***Troy***

Troy, a 23-year-old, heterosexual, European American male presents to counseling following dismissal from his fraternity—a 6th year senior, he was forced to move out following two semesters of academic probation and dismissal by his Chapter Relations and Standards Board following his second DUI in as many years—Troy acknowledges a problematic relationship with alcohol—he rarely has a night where he doesn’t drink approximately 12 beers and has recently been violating his own rule of no hard liquor on “school” nights—on Thursdays, Fridays and Saturdays he has been drunk enough to pass out and has had a handful of conflicts with fraternity brothers that have gotten physical. After the immediate crisis of finding housing and applying to stay in school successfully, Troy wants to continue counseling to understand why he ‘self-medicates’ and notes that he has had symptoms of depression since he was approximately 16-years-old; his depressive symptoms are “classic”—low self-esteem, hypersomnia, loss of interest and pleasure in previously enjoyed activities, isolative behaviors and even some suicidal ideation. As a 6th year senior, Troy has applied for an exception to the residency requirement for his world language requirement; he's taken Spanish 111 three times and failed each, and would like to take his course at a local community college. He has been on or near academic probation for all but two semesters of his time at the university.

***Trent***

20-year-old Trent finds himself in the Dean of Students office following a violent encounter with his roommate of two years. The two had been having verbal conflicts for nearly a month, but over the weekend, when Trent was intoxicated, he angrily pushed his roommate when the roommate refused to invest in an idea that Trent was presenting to start a hot dog stand on campus. The pushing occurred nearly two hours after Trent began discussing the idea with his roommate, who repeatedly asked to be left alone so that he could sleep before his morning shift at the Kwik Shop. Trent's roommate reports that he kept saying, "just listen, just listen--you won't even need that job once we start the hot dog stand." Trent's roommate notes a change in behavior for at least two weeks, and says that this has happened before, once last spring when they were also living together. That time Trent was also irritable, but he was fun--sleeping rarely and painting "like a whole army for our January term class. He even started a Parkour club last spring." While the pushing behavior is new, Trent's roommate notes that he prefers this Trent to the Trent who "won't get out of bed, or go to class, who just stays in our room in the dark, eats tons of junk food, and ignores all of his texts and calls from our friends and his parents. I don't like covering for that guy, either. When that happens, Trent won't even go to history club, which he usually loves."

***Tanya***

Tanya, a 21-year-old woman, complained of excessive checking. Her symptoms dated back to her childhood when she spent hours on homework because of a need to have each page perfect with no erasures or cross outs and hours arranging her room so that it was in perfect order before sleeping. By high school she couldn't complete assignments until after the term had ended and did not participate in any extra-curricular activities because her time was spent checking work assignments. When Tanya entered college she developed new checking rituals to assure herself that she had not caused harm to anyone around her (e.g., checking electrical appliances for fear that she had started a fire, faucets for fear that she had left them running, and door locks for fear that she had left them open). These rituals began to consume several hours a day leading her to be late for class or to miss it entirely. Although she sought therapy, she did not tell the therapist about her obsessions and rituals for fear she would be labeled "crazy." Her bedtime rituals grew to three to four hours, leaving her practically no time to sleep or study. Her appetite and mood plummeted and she stopped attending class. She left college and returned home. She approaches you to be considered for readmission to the university.

***Tiffany***

Tiffany, a 19-year-old client presents to therapy at the urging of her roommate and several close friends--she notes that they are excessively worried and that she's "just letting off steam" at their weekly get-togethers. For about six months, they've been meeting at a local Mexican place on Thursday nights. Tiffany is your work study student and you've noticed a change in her quality of work, her attendance, her concentration, and her mood. Tiffany typically eats so much that she feels ill, and "disgusting" after she's eaten dinner. Her friends, in an effort to support her, suggest a non-food related activity, but she insists that she's "got it under control" though she acknowledges efforts to vomit after that (or any large meal) each week and that she spends about six hours at the gym each weekend to "work off my weight gain." Eventually Tiffany shares that she is needing to withdraw from the university to seek treatment for an eating disorder, but asks that you help her withdrawal (past the withdrawal deadline) and hold her work study position for her.