

# REFRAMING THE RESIDENT ASSISTANT ROLE IN PREVENTION

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*for the*

Illinois Higher Education Center for Alcohol, Other Drug & Violence Prevention

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# WHY A FOCUS ON THE RA ROLE?

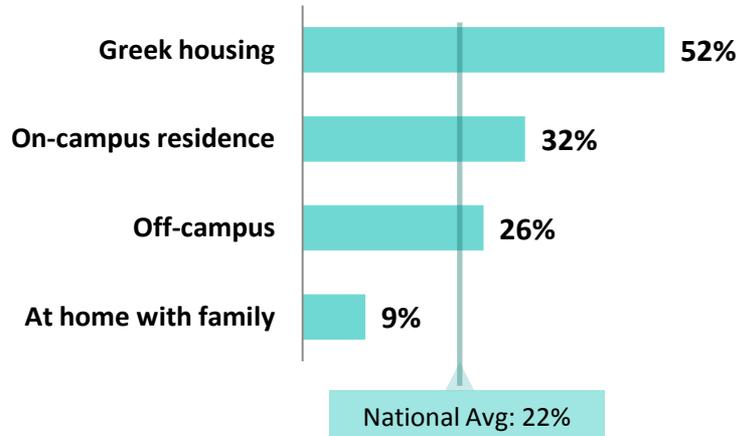
# Drinking in Residence Halls Poses Significant Risk

- ✓ Drinking rates are highest in fraternities and sororities, followed by on-campus housing
- ✓ Students who live independently off-site (e.g., in apartments) drink less than those on-campus or in Greek housing
- ✓ Commuting students who live with their families drink the least

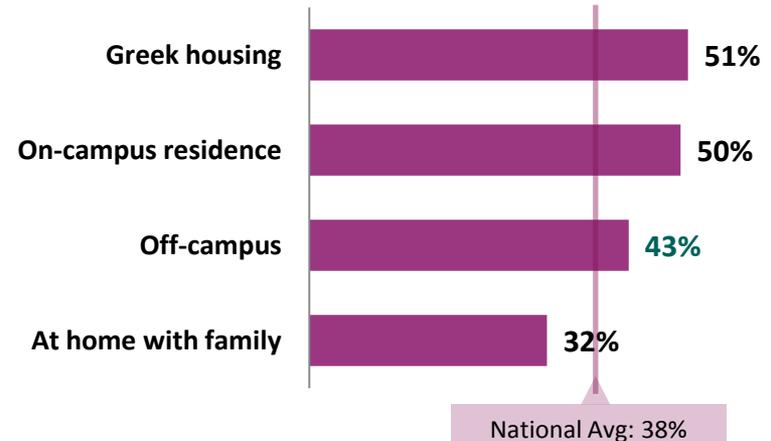
Sources: Presley et al., 1996a, 1996b; Wechsler et al., 1998, 2000b; O'Hare, 1990; Wechsler et al., 2002

## Findings from the AlcoholEdu Dataset

### High-risk Drinkers



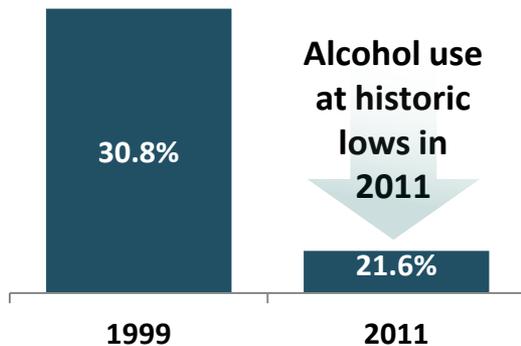
### Frequent Pre-Gamers



# Recognizing Recent Trends

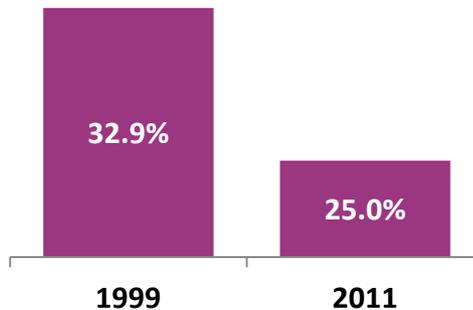
## 12<sup>th</sup> Graders: High-Risk\* Drinking

\* Defined as having 5 + drinks within the last 30 days

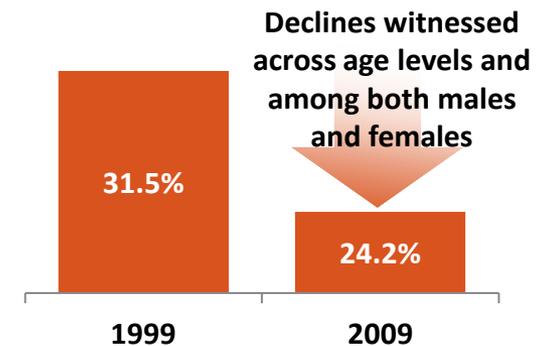


Source: Monitoring the Future, 2012.

## 12<sup>th</sup> Graders: 30-day Prevalence of Being Drunk

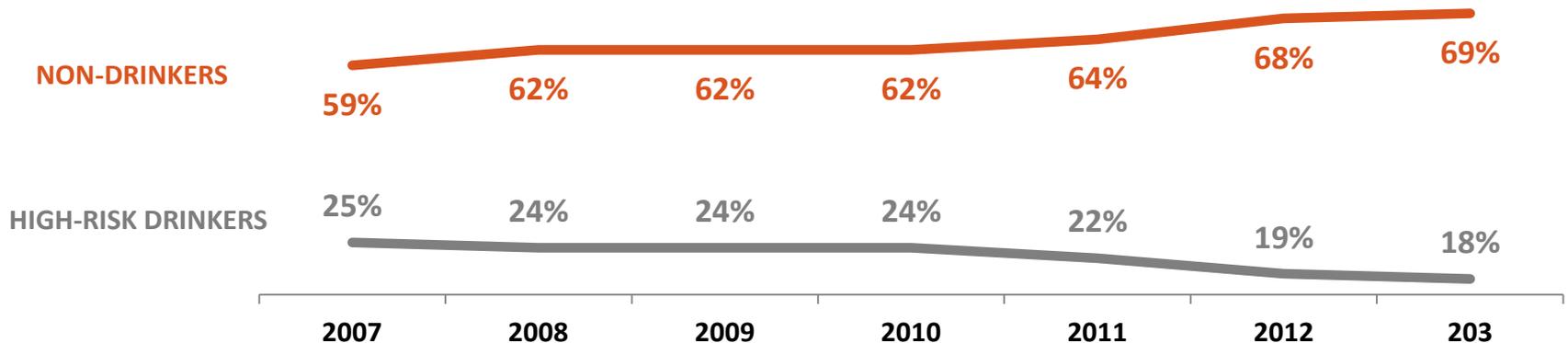


## High Risk Drinking Among Teens



Source: CASA Columbia, 2011.

## Alcohol Use Among Incoming FYS



Source: AlcoholEdu National Survey Database

# The RA Role in Prevention

## WHAT WE KNOW:

- ✓ Individual choices are *influenced* by the physical, social, legal, and economic environment in which we live, work, and play (premise of environmental prevention).
- ✓ Peers exert tremendous influence on each other's learning (Astin, 1984)
- ✓ Students learn standards of behavior from each other (Schroeder and Mable, 1994)

## RA PLAYS A CRUCIAL ROLE IN PREVENTION



Communicate the values and goals of the institution

Foster a sense of community

Create a safe and healthy environment

Serve as a referral source

# MEANINGFUL PRACTICES FOCUS ON POLICY AND ENFORCEMENT

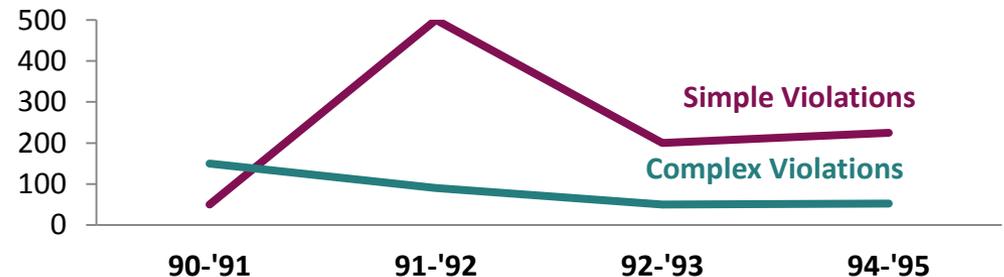
# Applying the “Fixing Broken Windows” Theory

“A broken window signals that no one cares. If the small things are left unaddressed, they become big things (Kelling and Wilson, 1982).”



## Fixing Broken Res Hall Windows at URI: Enforcement Efforts Lead to Reduced Violations Over Time

“**Complex**” violations (noise, vandalism, harassment, assault, etc.) declined in URI residence halls when “**simple**” violations (underage consumption, possession, etc.) were consistently enforced by RAs.



Source: Cohen, F. & Rogers, D. (1997). Effects of Policy Change. *Journal of Drug and Alcohol Education*, 42:2.

# UTK Makes the Argument for Consistency



## Survey of All RAs

- Wild vs. Mild Halls
- Consistent vs. Inconsistent Enforcement



## Judicial Data and Reports

- Alcohol violations from each hall



## Finding

“Wild” halls with few violations in the first semester had many more in the second

### Consistent Enforcement

- Heavy early documentation, followed by few documentations later in year
- RA job satisfaction
- Resident satisfaction
- Hard work



### Inconsistent Enforcement

- Little documentation at first; more second semester; inconsistent rounds
- Poor RA job satisfaction
- Poor resident satisfaction
- More complex issues

# Addressing a Need at Wheaton



Wheaton College

## CHALLENGES TO CURRENT DOCUMENTATION STRUCTURE

- RAs confused about what to report
- Others involved don't have input
- Difficult to remain objective in reporting
- Third person reporting not natural
- The more used for judicial, the harder to use for other purposes
- Language began to mimic law enforcement jargon
- Sense of betraying resident confidence
- Violation-focused
- Weak understanding of core issues
- RAs not viewed as leaders – “RA role undermines advocate role”
- Limited view of “at-risk” students

# Shifting the Reporting Paradigm

## GOALS FOR NEW STRUCTURE:

- ✓ From “police” to “caretaker”
- ✓ Systematized reporting
- ✓ Creation of clearer picture for better response

Increased breadth of documentation



Increased documentation of policy violators



Better understanding and interventions



**SOAP  
Notes**

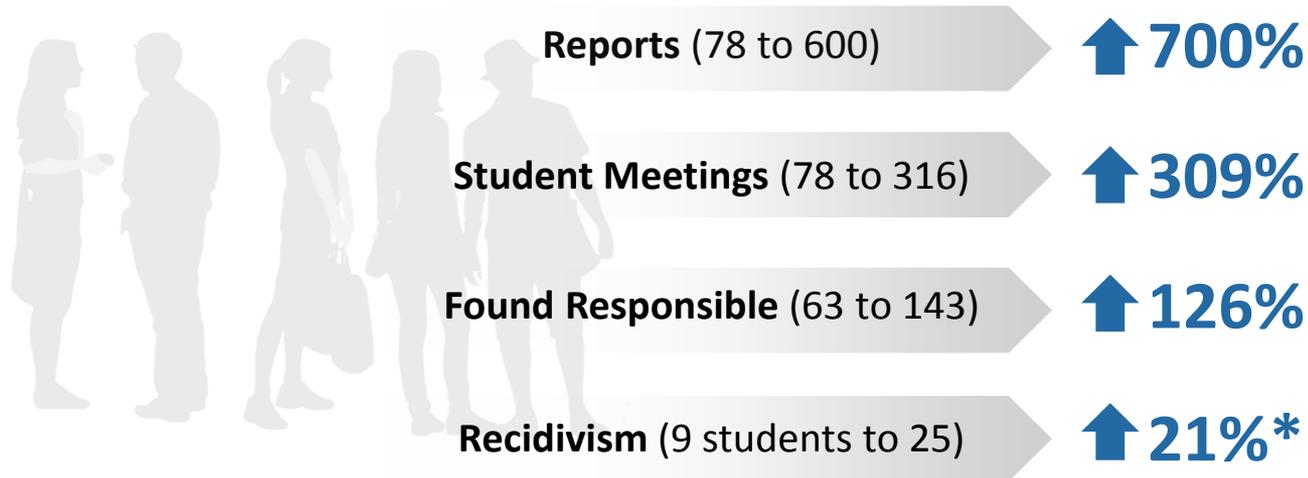
Originally designed as a method for communicating between Nurses and Doctors about interactions with patients

(Problem Oriented Medical Record, 1968).

# Translating A Medical Model

	 <b>MEDICAL</b>	 <b>RESIDENCE</b>
<b>S</b> (SUBJECTIVE)	States information received from the patient that is relevant to the patient's condition	Includes a detailed description of the concern from RA point of view
<b>O</b> (OBJECTIVE)	Lists results of measurements performed and the objective observations	Includes the date, time, and location of the incident, the involved students and the witnesses
<b>A</b> (ASSESSMENT)	Provides a summary of the patient's major problems as written in S and O	Is best guess at what the problem is – anything from homesickness to drinking
<b>P</b> (PLAN)	Contains the plan for the patient's treatment	Contains the steps RA took to address the situation

# A Clearer Picture Emerges



## I write a SOAP note when I...

- ✓ Break up a party
- ✓ Call Public Safety for an incident
- ✓ Am concerned about a resident's safety
- ✓ Find a resident vomiting
- ✓ Am concerned about a resident's mental health
- ✓ See residents playing beer pong
- ✓ Come across alcohol in the hallway
- ✓ Am told by a resident that they have stopped going to class
- ✓ Call the Area Coordinator for an incident
- ✓ Smell marijuana coming from a room

\*The goal of SOAP was to increase recidivism – increased emotional intelligence regarding students means more opportunities to identify students who need help.

# Beyond the Numbers

## The Benefits of SOAP Notes

### A Tool for Culture Change



- ✓ RA role can shift from disciplinarian to caretaker
- ✓ Enables RAs and students to connect policy violations, conduct sanctions, and student support
- ✓ Creates a shift in language – away from “writing up”

### Success Through Increased Emotional Intelligence



- ✓ For RA Success – enables RAs to better understand the emotions and actions of residents
- ✓ For Team Success – gives Behavioral Intervention Teams more information about students’ emotions and motivations

“SOAP Notes are innovative in breaking the stereotype that AC’s only speak with troubled students and RA’s only ‘write up’ people to get them in trouble.” – **SEAN ASTLE, HEAD RESIDENT**

# Key Takeaways



**Consistent enforcement of policy by RA's directly impacts the satisfaction of both the residents and RA.**

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**Tools for assessing and responding to situations involving alcohol can remove subjectivity and ambiguity.**

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**Sharing data can empower RAs and help them better understand their role in prevention.**

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# BEYOND POLICY AND ENFORCEMENT

# Perennial Training Challenges Lead to Status Quo



ASSOCIATE  
DIRECTOR AT A  
LARGE PUBLIC  
UNIVERSITY IN THE  
SOUTH

...we've been doing essentially the same thing for a really long time. Many aspects of our [training] were present in the training I participated in when I was an RA (and that was a while ago) .



ASSOCIATE DEAN AT  
A LARGE PRIVATE  
UNIVERSITY IN THE  
SOUTH

Identifying what is a “must have” during the traditional RA training week and what can be covered in another vehicle is quite challenging. And sometimes the “required” training is not really the most valuable use of the limited face time we have with the RA teams.



ASSOCIATE  
DIRECTOR AT A  
LARGE PUBLIC  
UNIVERSITY IN THE  
MIDWEST

We always have to ask ‘What do they absolutely need to know to open the hall?’ If they don't need it to open the halls, we add it to the curriculum of our [RA Class].

Recognizing problem drinking and making referrals  
How to address a party or respond to alcohol poisoning (Behind Closed Doors)  
Documentation of incidents



**WHERE DO RA'S LEARN HOW TO CREATE  
SUPPORTIVE, HEALTHY COMMUNITIES  
AND MEANINGFUL LEARNING  
EXPERIENCES FOR RESIDENTS?**

# Typical “Prevention” Programs Miss the Mark



## **HAPPY HOUR**

Playing drinking games with mocktails.

“We had a lot of fun doing these as well as the residents. We then had an open forum and a guest speaker talk a little about alcohol awareness.”

## **COCKTAIL AND MOCKTAILS.**

Residents gathered to watch the movie Cocktail while enjoying "mock" alcoholic drinks.

“We made things like virgin strawberry daiquiris and piña coladas. This was used as an alternative to going out and drinking and as an educational program.”

## **FREE BEER.**

Root beer float social held during the first few weeks of school as a community builder.

“Advertising by saying "free beer" usually draws a lot of people to the programming.”

# Traditional Programming Not Enough

## GROUNDLED UPON SEVERAL FALLACIES

## IN ACTUALITY...

Programming is educational.

Learning occurs via an *extended process* of creating and refining knowledge based on new information and experiences.

Residential education is best designed by Resident Assistants.

RA's rarely receive any training or have expertise in learning theory and instructional design.

Programming should be based on the students' interests.

Teaching students to do laundry is not enough. More sophisticated learning experiences are expected of us and require greater expertise.

Programming is the most effective means of delivering education in the residence halls.

For decades we have believed we must teach content...we are much better suited to teach students *how to think* rather than what to know.

High program frequency and high program attendance equals success.

Learning is determined by the degree to which students' cognitive skills and knowledge structures are enhanced, not the number of programs they attend.

# PROGRAMMING RECONSIDERED

# Revisiting the Principles of Student Learning

## CONDITIONS THAT FOSTER STUDENT LEARNING:



**Clear and coherent educational purposes**

**Holistic approach to development and learning**

**High expectations for student performance**

**Ample opportunities for student involvement - sufficient number for majority of students, not just the few**

**Scaled communities of meaning with ethics of caring and belonging**

**Use of effective instructional approaches**

# The Reflective Engagement Model (REM)



How can we better engage every resident in our educational efforts?



How can we make those efforts more *meaningful* and *effective* learning experiences?



How would we best deliver it?

**MODEL ENGAGES RESIDENTS IN STRUCTURED EXPERIENCES THAT:**



are grounded in relevant theory and pedagogy



mimic interactions with staff and faculty



utilize higher order thinking skills



guide them in critical reflection of their experiences

# Implementation at UNLV

## 1 STAFF TRAINING

### Semi-specialized skills training

#### Conceptual Development

- Educators/mentors vs. policy enforcers, programmers

#### Skill Development

- Strategic facilitation of conversations
- Evaluation

#### Application

- Application of helping skills within 1<sup>2</sup>1 context
- Problem-based application (e.g., case studies, application)

## 2 IMPLEMENTATION OF 1<sup>2</sup>1 MODEL

**RA's engage a minimum % of residents in 1<sup>2</sup>1 conversations on the following topics:**

- Goal-setting (Aug/Sept)
- Problem solving (Oct.)
- Relationships and a review of their goals (Nov. / Dec.)
- Evaluation of goals and new goal setting (Jan. / Feb.)
- Perspective Taking and review of their goals (March)
- Goal evaluation (April / May)

## 3 REPORTING

**Staff report monthly on:**

- #'s of residents engaged
- Trends
- Outliers
- Personal experience and gains

# Reflective Engagement in Practice



- RA invites a resident to lunch
- RA asks how they did in school last year, are they happy with their grades, etc.
- RA asks what they want to improve on this year – turns those into goals
- RA asks them what they need to do to achieve the stated goals (and helps make goals more measurable, realistic, identify resources, etc.)
- RA asks about areas not mentioned (personal goals, involvement, etc.)
- RA shifts back to more informal topics and ends conversation
- RA notes the goals and follows up regularly (the follow ups are highly regarded)

## Prevention occurs naturally

Personal goals often involve decreasing alcohol or other drug use, quitting smoking, etc.

# Success Over Time at UNLV

**Spring 2006 – Proposal for 1<sup>2</sup>1 Model**  
 Approved for implementation in Fall 2006  
 on selected floors of one co-ed complex

**First Implementation**  
 ~ 200 residents

**Additional floors added**  
 ~ 350 residents

**Combined Academic and 1<sup>2</sup>1 models**

2006

2008

2010

2007

2009

2011

**Formalized 3 Additional Models for Comparison**

- Academic Success
- Community Building
- Thematic

**Additional Complex Added**  
 ~ 425 residents

**Campus-Wide Implementation of Hybrid Model**

- 70-95% 1<sup>2</sup>1's required
- 2 events during Weeks of Welcome
- 1 community building or needs-based program per semester

 **Program Changes**

 **Assessments Administered**



## Consistent Findings Year to Year

- Outperformed all models in terms of overall resident satisfaction
- Highest increase in GPA among models
- Ranked 1<sup>st</sup> or 2<sup>nd</sup> in satisfaction with RA programming
- Contributed larger number of new RA applicants than other models
- Retained more residents to housing than other models

# AN EVIDENCE-BASED TECHNIQUE DRIVES SELF-EFFICACY AMONG RAs

# A Required Prevention Curriculum at Clemson



## TAAP (TEACHING ALCOHOL ABUSE PREVENTION)

A 90-minute session for 24-40 students

Required for ALL incoming students

Delivered between week 2 to week 7 of the first semester at Clemson

Facilitated by 2-3 undergraduate and graduate students trained in Motivational Interviewing techniques

Power Point, videos, anonymous clickers and group discussion/dialogue

Reinforces baseline knowledge provided through AlcoholEdu



### GOALS

- ✓ Increase the confidence and self-efficacy of abstainers
- ✓ Reduce alcohol-related risk and harm among drinkers
- ✓ Connect risk reduction skills (protective behaviors) to specific high-risk contexts at Clemson
- ✓ Challenge students to think critically about their own drinking behaviors & perceptions

# The TAAP Curriculum



## **ASTP** (Alcohol Skills Training Program)

- ✓ Accurate information about alcohol & the body
- ✓ Skills to reduce risk when consuming alcohol (protective behaviors)
- ✓ Clemson-specific contexts
- ✓ Thoughtful dialogue about alcohol company marketing to college students
- ✓ Negative consequences – legal issues, academics, etc.



## **SMALL GROUP SOCIAL NORMING**

- ✓ Real-time data on students' perceptions of alcohol use and related behaviors (clickers)
- ✓ Challenges and alters perceptions in order to increase confidence and (hopefully) behaviors



## **HIGH RISK SITUATIONS HIGHLIGHTED**

- ✓ How to recognize alcohol poisoning, what to do when someone has had too much to drink– bystander intervention strategies
- ✓ Review Clemson's Medical Alcohol Amnesty Policy (MAAP)
- ✓ Introduce topic of sexual assault, Clemson-specific data and the Sexual Misconduct Policy

# Lessons Learned

## RA RESPONSE

- ✓ Initially not happy – didn't get buy-in
- ✓ Eventually acknowledged that they liked it
- ✓ Enabled RAs to have a conversation with their residents, both in a group setting as well as one-on-one
- ✓ RAs developed a sense of their own self-efficacy
- ✓ Shift in perception of RA as disciplinarian



## FACILITATORS

- ✓ Quality of facilitators had greatest impact on outcomes
- ✓ Made facilitator role a paid position, requiring application
  - about 1/3 of RAs apply
  - Applicants went from 50 in the first year to 150 the following year – 50 out of 150 applicants accepted



# TAAP Impacts a Range of Drinkers

I am a heavy drinker (5+ in a typical evening) & the information I received will cause me to think differently about my pattern of alcohol use.

I am a non-drinker and the information I received today makes me feel more confident in my decision not to drink.

41%

STRONGLY AGREED  
OR AGREED



STRONGLY AGREED OR  
AGREED

80%

“I always thought I knew everything I needed to know about alcohol but attending TAAP taught me more than I ever could have imagined.”

— FEMALE FRESHMEN

“As far as TAAP, I was pleased that it went over how to deal with having a friend who wants to drive drunk. It is a situation I encounter all the time, but it's never an easy one to deal with.”

— FEMALE FRESHMEN ATHLETE

# SUCCESSFUL IMPLEMENTATION OF A 1<sup>2</sup>1 MODEL

# Making the 1<sup>2</sup>1 Model Work at Union College

## WHY WE BELIEVED IT WOULD WORK AT UNION

### Student Leaders Asked for This

- Orientation Advisors requested time for individual conversations
- Resident Advisors requested more of a mentor vs. “party police” role
- First-year residence halls provide limited “programming” space



### Setting is Ideal

- Small Liberal Arts institution focused on teaching students “*how* to think, not *what* to think.”
- Academic interactions mimic the 1<sup>2</sup>1 model
- Co-curricular activity essential to success at Union
- The model can address outliers



Trimester schedule, fewer classes per term, one-on-one research opportunities

## ANTICIPATING CHALLENGES

### Letting Go of Programming

- RA connections with clubs and organizations
- Crucial faculty-student relationships were products of programming.
- Most RAs like the programming component of their position.



### Documentation

- Confidentiality – where is the line?
- Consistency – Discussions? Reports?
- How comfortable will the students be?

# Year One Pilot



## EXPECTATIONS

### **Minimum of 6 1<sup>2</sup>1 conversations with each resident**

- target 90% of the floor in first year communities
- informal, resident talks about anything on their mind but with a focus on one topic area (e.g., September: goal setting)



## TRAINING

### **RAs and OAs trained in BMI techniques**

- OAs conduct BMIs during orientation
- RAs work to establish tangible goals with residents, recognize a more serious problem, and apply strategies learned in standard RA training to help problem solve



## REPORTING

### **Utilize a common form for all first-year Residence Halls**

- summarize each conversation
- work with RD to identify trends and target outliers



## PROGRAMMING

### **Changed (did not eliminate) programming requirements**

- from 4 per term to 2 per term
- floor programs informed by trends
- all-area programs focus on critical thinking and personal development

# BMI Training for the 1<sup>2</sup>1 Model



## WHO?

- OAs conduct BMIs during orientation
- RAs work to establish tangible goals with residents, recognize a more serious problem, and apply strategies learned in standard RA training to help problem solve



## WHAT?

- Semi-directive counseling used for eliciting behavioral change
- Goal-oriented method of communication
- Non-judgmental, non-confrontational
- Enhances intrinsic motivation
- Explores ambivalence
- Focuses on self-efficacy



## WHY?

- Build rapport with your residents
- Assist them in reaching their goals; personally, academically and socially
- Become better engaged with your residents
- Personalized attention and feedback specific to individual needs
- Develop personal interests
- Personal connections help to build community
- Takes focus off of RA as “enforcer”
- Allows you to be more of a mentor, friend and source of support



## HOW?

- Active Listening
- Open Ended Questions
- Reflective Listening
- Using Scales to Elicit Solutions
- Supporting Change
- Modeling Exercise
- Practice with a partner and share with the larger group
- Feedback and critiques

# Measurable Outcomes Noted After One Year

## KEY QUESTIONS

### *Do the RAs “buy in?”*

- Focus groups with RAs in first year communities

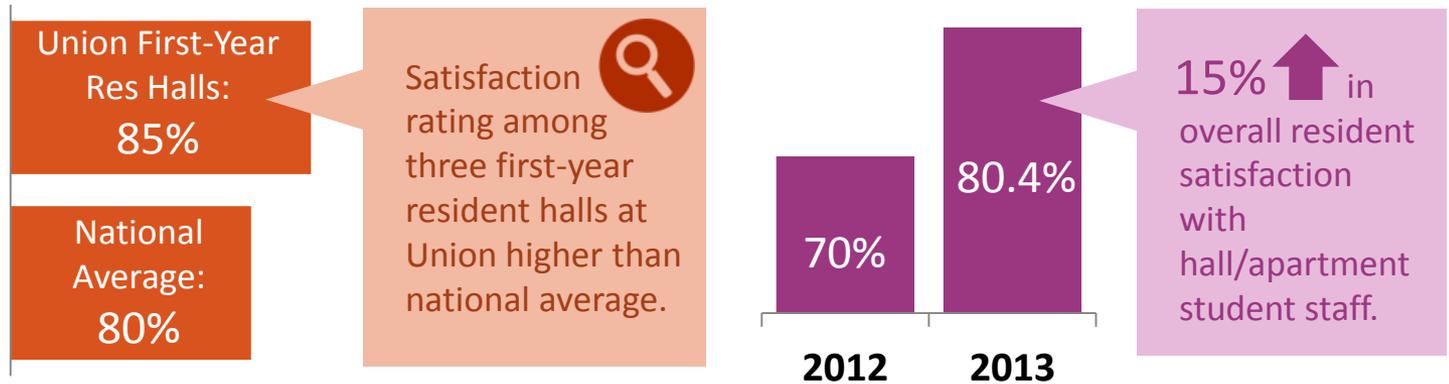
### *Do the residents “buy in?”*

- EBI and Union “Quality of Life” Survey

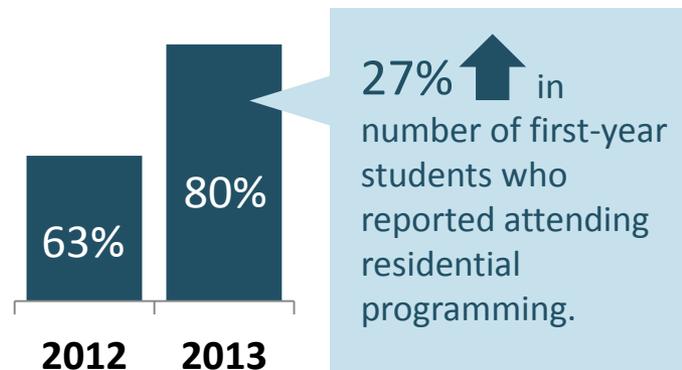
### *Did policy violations change either in volume or in nature?*

### *In what ways did resident behaviors change?*

## Overall Resident Satisfaction



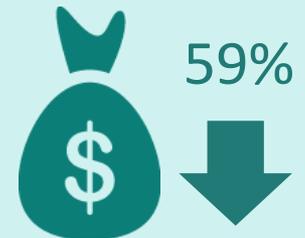
## Resident Engagement



Billed to students for vandalism/room damage:

**2011/12:**  
\$38,795.41

**2012/13:**  
\$15,853.27



# A Work in Progress

## WHERE WE ARE NOW

### EXPECTATIONS

- six meetings per resident; target 100% of the floor for all communities
- variation between first year and upper class meetings depending on time of year and student needs

### REPORTING

- 51% of meaningful interactions reported

### PROGRAMMING

- Designed Programming; Supported Programming; Committee Programming; 1<sup>2</sup>1 Interactions.

## CONSIDERATIONS MOVING FORWARD

Changes to RA selection and RA training – embrace the introverts!

Differences in the RA candidate pool

Increased accountability

“What’s your why?”



# Engaging RA's in Prevention

- ✓ Create “Mentor to many” perspective vs. “policy enforcer” or “programmer”
- ✓ Provide effective tools and processes (e.g., reporting, evaluations, on-going training)
- ✓ Build capacity for intimacy, listening, and knowing when and how to problem-solve
- ✓ Develop competence in being able to strategize and intentionally guide conversations about alcohol and other drug use
- ✓ Develop an understanding of learning outcomes and goals
- ✓ Help to recognize patterns and opportunities
  - ✓ Resources related to goals, interests, problems, needs, etc.
  - ✓ Patterns of behavior and possible consequences
  - ✓ Similarities and differences between residents

# Contact Us

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# In Their Own Words

Click below to hear what Union College RA's have to say about the BMI (1<sup>2</sup>1) Model.



If the above link is not working, please cut and paste the following URL in your browser: <http://youtu.be/7fSpDruNZIg>