the Individual's dosage to

[3] The Therapist testified that "psychotic symptoms exist in the absence of an ability to really reality test or self-generate doubt around one's experience of the psychotic symptoms." Tr. at 21.

[4] The Personal Psychiatrist explained that he made a diagnosis of Schizophrenia, rather than a diagnosis of Schizophreniform Disorder, as was made by the DOE Psychiatrist, because based upon the history he gathered from the Individual, he believed that the Individual had experienced "a continuous episode of psychosis" for years, rather than two distinct episodes as noted by the DOE Psychiatrist. Tr. at 83. The Personal Psychiatrist opined that the psychosis never remitted until the Individual started receiving treatment from the Program. *Id.*

seven-and-a-half milligrams in December 2022. *Id*. at 80. He testified that medication modifications are a typical part of the Schizophrenia treatment process, and the Individual's symptoms "gradually" resolved, within two to three months of the increase in medication "as expected." *Id*. at 80, 86.

The Personal Psychiatrist stated that the Individual has kept all appointment and followed all treatment recommendations. *Id*. at 78–79. He noted that he has observed a "steady improvement" in the Individual's condition and opined that the Individual's schizophrenia is now in remission.[5] *Id*. at 79. He elaborated, stating that when he first saw the Individual, the Individual was experiencing delusions and hallucinations; however, those symptoms "have completely subsided." *Id*. The Personal Psychiatrist noted that remission is "not common" and occurs in "10 to 20 percent of patients, particular patients who are compliant, who are just lucky that the medicine works for them, who are very insightful, who are not using substances." *Id*. at 85. The Personal Psychiatrist also testified that the Individual's social functions "also improved significantly," evidenced by the Individual developing a "circle of friends," dating for the first time, and entering "a loving relationship for four or five months." *Id*.

The Personal Psychiatrist explained that Schizophrenia is a condition that can impair judgment, reliability, and trustworthiness when psychotic symptoms are "present and obvious." *Id*. at 88. He explained that the goal of medication is to both reduce the likelihood of symptoms occurring but also to manage symptoms should they arise. *Id*. at 89–90. The Personal Psychiatrist acknowledged that "it's hard to tell" what the Individual should expect with regard to the probability of symptom recurrence; however, he testified that "it's very encouraging that [the symptoms] have completely stopped and that [the Individual's] function has improved and that he's doing everything he can do so that there's not a recurrence." *Id*. at 90. As such, he gave the Individual a "good" prognosis and explained that this is due, in part, to the Individual's "very good insight," meaning that the Individual "acknowledges that he suffers from a serious mental illness and that illness can impair his judgment and . . . when the illness is not managed[,] affects his ability to assess reality." *Id*. at 90, 92–93.

Both the Therapist and the Personal Psychologist testified that that: (1) the Individual's condition is a readily manageable or controllable condition with treatment; (2) the Individual has demonstrated ongoing and consistent compliance with his treatment plan; (3) he voluntarily entered the Program he is in; (4) he has a favorable prognosis; and (5) there is no indication of a current problem. *Id*. at 27, 82.

The Individual testified and reiterated much of what he told the DOE Psychiatrist during the evaluation. *See id*. at 61–75. The Individual clarified, however, that the stressor that preceded the early April/May 2022 episode was the Individual's realization that the romantic feelings he had toward a person in his life were not mutual. *Id*. at 65, 135. He further added that he did not reach out for help during that episode as his condition made him believe that his friends were plotting against him and his phones were tapped, so he felt that he "would not be able to communicate with anyone." *Id*. at 141. Turning to the overdose of his medication, the Individual stated that, although

[5] The Personal Psychiatrist explained that remission occurs "when the psychotic symptoms and the other symptoms," such as lack of drive and lack of interest in socializing "subside completely and consistently." Tr. at 84-85.

he was seeing the Therapist and the Personal Psychiatrist at the time, he did not reach out for help because his condition made him believe that his medication was sugar pills. *Id*. at 142.

The Individual then went on to address the November 2022 breakthrough symptoms. *See id*. at 122–123. He testified that the November 2022 episode of hearing voices was different from previous episodes because he was able to "reality test" the situation. *Id*. at 122. He elaborated, stating that if he could "force the voices to say what [he] was thinking" then he knew that the voices were not based in reality. *Id*. The Individual noted that this process was "easier" when the voices were "especially loud." *Id*. The Individual stated that the reality testing process was "a skill that [he] developed over time" and through his work with the Therapist. *Id*. at 123. He also stated that the November episode was different because his increased sense of connection to other people made him more comfortable in reaching out for help. *Id*. at 131–132. The Individual testified that he had not experienced any additional breakthrough symptoms since the November 2022 episode. *Id*. at 125.

Regarding his time in the Program, the Individual stated that it had changed his life "pretty substantially and for the better." *Id*. at 73. He noted: "I've started dating. I've learned a lot about how to emotionally express myself." *Id*. He also stated that he has been "talking with new friends" and "working on issues with childhood trauma." *Id*. The Individual found that the Program has helped to improve his self-confidence "fairly substantially," and it "addressed the main stressors in [his] life that led to the psychotic symptoms . . . in March of 2022." *Id*. He explained that he and the Therapist also discussed "keeping track of [his] state of stress and whether or not [it] grow[s] or decrease[s] as stress levels increase or decrease." *Id*. at 123–124. The Individual noted that understanding the correlation between stress and symptoms has been particularly important to him. *See id*. at 131.

The Individual testified that he feels that he has a support system outside of the Personal Psychiatrist and the Therapist. *Id*. at 131. He indicated that his support system consists of his romantic partner, "friends that [he has] been spending time with," and "people [he] met" at the "very end of March" 2023.[6] *Id*. at 131, 141. The Individual acknowledged that a new and first-time relationship with a romantic partner can be stressful, and he stated that he copes by engaging in his hobbies, spending time with friends, speaking with the Therapist, and placing a high value on communication with his romantic partner. *Id*. at 143–144.

Turning to the future, the Individual testified that he would like to continue seeing the Personal Psychiatrist "indefinitely if possible." *Id*. at 71. Similarly, he indicated that, once his time in the Program comes to an end, he intends to seek counseling elsewhere and continue "indefinitely." *Id*. at 72. He further added that he is aware that his condition necessitates that he take psychiatric medication for the remainder of his life, and he is "okay with that." *Id*. at 134.

The DOE Psychiatrist was the final witness to testify. He explained that Schizophrenia is a "gradually worsening disease," and although it can be managed, "it's a difficult disease in that it's typically a lifelong issue." *Id*. at 157. The DOE Psychiatrist estimated that, with Schizophrenia,

[6] When asked whether he felt comfortable opening up to the "people [he] met," the Individual stated, "I'm developing a relationship where I'll be able to open up." Tr. at 141.

"the five-year relapse rate is 80 percent for having another episode." *Id*. at 152–153, 156. He noted that, even if a patient is consistent with medication and counseling, the "tendency" of the disease is that another episode will occur. *Id*. at 157–158.

The DOE Psychiatrist recognized that the Personal Psychiatrist was an expert in Schizophrenia, but despite hearing the Personal Psychiatrist's diagnosis of Schizophrenia, the DOE Psychiatrist indicated that he would stand by his original diagnosis of Schizophreniform Disorder with good prognostic features as it was more consistent with the history the Individual provided to him. *Id*. at 147–148. Despite recognizing the Individual's good prognostic features,[7] the DOE Psychiatrist explained that he only gave the Individual a fair prognosis because he felt that the Individual's "prognostic features [were not] strong enough." *Id*. at 151. The DOE Psychiatrist explained that his prognosis of "fair" was justified by the fact that the Individual had a psychotic episode in the form of breakthrough symptoms after beginning treatment in the Program. *Id*. at 153.

Elaborating further on prognosis, the DOE Psychiatrist stated, "the main indicator of what's going to happen in the future is what's happened in the present." *Id*. at 152. He explained that when he evaluated the Individual, the Individual had already experienced "a couple episodes," which indicated that "he might have more [as the] nature of the disease generally is recurrent . . . It doesn't tell you that 100 percent, but it gives you clues." *Id*. He also noted that the more recurrences of breakthrough symptoms that one has, "the worse the prognosis." *Id*. at 155.

In discussing the Individual's ability to "reality test" his auditory hallucinations, the DOE Psychiatrist explained that reality testing is the management of a psychotic episode. *Id*. at 154. Although the Individual's ability to manage his psychotic symptoms is a "good" indicator, the DOE Psychiatrist noted that the need to manage symptoms indicated that the Individual was experiencing a psychotic episode, and it is "a very troubling symptom . . . when [one] is out of touch with reality." *Id*. at 155. He additionally pointed out that "the stressors that precipitated his psychotic episodes were the sorts of stressors that he's likely to experience again in his life," such as relationship or family troubles. *Id*. at 158.

The DOE Psychiatrist ultimately testified that, although in theory, there is a level of treatment that an individual with Schizophrenia can receive such that the condition will not impair judgment, reliability, or trustworthiness, "in actuality," due to the difficulty of the disorder and the severity of the symptoms should an episode occur, he is not "optimistic" that an individual would be able to receive such treatment. *Id*. at 161. He elaborated, stating, "if the symptoms come back, you are out of touch with reality. You're hearing voices and maybe are going to do what the voices tell you. So those are very high consequence symptoms to worry about." *Id*.

V. Analysis

[7] As noted in the Report and detailed above, the DOE Psychiatrist testified that the Individual's good prognostic features were: (1) his psychotic symptoms started within four weeks of the most notable change (i.e., the Individual did not gradually deteriorate over a long period of time,), and (2) he experience confusion or perplexity with his hallucinations (i.e., the Individual knew the voices were not "quite normal."). Tr. at 148–150.

I have thoroughly considered the record of this proceeding, including the submissions tendered in this case and the testimony of the Individual and other witnesses during the hearing. In resolving the question of the Individual's eligibility for access authorization, I have been guided by the applicable factors prescribed in 10 C.F.R. § 710.7(c) and the Adjudicative Guidelines. After due deliberation, I have determined that the Individual has not sufficiently mitigated the security concerns cited by the LSO under Guideline I of the Adjudicative Guidelines. Therefore, I find that the Individual's access authorization should not be granted. The specific findings that I make in support of this decision are discussed below.

Conditions that could raise a security concern under Guideline I include "[b]ehavior that casts doubt on an individual's judgment, stability, reliability, or trustworthiness," including, but not limited to, irresponsible, violent, self-harm, suicidal, paranoid, manipulative, impulsive, chronic lying, deceitful, exploitative, or bizarre behaviors. *Id*. at ¶ 28(a). Additionally, "an opinion by a duly qualified mental health professional that an individual has a condition that may impair judgment, stability, reliability, or trustworthiness" may also raise a security concern under this guideline. *Id.* at ¶ 28 (b). An individual may be able to mitigate security concerns raised pursuant to Guideline I if:

> (a) The identified condition is readily controllable with treatment, and the individual has demonstrated ongoing and consistent compliance with the treatment plan;
>
> (b) The individual has voluntarily entered a counseling or treatment program for a condition that is amenable to treatment, and the individual is currently receiving counseling or treatment with a favorable prognosis by a duly qualified mental health professional;
>
> (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 this case, the Individual was diagnosed with Schizophreniform Disorder by the DOE Psychiatrist and Schizophrenia by the Personal Psychiatrist. There is no doubt that the Individual has taken positive steps to manage his condition. He voluntarily enrolled himself into the Program; he is compliant in taking his medications; and he is following all treatment recommendations. Additionally, he is working hard to expand his support system and work through stressors and other life challenges in therapy. Although the Individual's providers testified that the Individual

had a "good prognosis," his condition is in remission, there is no indication of a current problem, and it is readily controllable with treatment, I cannot find that these factors alone are sufficient to mitigate the Guideline I security concerns.

I must note that, although the Individual has shown ongoing and consistent compliance with his treatment plan thus far, as of the date of the hearing, the Individual has been asymptomatic for less than six months, and he has only been in treatment approximately one year and has experienced two psychotic episodes in that time. The Individual testified that his previous psychotic episodes had been brought on by relationships, career, and family stressors, and, as the DOE Psychiatrist noted, these types of stressors are common in everyday life. At this time in his life, the Individual is undergoing many changes. He is learning to navigate his condition; he is in a serious romantic relationship for the first time in his life; and he is working on developing a new friend group. All of these changes, while positive, are likely to be stress inducing over time. As such, I cannot find that this factor is mitigated at this time.

Furthermore, as the record demonstrates, Schizophrenia is not a temporary disorder. It is a lifelong condition that, according to the testimony of the Individual's own Personal Psychiatrist, can impair the Individual's judgment, reliability, and trustworthiness. The Therapist, the Personal Psychiatrist, and the DOE Psychiatrist all made clear that Schizophrenia is a difficult condition in that, even with treatment, they cannot guarantee the Individual's condition will not recur or exacerbate. In fact, as demonstrated by the testimony of the DOE Psychiatrist, the probability of the Individual suffering another psychotic episode is quite high, around 80 percent, and the risks that arise from an episode is also quite high in that the Individual is out of touch with reality. I must resolve any doubts I have about the Individual's eligibility for a security clearance in favor of national security. 10 C.F.R. § 710.7(a). For the foregoing reasons, I cannot find that the Individual sufficiently mitigated the Guideline I security concerns.

VI. Conclusion

After considering all of the relevant information, favorable and unfavorable, in a comprehensive, common-sense manner, including weighing all of the testimony and other evidence presented at the hearing, I have found that the Individual has not brought forth sufficient evidence to resolve the security concerns associated with Guideline I. Accordingly, I have determined that the Individual's access authorization should not be granted. This Decision may be appealed in accordance with the procedures set forth in 10 C.F.R. § 710.28.

Katie Quintana
Administrative Judge
Office of Hearings and Appeals