

The Johns Hopkins Student Assistance Program (JHSAP)

JHSAP utilizes a short-term employee assistance model to work with students to address any personal challenges while maintaining academic success. Students may access this free, confidential service by meeting with a clinician or talking over the phone.

Consultation Services for Dean, Faculty and Staff

If you are concerned that a personal problem is impacting a student's behavior or progress, call JHSAP at 443-997-7000 for input on how to best address the situation. Working collaboratively with the JHSAP clinician, you will problem solve the most effective way to handle the concern or situation. This includes risk assessments for students that may be in danger of harming themselves or others. JHSAP can guide you in directing the student toward help. JHSAP consultations are confidential and offer a professional, objective viewpoint.

Identifying and Responding to Distressed Students

Students may communicate personal problems to you directly or you may develop concerns based on problems expressed indirectly or significant changes in behavior or performance. It is important to pay attention to both the content of what a student says and his nonverbal behavior (body language, eye contact, tone, gestures). To prevent possible overreaction to a single or an isolated behavior, **look for clusters of signs** that appear at approximately the same time or look for a pattern of the escalating or continued concerning behavior.

The following **warning signs** can be useful in making the decision to refer a student to JHSAP.

Changes in Mood or Behavior: An individual who withdraws from usual social interaction, demonstrates an unwillingness to communicate, commits antisocial acts, has spells of unexplained crying or outbursts of anger, or demonstrates unusual irritability, may be suffering from symptoms associated with more significant psychological or psychiatric concerns.

Angry or Demanding: Anger can consume and cause loss of rational thought. An angry student is only a moment away from potential physical aggression. When dealing with an angry student, it is critically important to be aware of your own verbal and non-verbal behaviors, because you can help decrease the likelihood of aggression or you can unintentionally increase the likelihood of aggression.

Anxiety or Depression: Both of these rather common emotional states, when they become prolonged or severe, can impair an individual's normal functioning. Student's managing untreated anxiety or depression may experience focus and concentration difficulties, sleep disturbance, changes in appetite, feelings of worthlessness and hopelessness, rumination or obsessive thinking; some may contemplate suicide or adopt unhealthy coping strategies.

Poor Contact with Reality: These students have difficulty distinguishing fantasy from reality, and their thinking is typically illogical, confused, and difficult to understand. They may see or hear things which no one else can, have irrational beliefs, and exhibit bizarre or inappropriate behavior.

Physical Complaints: Physical distress or complaints that seem to have no apparent cause may be indicative of psychological or stress-related problems. Some physical symptoms of these problems may include a loss of appetite or excessive eating, insomnia or excessive sleeping, lethargy, headaches or gastrointestinal distress.

Traumatic Changes in Personal Relationships: The death of a family member or close friend, difficulties in marriage or family relationships, divorce, changes in family responsibilities, and difficulties in other significant relationships can all result in increased stress and psychological difficulties.

Substance Abuse: A student under the influence of a substance is likely to exhibit significant behavioral changes, such as appearing “on edge,” being unable to sit still, enlarged pupils, difficulty remaining engaged in class and speech that is difficult to follow. No matter the circumstances, if a student appears to be under the influence of a substance, a consultation with JHSAP and a department Chair/Dean of Student Affairs is indicated. Often times, students dealing with substance abuse/dependence require some type of therapeutic intervention.

Pervasive Academic Problems: Many students find the demands of graduate-level academic work to be greater than anticipated. While it is expected that all students will go through some adjustment periods, those who demonstrate a consistent discrepancy between their performance and their potential may be in need of assistance. Frequent absences, failure to complete assignments, repeated requests for extensions, and inattentiveness in class are problems which might have a psychological/emotional basis and benefit from personal counseling.

Suicidal or Homicidal: If an individual alludes to details of where, when, or how she may be contemplating suicide or homicide, then immediate consultation, referral and follow-up is necessary. Regardless of the circumstances or context, any reference to committing suicide or homicide should be considered extremely serious. To conclude that a student's suicidal or homicidal talk is simply a bid for attention is extremely risky. A judgment about the seriousness of the situation should not be made without consultation with a professional clinician. It is always wise to also consult with a colleague, department Chair, or the Dean of Student Affairs.

High risk indicators of suicide include: feelings of hopelessness, helplessness, and futility; a severe loss or threat of loss; a detailed suicide plan; history of a previous attempt; history of alcohol or drug abuse; and feelings of alienation and isolation. Be sure to take the student seriously, be available to listen, to talk, to be concerned, but refer the student to JHSAP, the Emergency Room, or inform University Police. Take care of yourself. Helping someone who is suicidal is hard, demanding, and draining work.

Referring a Student to JHSAP

JHSAP manages four types of student referrals. The nature and degree of the student’s difficulty determine which referral type is most suitable.

- Self Referrals
- Informal Referrals - “Supportive Suggestion” to seek services
- Facilitated Referrals
- Mandated Assessment Referrals

The type of referral also indicates the level of JHSAP involvement with the student and the amount of follow-up with the referral source.

If you are concerned about a student, call 443-997-7000 to discuss options to provide help.