Case Study: Jasmine Chen
Student in Need of Structure – Answer Key

D·PREP SAFETY DIVISION

Case Questions

1. **What do we know about Jasmine's functioning and stability right now, and what do we still need to confirm?**
   We know Jasmine's executive-function challenges are creating real functional impairment: missed deadlines, inconsistent attendance, sleep disruption, and escalating distress and isolation. We still need to confirm immediate safety (any self-harm thoughts/intent), the severity and frequency of impairment across days, and whether substances, panic symptoms, or an untreated ADHD/learning difference are compounding the picture.

2. **What's our coordinated support plan that reduces harm and prevents "support pile-on"?**
   Assign one point person to run a simple, time-limited plan: stabilize sleep/food, triage academics, and complete warm handoffs to academic coaching and counseling (and accessibility services if indicated). Coordinate outreach so Jasmine gets one clear message and one next step, while the team aligns behind the scenes on roles, documentation, and follow-up.

3. **What are our step-up triggers and protective factors?**
   Step up if she expresses self-harm thoughts, shows rapid deterioration (no sleep, no meals, missing multiple classes/labs), escalates substance use, or stops engaging with any support after repeated outreach. Protective factors include her future orientation (pre-health goals), strong in-class engagement, responsive campus relationships (RA/roommate/faculty), and willingness to accept structured supports once shame and logistics barriers are reduced.

4. **What is our primary objective for the next 7 days?**
   Stabilize Jasmine's day-to-day functioning (sleep, meals, routine) and stop the academic "bleed" by creating a short, doable plan for the next week. The aim is momentum: one point of contact, two concrete next steps, and reduced overwhelm so she can re-engage.

5. **What are the main barriers right now, and which are modifiable this week?**
   Key barriers include task initiation/time blindness, shame-driven avoidance of help-seeking, sleep disruption, and a workload that feels like a single, immovable boulder rather than smaller stones. This week, we can modify structure and support: simplify priorities, create external scaffolding (coaching, reminders, body-doubling/study blocks), and reduce immediate academic pressure through triage.

6. **How will we assess and document the level of concern without turning this into an investigation or therapy?**
   Document observable functioning and student-reported impact: attendance patterns, missed deadlines, sleep/food disruption, distress statements, and engagement with supports. Keep notes neutral and behavior-based, and include safety screening outcomes (e.g., any self-harm ideation, immediate risk factors, protective factors) without probing for unnecessary personal details.

7. **Who should be the point person, and what does coordinated support look like?**
   Assign one coordinator (often a CARE/Dean of Students case manager or BIT lead) to be Jasmine's consistent contact and to prevent multiple offices from emailing her separately. Coordinated support means warm handoffs to the right services, a shared plan across offices, clear role boundaries, and a simple cadence of check-ins and updates.

8. **What "lowest friction" supports can we offer first to increase follow-through?**
   Start with supports that remove steps: help scheduling appointments, walking her to the first meeting, or setting up a same-day phone intro with coaching/counseling. Pair that with a "48-hour plan" (sleep, meals, one academic task) and a short check-in, so success is quick, visible, and not dependent on high executive function.

9. **What immediate academic triage steps make sense, and who will initiate them?**
   Identify the two highest-impact courses (e.g., lab + chemistry) and coordinate a brief faculty outreach plan focused on extensions, make-up options, and a prioritized list of must-do tasks. The point person initiates coordination, while advising/coaching helps Jasmine draft emails, map deadlines, and decide whether a reduced load, incomplete, or accommodations exploration is appropriate.

10. **How will we measure progress and decide whether to step up or step down support?**
    Track a few concrete indicators over 7–14 days: class/lab attendance, assignment submissions, sleep stability, and appointments with supports. Step up if functioning declines (more missed classes, worsening distress language, inability to meet basic needs, any safety concerns, no engagement despite outreach); step down when she's consistently attending, meeting key deadlines, and independently using supports with minimal staff prompting.

Questions to Ask Jasmine

- "When things feel most overwhelming, what happens in your body and thoughts?" (assess panic symptoms, intensity, triggers)
- "In the past two weeks, how often have you missed class, deadlines, meals, or sleep because you felt stuck or flooded?" (assess frequency and function impact)
- "Have you had moments where you felt unsafe, out of control, or like you might hurt yourself?" If yes: "Any thoughts of not wanting to be here, or of self-harm?"
- "Are you using anything to get through the day or to sleep, like energy drinks, alcohol, cannabis, stimulants, or pills?" (assess coping that raises risk)
- "Who knows you're struggling right now, and who could notice quickly if things got worse?" (assess protective supports, isolation)
- "If we could make one thing easier this week, what would reduce the pressure the most?" (miracle question and focusing on the main pain point)
- "Would you be open to a 2–3 step plan for the next 48 hours: sleep, food, and one academic task?" (commitment to next steps to stabilize and initiate change)
- "What's your best time of day for focus, and what usually derails you?" (identifying potential obstacles)
- "Would you like help connecting with supports like academic coaching, tutoring, counseling, and/or accessibility services to explore ADHD/executive functioning tools?" (exploring a menu of options, consent)
- "What would feel comfortable for me to share, and with whom, so you're supported without feeling exposed?" (establishing privacy, coordinated care)

Obstacles to Overcome

It can look like “motivation” instead of impairment.

When a student presents as bright and engaged, it’s easy to misread missed deadlines and disorganization as a motivation problem instead of an executive-functioning barrier. The fix is to shift to a functioning lens: name what you’re seeing (initiation, prioritizing, time estimation), normalize it as a common “structure gap,” and offer concrete scaffolding right away (weekly planning, task breakdown, short focus sprints). If the pattern is persistent, pair skills support with a gentle pathway to coaching and/or an evaluation through appropriate channels, without making support contingent on a diagnosis

Support gets fragmented or overwhelming.

When support gets fragmented, it accidentally becomes another obstacle because the student has to manage multiple emails, appointments, and decisions, which is exactly what’s hardest here. The solution is coordination: assign a single point person, keep communication simple, and move in small steps, taking a single “next best action” at a time. Use warm handoffs and logistical help (scheduling assistance, walk-over introductions, calendar invites), so follow-through doesn’t require high executive functioning to access the very supports meant to build it.

Staff hesitate because the line between support and therapy feels blurry.

When staff hesitate because they worry they’re drifting into therapy or “saying the wrong thing,” the student can end up with no support at all. The workaround is a clear lane and a short script: stabilize basics, do a brief safety screen, offer options, refer, and follow up, without deep processing or probing. Document neutrally (behaviors, impact, resources offered, student preferences, plan) and use a shared escalation map so staff know exactly when to loop in counseling, accessibility services, advising, or BIT/CARE if step-up triggers appear.

Pathways Higher Ed

Your Responses

Suicide 1	Social Problems: 1	Anxiety: 3	Harassing Behaviors:	Affective Violence:
Depression: 2	Academic Trouble: 3	Intense Thought/Action:	Stalking Others:	Trolling Actions:
Self-Injury:	Financial Insecurity:	Hallucinations/Delusions:	Acts of Partner Violence:	Transient Threats:
Alcohol/THC:	Adjusting to Change:	Group Pressure:	Sexual Violence:	Substantive Threats:
Serious Drug Use:	Loss or Bereavement:	Vandalism:	Incel Behavior:	White Supremacy:
Bullied/Teased:	Being Stalked:	Being Controlled:	Eating/Sleeping: 2	Weapons Interest/Access:

Are they without housing? No
Are they a veteran? Unsure

Rating: HIGH

Based on the information shared, it is recommended to complete a suicide assessment using the Suicide Wayfinder.

Based on the information shared, it is recommended to complete a full violence risk assessment. The DarkFox Violence Risk Assessment Tool is the recommended system to use. Please contact info@dprepsafety.com to learn more about access.

COUNSELING/CASE MANAGEMENT

Suicide

- Discuss a voluntary referral to counseling services
- Explore stressors and identify escalation triggers
- Connect the individual to peer and social supports and inspire hope

Depression

- Strongly encourage counseling, and discuss any obstacles to them seeking care
- Encourage social connection, clubs, sports, activities
- Explore suicidal thoughts and refer to counseling if they are escalating

Anxiety

- Make an immediate referral to counseling and walk the individual to the clinic
- Contact emergency contacts/guardian under FERPA
- Explore the medical leave policy and available off-campus treatment

Academic Trouble

- Identify and manage disruptive behaviors and conduct violations
- Assess for suicide and make a referral to counseling for assessment
- Explore the medical leave policy and available off-campus treatment
- Contact emergency contacts/guardian under FERPA

Eating/Sleeping

- Ensure connection to counseling to develop alternative behaviors
- Offer educational and/or group support to address behaviors
- Connect with parents/emergency contact and/or family to build support

RESIDENTIAL LIFE/CONDUCT

Social Problems

- Normalize their feelings and offer support and care
- Identify triggers and any comforts or reducers
- Consider a referral to counseling
- Consider a referral to academic support
- Consider a referral to ADA/504

Download PDF