*Note that the name used in each of the below vignettes (i.e., Ashlee/Allen, Krista/Jerry) was gender matched with the participant*

**Psychosis**

**Ashlee** is a 20-year-old female who is a junior at a local university. Before the last semester, life was fine for Ashlee. While nothing has changed in Ashlee’s life from an outsider’s perspective, she recently has been thinking that an agent from a foreign government is following her throughout the day and trying to break into her car and her apartment at night. She believes that a secret group is plotting against her. Ashlee often hears a voice saying that she is the daughter of Jesus Christ, although her roommate said she couldn’t hear the voice when asked about it. As a result of these problems, in the last few weeks Ashlee has missed most of her classes and avoided social events that she once attended regularly. After talking to her roommate about these experiences, Ashlee has now decided to go to bed before 11pm each night, attend all of her classes through the week, and spend time with a friend for at least one hour every day.

**Krista** is a 19-year-old female who is a sophomore at a local university. Life has been going fairly well for Krista until several months ago. Although no one would think that Krista’s life has changed since then, she recently has suspected that a local news station has been attempting to communicate with her during its evening news broadcast. She believes that they are trying to warn her about something via a code that no one else can understand. Krista often sees sparkles of light and moving shadows that weren’t there before, although her roommate said she hasn’t noticed anything like that herself. Lately Krista quit her job at the University Library and has stopped communicating with her parents and siblings because of these difficulties. After some encouragement from her roommate, Krista met with a therapist at the University Clinic. The therapist diagnosed her with Schizophrenia (DSM 5 V-Code 000.00), scheduled her for another 7 appointments, and referred her to a psychiatrist to be evaluated for medication.

**PTSD**

**Allen** is a 24-year-old male who is a junior at a local university. The government is paying for his education for serving in the military. During his service in Iraq, Allen lost his right foot to an explosion and now walks on a prosthetic device. In recent months he has found himself thinking about that horrific event several times a day, although he never talks about it to friends or family, even when directly asked. Allen now seems to have a very negative opinion of himself and of the world in general. He finds that he is easily startled by sudden noises and always wants to sit at the back of the class near the door. Due to difficulties concentrating and poor attendance, his grades have started to decline. Allen’s friends have noticed that he seems less interested in activities that he used to enjoy. After talking to his roommate about these problems, Allen has now decided to go to bed before 11pm each night, attend all of his classes through the week, and spend time with a friend for at least one hour every day.

**Jerry** is a 23-year-old male who is a sophomore at a local university. He is using the G.I. Bill to fund his education. While serving in Afghanistan, Jerry was shot by a sniper and now is unable to use his left arm. Since the previous semester he has been awakened by nightmares about that terrifying experience almost every night. He has never told any members of his family or his friends about the attack, in part because he doesn’t remember certain parts of it but also because he just prefers to avoid the subject and the feelings associated with it. Jerry finds it hard to think positively about anything and often feels as if the opportunity to live a normal life has been taken from him. He feels disconnected and isolated from others, and sometimes skips class because he is uncomfortable in crowds. After some encouragement from his roommate, Jerry met with a therapist at the University Clinic. The therapist diagnosed him with Post-Traumatic Stress Disorder (DSM 5 V-Code 000.00), scheduled him for another 7 appointments, and referred him to a psychiatrist to be evaluated for medication.

**ADHD**

**Ashlee** is a 22-year-old female who is a junior at a local university. Ashlee’s cumulative Grade Point Average is a 1.9. She has always struggled in school since she can remember, although she is enthusiastic about learning. When asked to explain her grades, she says that she has a hard time focusing on specific details. Her family often jokes about her losing things all the time, such as her cell phone or car keys. Ashlee’s elementary school teachers described her as a chatterbox who couldn’t sit at her desk for more than 5 minutes at a time. Sometimes her friends have complained to her that she interrupts other people too often. Ashlee has recently been very discouraged about her grades and her prospects for graduation. After talking to her roommate about these concerns, Ashley has now decided to go to bed before 11pm each night, attend all of her classes through the week, and spend time with a friend for at least one hour every day.

**Krista** is a 21-year-old female who is a sophomore at a local university. After just barely graduating from high school, she has found college classes very difficult. Although described as a curious student, she always seems to underperform on exams and makes a lot of careless mistakes on assignments. She says that it is difficult for her to study for very long without getting distracted. Her parents say that she has always been a forgetful person. Krista’s teachers in middle school noted that she could hardly listen to them, even when speaking to her directly. Her friends have teased her about how fidgety and high-strung she is. Krista recently has worried that she won’t be able to keep her grades high enough to graduate. After some encouragement from her roommate, Sarah met with a therapist at the University Clinic. The therapist diagnosed her with Attention Deficit Hyperactivity Disorder (DSM 5 V-Code 000.00), scheduled her for another 7 appointments, and referred her to a psychiatrist to be evaluated for medication.