

Case Study: Jasmine Chen Student in Need of Structure

Background

Jasmine Chen is a 19-year-old second-semester student at a four-year residential college in the Northeast United States. She is the first in her family to attend college and is majoring in Biology on a pre-health track. Jasmine earned strong grades in high school, where her schedule was highly structured, and her parents monitored deadlines. Since arriving on campus, she has struggled to manage unstructured time, long reading assignments, and multi-step projects.

Jasmine reports persistent difficulty with attention management and executive functioning, including initiating tasks, prioritizing competing demands, estimating how long tasks will take, and shifting between activities. She often intends to start assignments early but becomes “stuck” deciding where to begin, then spends hours reorganizing notes, rewriting to-do lists, or toggling between tabs without making progress. She describes “losing time” during study sessions and later realizing she completed only low-priority tasks, things like formatting slides, color-coding notes, and rewatching lecture recordings without taking notes.

Over the past six weeks, Jasmine’s sleep has become irregular. She stays up late to “catch up,” then sleeps through morning classes or misses labs after repeatedly hitting snooze. She has begun skipping meals when overwhelmed and relies heavily on energy drinks. Her roommate reports that Jasmine frequently appears anxious, apologizes excessively, and becomes tearful when discussing schoolwork, saying things like, “I’m failing at being an adult,” and “Everyone else knows how to do this.”

Academically, Jasmine’s performance has declined. She has missed multiple deadlines in Chemistry and an Intro Biology lab notebook submission, despite understanding the material. Two instructors noted that her in-class participation is strong, but her assignments are incomplete or submitted late, often with messages like, “I’m sorry, I had technical issues” or “I didn’t realize it was due today.” She has received two early alerts for missed work and attendance concerns.

Jasmine has not registered with disability services and has never been evaluated for ADHD or a learning difference. When a peer suggested academic coaching, Jasmine responded that she “doesn’t want special treatment” and fears it would mean she “isn’t cut out” for a science major. She has also avoided office hours because she feels ashamed and worries that the faculty will view her as irresponsible.

Socially, Jasmine has withdrawn from a student organization she joined in the fall, citing that she “can’t keep up with everything.” She spends long periods alone in her room scrolling on her phone and watching short videos “to calm down,” but later feels guilty and more overwhelmed. Her resident assistant has observed Jasmine staying in the common area late at night with her laptop open, repeatedly starting and stopping tasks, and sometimes putting her head down on the table.

Referral

The Behavioral Intervention Team (BIT) was notified after two faculty members issued early alerts citing a pattern of missed deadlines, inconsistent attendance, and escalating distress emails. A residence life report noted significant sleep disruption, frequent tearfulness, and extended late-night study periods with little apparent progress. A peer also submitted a report after Jasmine said, “If I mess up this semester, my whole future is over,” and “I can’t make my brain do the thing,” during a group project meeting.

Discussion Questions for the BIT/CARE Team

1. What do we know about Jasmine’s functioning and stability right now, and what do we still need to confirm?
2. What’s our coordinated support plan that reduces harm and prevents “support pile-on”?
3. What are our step-up triggers and protective factors?
4. What is our primary objective for the next 7 days?
5. What are the main barriers right now, and which are modifiable this week?
6. How will we assess and document the level of concern without turning this into an investigation or therapy?
7. Who should be the point person, and what does coordinated support look like?
8. What “lowest friction” supports can we offer first to increase follow-through?
9. What immediate academic triage steps make sense, and who will initiate them?
10. How will we measure progress and decide whether to step up or step down support?