



**DEPARTMENT OF DEFENSE
DEFENSE OFFICE OF HEARINGS AND APPEALS**



In the matter of:)
)
) ISCR Case No. 23-00567
)
Applicant for Security Clearance)

Appearances

For Government: William H. Miller, Esq., Department Counsel
For Applicant: Ryan C. Nerney, Esq.

04/18/2024

Decision

LOUGHRAN, Edward W., Administrative Judge:

Applicant did not mitigate the security concerns under Guideline I (psychological conditions). Eligibility for access to classified information is denied.

Statement of the Case

On May 2, 2023, the Department of Defense (DoD) issued a Statement of Reasons (SOR) to Applicant detailing security concerns under Guideline I. Applicant responded to the SOR on June 24, 2023, and requested a hearing before an administrative judge. The case was assigned to me on November 28, 2023. The hearing was originally scheduled for February 2, 2024, but it was continued at the Government’s request. The hearing convened as rescheduled on February 15, 2024.

Evidence

Government Exhibits (GE) 1 through 6 were admitted in evidence without objection. Applicant testified, called a witness, and submitted Applicant’s Exhibits (AE) A through P (AE A through N were attached to the response to the SOR), which were admitted without objection.

Department Counsel requested that I take administrative notice of certain provisions of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). Without objection, I have taken administrative notice of the DSM-5 in general and specifically as requested. (Hearing Exhibit (HE) II)

Findings of Fact

Applicant is a 46-year-old employee of a defense contractor. He has worked for his current employer since August 2020. He worked for another government agency at two different locations from 2008 until he left to take his current position in July 2020. He seeks to retain a security clearance, which he has held since about 2008. He earned a bachelor's degree in 2002 and a master's degree in 2007. He is married with two children. (Transcript (Tr.) at 23-25; GE 1; AE B, G)

Applicant has a history of medical and mental health problems, which he at one time attributed to a possible Havana Syndrome-like attack. He reported odd behavior to the other government agency as early as 2019, and he thought he may have been drugged. (Tr. at 62; GE 5; AE B)

Applicant's issues increased in the summer of 2020. He reported concerns to the other agency in July 2020, but he resigned before the agency could investigate. He continued to report targeting efforts against him to the agency after he resigned. (GE 5)

In late August 2020, the police took Applicant from his work to an emergency room because of paranoia. He told his wife that he thought he had been drugged, and the KGB wanted to kill him. He also thought his wife might have been a Russian spy. Medical records indicate he stated that for the previous four months, he felt paranoid with anxiety. He told medical personnel that he had to constantly look over his shoulder due to feeling that people were following him and wanted to "kill" him. He stated that the people trying to kill him were the KGB. He thought the police officer who took him to the hospital and two hospital employees might "be under foreign influence." (Tr. at 26-27; Applicant's response to SOR; GE 3, 5; AE B)

Applicant was admitted to the psychological ward. He told medical personnel that he thought he was being stalked, and he called the FBI. He stated that he had trouble concentrating at work for the previous several years. He was convinced he was drugged and followed for the previous week. He thought he would be arrested after his discharge from the hospital. He was diagnosed with anxiety disorder unspecified. He was discharged from the hospital the day after he was admitted. (Tr. at 27; Applicant's response to SOR; GE 3; AE B, I)

Applicant returned home after his discharge and attempted "relaxing exercises," but his hallucinations worsened. He returned to the emergency room of the hospital in the early morning of the next day. He complained of auditory hallucinations of footsteps, voices, and clicking/popping noises. He also had visual and olfactory hallucinations. He stated that "when [he] looked at someone's face, [he] couldn't see the individual's face, all [he] saw was a joker-like smile." He smelled "an Eastern-European perfume, like all

the time, everywhere.” While waiting to be seen, an unrelated Code Blue was called, which frightened Applicant. He was causing a scene and security was notified. He stated that he wanted to stay in the hospital until his hallucinations were completely resolved. He was told by medical personnel that it would be inappropriate to admit him for those reasons as he was not a danger to himself or others. Applicant left the hospital before receiving discharge forms. (Tr. at 27-29, 35-36, 62-64, 103-104; Applicant’s response to SOR; GE 3; AE B, I)

About two weeks later in September 2020, Applicant was involuntarily admitted to a different hospital under an order of protected custody. He was an inpatient for about seven to eight days. He thought some of the other patients were planted there. He was diagnosed with brief psychotic disorder and anxiety disorder, unspecified type. He was placed on medication and remained in treatment at the hospital after his discharge on an outpatient basis until at least May 2022. Additional diagnoses include delusional disorder (October 1, 2020); psychosis, unspecified psychosis type (November 2020); delusional disorder currently in partial remission; and episode of recurrent major depressive disorder, unspecified depression episode severity (August 6, 2021); paranoid personality disorder (October 22, 2021); and schizotypal personality disorder (January 7, 2022). The most recent diagnosis in the medical records from this hospital was generalized anxiety disorder in May 2022 (Tr. at 28, 30-36, 61, 68; Applicant’s response to SOR; GE 4; AE B)

Applicant’s parents live in the same state as Applicant, but in a different city. His father reported to his local police department in May 2021 that he had several encounters with a woman who said she knew Applicant and had an unusual amount of information about him. He shared the information with Applicant’s wife, who advised him to contact the police. He wrote in an affidavit:

It is my personal opinion that this woman specifically targeted me to try to learn more information about [Applicant] and/or his family through extended conversations over lunch, and when the lunch strategy did not work, through multiple phone conversations. It is also my personal opinion that the woman’s motives were nefarious. (AE M)

Applicant submitted a Questionnaire for National Security Positions (SF 86) in May 2021. He reported his hospitalization in 2020. He wrote that he was drugged by foreign intelligence on U.S. soil. He wrote that he could not sleep for four days, “which brought on severe paranoia and delusions.” He also wrote: “I believe I was targeted at church and subsequently drugged by foreign intelligence. I also suspect foreign intelligence has approached my family.” (GE 2)

In October 2021, a coworker notified security about a text exchange with Applicant in which he claimed that he had been drugged while at the other government agency and was suffering from Havana Syndrome. The company’s security section opened an investigation. (GE 5; AE B)

Applicant was interviewed as part of the company's investigation. He reported that he continued to be subjected to "active measures" by foreign intelligence, including continuous physical surveillance of his movements; staged interactions with the same people over and over designed to ruin his life; repeated attempts to compromise his health through "Havana Syndrome," by drugging or poisoning his food and exposing him to noxious chemicals; and hacking the wi-fi at his home. He also reported his parents had been approached by foreign intelligence, and that his bible study class had been infiltrated. He asserted that the staff and patients at the psychiatric units of the hospital were staged and that his interactions with them were role-played for hostile intelligence purposes. He believed that hospital staff maliciously altered the results of his toxicology report to reflect no evidence of opiates or other substances that would confirm he was drugged. He felt he was being used as bait by U.S. intelligence agencies to draw out foreign intelligence actors. Applicant's employer issued an adverse information report about Applicant to the DoD in October 2021. (GE 5; AE B)

Applicant submitted another SF 86 in February 2022. He reported similar information about his hospitalization in 2020, but his position softened. He wrote that he "may have been targeted by malicious actors on U.S. soil." He wrote that he did "not know if [he] was dosed/drugged, but [he] could not sleep for four days, which brought on severe paranoia and delusions." He also wrote: "It is possible I was targeted at church by foreign intelligence. It is possible foreign intelligence has approached my family." (GE 2)

Applicant was evaluated by a clinical psychologist at the DoD's request in October 2022, with the following in the report as provided by Applicant:

Applicant reported that he experienced a psychotic episode in September 2020 whereby he experienced a 36-hour period of auditory hallucinations, visual hallucinations, olfactory hallucinations, and delusions. He gave examples of his psychotic content to include his belief that his wife was a Russian spy, hearing footsteps on stairs, hearing safes being opened, hearing dogs being killed, seeing distorted faces of actual people that resembled the movie character/villain "Joker," and smelling a well-known Russian perfume on most everyone and everything. [Applicant] further noted that this psychotic episode was preceded by a period of four days with no sleep. . . .

[Applicant] asserted his belief that this psychotic episode was caused by an outside force, including possibly his being drugged. He stated that his psychiatrist told him that since he experienced all three hallucination types (i.e., visual, auditory, and olfactory) at once that this strongly suggested that he was drugged. [Applicant] further relayed an unusual story that he viewed his bloodwork results (from his in-patient treatment for psychosis) during a meeting with his physician whereby the blood marker types/names indicative of being drugged were bolded in the report (i.e., bolded means a significant finding), but that the blood marker numbers were in the normal range. [Applicant] surmised that the blood marker

numbers were changed to a normal level by someone to conceal that he was drugged, but that the individual forgot to un-bold the blood marker names. . . .

Another possibility expressed by [Applicant] for his psychotic episode was that he was subjected to Havana Syndrome, which he believed to be a real possibility given his prior work [at the other government agency]. (GE 6)

The psychologist noted that Applicant continued to be on medication, and he continued to receive biweekly outpatient psychiatric treatment. He found that Applicant met the criteria for a diagnosable mental health condition. He found that Applicant's diagnostic profile was delusional disorder, persecutory type, by history. He concluded:

[Applicant] did not present with any condition (i.e., his current diagnosis is "by history") that could pose a significant risk to his judgement, reliability, or trustworthiness concerning classified information. [Applicant's] future mental health with respect to his judgement, reliability, or trustworthiness was admittedly very difficult to determine.

[Applicant] asserted that his documented psychotic episode with in-patient psychiatric hospitalization in 2020 was caused by an external force, which he surmised was the result of his being drugged or subjected to Havana Syndrome. After a review of his medical records, I am skeptical about his drugging and Havana Syndrome explanations for his psychotic episode in 2020. [Applicant] experienced continued and documented mental health problems with related treatments for at least 1.5 years after his initial psychotic episode; I find it highly unlikely that a drug would have continued negative effects on his mental health functioning for 1.5 years. Additionally, psychotic symptoms are not known symptoms of Havana Syndrome [web address omitted] as such, I am also skeptical that his psychotic episode in 2020 was caused by Havana Syndrome. As result, I have concluded that his prior psychotic break in 2020 was more likely than not an actual mental health condition not caused by external forces, such as drugs or otherwise.

I have serious concerns about the possibility of his relapse into a partial or fully delusional state as a mental health treatment record dated 02/11/2022 indicated the need to return to an anti-psychotic medication (i.e., Aripiprazole) due to increased paranoia since discontinuation of Risperidone in December 2021; the diagnoses on this date were Generalized Anxiety Disorder and Paranoid Personality Disorder. [Applicant] denied current anti-psychotic medication, so I am uncertain if he continues to take Aripiprazole at the present time. I also consulted the DSM-5 for statistical estimates for a relapse specific to Delusional Disorder; however, the DSM-5 provided no such statistics. Therefore, given that there was at least some increase in delusions with need for

antipsychotic medication as recently as early 2022, the risk to judgment and reliability related to any future mental health problems is at least medium. (Original was one paragraph. Breaks were added for easier reading.) (GE 6)

Applicant was evaluated by a clinical psychologist at his own expense in June 2023. The psychologist's impressions included:

Based on the data collected during the evaluation, [Applicant] likely meets criteria for an anxiety disorder, although one which is very limited in scope and impairment. His episode which resulted in his hospitalization was characterized by a sudden onset of delusions, paranoia, and hallucinations which have remitted to relative baseline with treatment. (AE N)

The psychologist diagnosed Applicant with other specified anxiety disorder, with limited symptom attacks; and brief psychotic disorder, without marked stressors (Stable). He provided the following prognosis:

[Applicant's] prognosis is favorable. This opinion is evidenced by the lack of current disqualifying symptoms or behaviors, his psychological stability over a sustained period of time, his adherence to medical recommendations and treatments, and the quality feedback of his references. Although [Applicant's] previous episode was sudden and without an identifiable reason, his response and willingness to seek assistance through both law enforcement and medical professionals are both positive indicators. It is likely that [Applicant's] brief psychotic disorder was caused by a confluence of situational factors and not an underlying psychological defect. As such, it is the opinion of the Evaluator that [Applicant's] judgment, reliability, and trustworthiness are currently intact. (AE N)

Applicant has continued with therapy and medication. (Tr. at 43, 46-50, 97; Applicant's response to SOR; AE H, I, K, L) His therapist noted in January 2024:

[Applicant] has shown stability in his thoughts and actions. He has been consistent in his therapy and an engaged participant in working through the difficult event that led to his brief psychotic episode. . . . [He] does not show signs of impairment in his personal or professional life. . . . [He] has a stable marriage and two young children and seems to make friends easily. He is self-reflective and healthy in his outlook. He has an advanced ability to notice patterns, which makes him beneficial in his job, although this has the potential to slightly delay his healing from the difficult event. Overall, he shows stable mental health and a positive outlook. (AE O)

Applicant has been seeing his current psychiatrist since July 2022. (AE J, P) The psychiatrist noted in January 2024:

Patient's diagnoses included generalized anxiety disorder, brief psychotic disorder, and delusional disorder. Patient has been seeing me on a routine basis every 2 weeks for psychotherapy and medication management and has been adherent to his medication regimen and has attended to all appointments. Patient has not required any hospitalizations for psychiatric concerns over the course of his treatment with me. (AE P)

Applicant testified that in 2020 he believed that he was drugged, and he was "mostly convinced in 2021" that he had been drugged. Now, he just does not know if he was drugged. He has not had any hallucinations since September 2020. (Tr. at 35-43, 65-66, 75, 79, 101-102)

Applicant called a witness, and he submitted documents and letters attesting to his excellent job performance and strong moral character. He is praised for his work ethic, reliability, trustworthiness, humility, and integrity. The witness and several authors noted that they never observed anything of concern about Applicant. The witness stated that the information alleged in the SOR "seems incongruent" and that "[i]t seems like what is being described is a different person." The witness indicated that Applicant brought indicators of espionage, such as possibilities of surveillance, to his attention a "few times a month." Applicant is recommended for a security clearance. (Tr. at 13-22; AE D-F)

Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)

The DSM-5 is the standard classification of mental disorders used by mental health professionals in the United States. The following is summarized from the DSM-5:

Delusional Disorder

The essential feature of delusional disorder is the presence of one or more delusions that persist for at least one month. Delusions are fixed beliefs that are not amenable to change in light of conflicting evidence.

Persecutory type applies when the central theme of the delusion involves the individual's belief that he or she is being conspired against, cheated, spied on, followed, poisoned or drugged, maliciously maligned, harassed, or obstructed in the pursuit of long-term goals.

A common characteristic of individuals with delusional disorder is the apparent normality of their behavior and appearance when their delusional ideas are not being discussed or acted on.

Brief Psychotic Disorder

The essential feature of brief psychotic disorder is a disturbance that involves the sudden onset of at least one of the following positive psychotic symptoms: delusions, hallucinations, disorganized speech (e.g., frequent derailment or incoherence), or

grossly abnormal psychomotor behavior, including catatonia. An episode of the disturbance lasts at least one day but less than one month, and the individual eventually has a full return to the premorbid level of functioning.

Paranoid Personality Disorder

The essential feature of paranoid personality disorder brief psychotic disorder is a pattern of pervasive distrust and suspiciousness of others such that their motives are interpreted as malevolent. This pattern begins by early adulthood and is present in a variety of contexts.

Generalized Anxiety Disorder

The key feature of generalized anxiety disorders is persistent and excessive anxiety and worry about various domains, including work and school performance, that the individual finds difficult to control.

Policies

This case is adjudicated under Executive Order (EO) 10865, *Safeguarding Classified Information within Industry* (February 20, 1960), as amended; DoD Directive 5220.6, *Defense Industrial Personnel Security Clearance Review Program* (January 2, 1992), as amended (Directive); and the adjudicative guidelines (AG), which became effective on June 8, 2017.

When evaluating an applicant's suitability for a security clearance, the administrative judge must consider the adjudicative guidelines. In addition to brief introductory explanations for each guideline, the adjudicative guidelines list potentially disqualifying conditions and mitigating conditions, which are to be used in evaluating an applicant's eligibility for access to classified information.

These guidelines are not inflexible rules of law. Instead, recognizing the complexities of human behavior, administrative judges apply the guidelines in conjunction with the factors listed in the adjudicative process. The administrative judge's overarching adjudicative goal is a fair, impartial, and commonsense decision. According to AG ¶ 2(c), the entire process is a conscientious scrutiny of a number of variables known as the "whole-person concept." The administrative judge must consider all available, reliable information about the person, past and present, favorable and unfavorable, in making a decision.

The protection of the national security is the paramount consideration. AG ¶ 2(b) requires that "[a]ny doubt concerning personnel being considered for national security eligibility will be resolved in favor of the national security."

Under Directive ¶ E3.1.14, the Government must present evidence to establish controverted facts alleged in the SOR. Under Directive ¶ E3.1.15, the applicant is responsible for presenting "witnesses and other evidence to rebut, explain, extenuate,

or mitigate facts admitted by the applicant or proven by Department Counsel.” The applicant has the ultimate burden of persuasion to obtain a favorable security decision.

A person who seeks access to classified information enters into a fiduciary relationship with the Government predicated upon trust and confidence. This relationship transcends normal duty hours and endures throughout off-duty hours. The Government reposes a high degree of trust and confidence in individuals to whom it grants access to classified information. Decisions include, by necessity, consideration of the possible risk the applicant may deliberately or inadvertently fail to safeguard classified information. Such decisions entail a certain degree of legally permissible extrapolation of potential, rather than actual, risk of compromise of classified information.

Section 7 of EO 10865 provides that adverse decisions shall be “in terms of the national interest and shall in no sense be a determination as to the loyalty of the applicant concerned.” See *also* EO 12968, Section 3.1(b) (listing multiple prerequisites for access to classified or sensitive information).

Analysis

Guideline I: Psychological Conditions

The security concern for psychological conditions is set out in AG ¶ 27:

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. A duly qualified mental health professional (e.g., clinical psychologist or psychiatrist) employed by, or acceptable to and approved by the U.S. Government, should be consulted when evaluating potentially disqualifying and mitigating information under this guideline and an opinion, including prognosis, should be sought. No negative inference concerning the standards in this guideline may be raised solely on the basis of mental health counseling.

AG ¶ 28 provides conditions that could raise psychological conditions security concerns. The following are potentially applicable:

(a) behavior that casts doubt on an 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;

(b) an opinion by a duly qualified mental health professional that the individual has a condition that may impair judgment, stability, reliability, or trustworthiness; and

(c) voluntary or involuntary inpatient hospitalization.

AG ¶ 28(a)

Applicant reported in August and September 2020 that he thought he had been drugged, and the KGB wanted to kill him. He reported auditory hallucinations of footsteps, voices, and clicking/popping noises (visual and olfactory hallucinations were not alleged in the SOR) (SOR ¶ 1.a). AG ¶ 28(a) is applicable to that behavior.

Applicant submitted an SF 86 in May 2021. He reported his hospitalization in 2020. He wrote that he was drugged by foreign intelligence on U.S. soil. He wrote that he could not sleep for four days, “which brought on severe paranoia and delusions.” He also wrote: “I believe I was targeted at church and subsequently drugged by foreign intelligence.” (SOR ¶ 1.b). Applicant’s reporting of his delusional beliefs establishes AG ¶ 28(a) as a disqualifying condition.

Applicant reported to his employer in October 2021 that he continued to be subjected to “active measures” by foreign intelligence, including continuous physical surveillance of his movements; staged interactions with the same people over and over designed to ruin his life; drugging or poisoning his food; hacking the wi-fi at his home; approaching his parents; and infiltrating his bible study class (SOR ¶ 1.d). AG ¶ 28(a) is applicable, except for the language “approaching your parents.” That information was not based on a delusion; it was based on a report by Applicant’s father.

Applicant submitted another SF 86 in February 2022. He reported similar information about his hospitalization in 2020, but his position softened. He wrote that he “may have been targeted by malicious actors on U.S. soil.” He wrote that he did “not know if [he] was dosed/drugged, but [he] could not sleep for four days, which brought on severe paranoia and delusions.” He also wrote: “It is possible I was targeted at church by foreign intelligence. It is possible foreign intelligence has approached my family” (SOR ¶ 1.f).

Because Applicant phrased the actions not as fact, but as a possibility, I do not find it rises to the level of behavior that casts doubt on his judgment, stability, reliability, or trustworthiness. AG ¶ 28(a) is not applicable as a disqualifying condition to the 2022 SF 86. SOR ¶ 1.e is concluded for Applicant. The information will be considered when determining whether other allegations are mitigated.

AG ¶ 28(b)

AG ¶ 28(b) requires 1) an opinion by a duly qualified mental health professional that the individual has a condition; and 2) that the condition may impair judgment, stability, reliability, or trustworthiness.

The SOR alleges that Applicant was diagnosed at his treating hospital with anxiety disorder, unspecified (SOR ¶ 1.a), brief psychotic disorder, delusional disorder, paranoid personality disorder and generalized anxiety disorder (SOR ¶ 1.b). Some conditions clearly impair judgment, stability, reliability, and trustworthiness, and by their very nature raise security concerns, and can be accepted as such without further elaboration by the mental health professional: Other conditions may require elaboration by the mental health professional as to how the condition may impair the individual's judgment, stability, reliability, or trustworthiness.

Brief psychotic disorder, delusional disorder, and paranoid personality disorder fall into the category of conditions that by their very nature raise security concerns. AG ¶ 28(b) is applicable to those diagnoses. General anxiety disorder does not. See, e.g., USAF-M Case No. 23-00056-R at 3 (App. Bd. Jan. 4, 2024). AG ¶ 28(b) is not applicable to that diagnosis. The language in SOR ¶¶ 1.a and 1.b referring to general anxiety disorder, unspecified, and generalized anxiety disorder is concluded for Applicant.

The psychologist who conducted the DoD-requested evaluation found that Applicant's diagnostic profile was delusional disorder, persecutory type, by history (SOR ¶ 1.f). He concluded that Applicant "did not present with any condition (i.e., his current diagnosis is "by history") that could pose a significant risk to his judgement, reliability, or trustworthiness concerning classified information."

AG ¶ 28(b) requires an opinion by a duly qualified mental health professional that the individual **has** a condition that may impair judgment, stability, reliability, or trustworthiness. The evaluating psychologist determined that Applicant **had** a condition that may impair judgment, stability, reliability, or trustworthiness. I find that opinion and the psychologist's additional opinions are clearly relevant to whether other allegations are established and mitigated, but they do not establish AG ¶ 28(b) as a disqualifying condition. Additionally, since a diagnosis of delusional disorder is already alleged in SOR ¶ 1.b, the DoD psychologist's referring back to that diagnosis is duplicative of the diagnosis alleged in SOR ¶ 1.b. SOR ¶ 1.f is concluded for Applicant.

AG ¶ 28(c)

Applicant was an inpatient for a mental health condition (SOR ¶¶ 1.a and 1.b). AG ¶ 28(c) is applicable.

AG ¶ 29 provides conditions that could mitigate psychological conditions security concerns. The following are potentially applicable:

- (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; and

(e) there is no indication of a current problem.

Applicant reported odd behavior to the other government agency as early as 2019, and he thought he may have been drugged. His issues increased in the summer of 2020. He reported concerns to the other agency in July 2020, but he resigned before the agency could investigate. He continued to report targeting efforts against him to the agency after he resigned.

Applicant was taken to the hospital and hospitalized in late August and September 2020. He thought he had been drugged, he was being followed, and the KGB wanted to kill him. He had auditory hallucinations of footsteps, voices, and clicking/popping noises; visual hallucinations of people's faces looking like the Joker; and olfactory hallucinations of smelling "an Eastern-European perfume, like all the time, everywhere."

Applicant has been on medication and receiving treatment since 2020. By all accounts he is doing much better. He has not had any additional hallucinations. His delusions continued to October 2021 when he reported to his employer's security office that he continued to be subjected to "active measures" by foreign intelligence. He reported repeated attempts to compromise his health through "Havana Syndrome," drugging or poisoning his food and exposing him to noxious chemicals; hacking the wi-fi at his home; foreign intelligence approaching his parents; his bible study class had been infiltrated; staff and patients at the psychiatric units of the hospital were staged; his toxicology report altered to reflect no evidence of opiates or other substances; and he felt he was being used as bait by U.S. intelligence agencies to draw out foreign intelligence actors.

During his psychological evaluation in October 2022, Applicant described his psychotic break in 2020, but he still believed it was caused by an outside force, possibly his being drugged. He also believed his blood work from the hospital had been altered to make it appear normal. He testified that he believed in 2020 that he was drugged, and he was "mostly convinced in 2021" that he was drugged. Now, he just does not know if he was drugged.

Positive factors for Applicant include the evaluation of the clinical psychologist at his own expense in June 2023, who gave him a favorable prognosis; favorable comments by his therapist and psychiatrist; and lay testimony. I note that Applicant's psychiatrist reported in January 2024 that Applicant's diagnoses included generalized anxiety disorder, brief psychotic disorder, and delusional disorder.

Applicant is doing well at his job. That is not inconsistent with a delusional order diagnosis. As noted in the DSM 5, a common characteristic of individuals with delusional disorder is the apparent normality of their behavior and appearance when their delusional ideas are not being discussed or acted on. A witness and several authors noted that they never observed anything of concern about Applicant. The witness stated that the information alleged in the SOR "seems incongruent" and that "[i]t seems like what is being described is a different person." The witness indicated that Applicant brought indicators or espionage, such as possibilities of surveillance, to his attention a "few times a month."

Applicant is commended for seeking help with his mental health issues, and for his positive job performance. While it cannot be completely eliminated that Applicant was the target of hostile acts by a foreign intelligence, and in that regard, I considered his father's affidavit. However, it is far more likely that most of his beliefs were delusions. I agree with the psychologist who performed the DoD evaluation and concluded:

I have serious concerns about the possibility of his relapse into a partial or fully delusional state as a mental health treatment record dated 02/11/2022 indicated the need to return to an anti-psychotic medication (i.e., Aripiprazole) due to increased paranoia since discontinuation of Risperidone in December 2021 Therefore, given that there was at least some increase in delusions with need for antipsychotic medication as recently as early 2022, the risk to judgment and reliability related to any future mental health problems is at least medium.

The protection of the national security is the paramount consideration. AG ¶ 2(b) requires that "[a]ny doubt concerning personnel being considered for national security eligibility will be resolved in favor of the national security." None of the mitigating conditions, individually or collectively, are sufficient to mitigate the psychological conditions security concerns.

Whole-Person Concept

Under the whole-person concept, the administrative judge must evaluate an applicant's eligibility for a security clearance by considering the totality of the applicant's conduct and all relevant circumstances. The administrative judge should consider the nine adjudicative process factors listed at AG ¶ 2(d):

- (1) The nature, extent, and seriousness of the conduct;
- (2) the circumstances surrounding the conduct, to include knowledgeable

participation; (3) the frequency and recency of the conduct; (4) the individual's age and maturity at the time of the conduct; (5) the extent to which participation is voluntary; (6) the presence or absence of rehabilitation and other permanent behavioral changes; (7) the motivation for the conduct; (8) the potential for pressure, coercion, exploitation, or duress; and (9) the likelihood of continuation or recurrence.

Under AG ¶ 2(c), the ultimate determination of whether to grant eligibility for a security clearance must be an overall commonsense judgment based upon careful consideration of the guidelines and the whole-person concept. I have incorporated my comments under Guideline I in my whole-person analysis. I also considered Applicant's favorable character evidence.

Overall, the record evidence leaves me with questions and doubts about Applicant's eligibility and suitability for a security clearance. I conclude Applicant did not mitigate the security concerns under Guideline I.

Formal Findings

Formal findings for or against Applicant on the allegations set forth in the SOR, as required by section E3.1.25 of Enclosure 3 of the Directive, are:

Paragraph 1, Guideline I:	Against Applicant
Subparagraph 1.a:	Against Applicant, except for the language "You were diagnosed with Anxiety Disorder, Unspecified," which is found For Applicant
Subparagraph 1.b:	Against Applicant, except for the language "Generalized Anxiety Disorder," which is found For Applicant
Subparagraph 1.c:	Against Applicant
Subparagraph 1.d:	Against Applicant, except for the language "approaching your parents," which is found For Applicant
Subparagraphs 1.e-1.f:	For Applicant

Conclusion

It is not clearly consistent with the national interest to continue Applicant's eligibility for a security clearance. Eligibility for access to classified information is denied.

Edward W. Loughran
Administrative Judge