

RA Small Group Scenarios and Discussion Points

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Scenario One:

A first-year resident from your floor contacts you with a complaint that their roommate is really disorganized and messy, leaving their studio art supplies all over their dorm room. This resident remarks that they have been fighting about this without resolution. Resident 1 says they cannot do work or live without a clean room. Resident 2 is so stressed out about completing their studio art projects that they only have time to focus on finishing assignments and don't have time and energy to clean up right away.

Discussion Point

- Discuss how to resolve this conflict using the techniques learned during the presentation.

Scenario Two:

A resident from your floor contacts you with a complaint that their roommate continues to vomit in their communal bathroom after eating their meals. This resident also notices that their roommate looks underweight, is always sick, avoids meals with others, and thinks they have an "eating disorder". These two roommates have continually argued for weeks without a resolution. Roommate 1 wants their roommate to fix their "eating disorder" and stop vomiting in their room or move out. Roommate 2 has continually asserted that they don't have an "eating disorder" and their roommate needs to mind their own business.

Alternative Scenario Two: A resident from your floor contacts you with a complaint that their roommate continues to "binge drink" all the time and has repeatedly vomited in the communal bathroom. This resident also notices that their roommate seems to never go to class, sleeps all day and stays up all night, and states their roommate must be an "alcoholic". These two roommates have continually argued for weeks without a resolution. Roommate 1 wants their roommate to stop drinking and vomiting in their room or move out. Roommate 2 has continually asserted that they don't have a drinking problem, it's just college fun, and their roommate needs to chill out.

Discussion Points –

- 1) As their RA how do approach this conflict in hopes to help *guide* these two students to a more constructive resolution?
- 2) What level of referral response do these students (who are vomiting) need from Residential Education (i.e. referral info, share info with AC, referral to CCSW...etc)
- 3) What language should you, as an RA, be using to identify and/or describe a student who may be vomiting after meals and/or vomiting due to drinking alcohol? (i.e. eating disordered, binge drinker, student behavior of vomiting...etc)

Scenario Three:

A resident from your floor contacts you with a complaint that their friend (HWS student living on-campus) continues to come to them to vent after they fight with their romantic partner. Their friend also allegedly talks about how they want to cut, burn, or hit themselves after their fights because they are so angry and hurt. Their friend has shown this resident the cuts, burns, or bruises on occasion while complaining about their romantic

relationship. Resident 1 wants their hallmate to get help and stop harming themselves, but is afraid to confront them out of fear that their friend will harm themselves again.

Discussion Points -

- 1) As their RA, how do you approach this resident's fear of confrontation and educate them on how to resolve their conflict constructively?
- 2) How do you address the alleged self-harm behavior from the other resident?
- 3) What level of referral response do these students (self-harm) need from Residential Education (i.e. referral info, share info with AC, referral to CCSW...etc)
- 4) What language should you, as an RA, be using to identify and/or describe a student (i.e. a cutter, a person engaging in cutting behavior, student in distress...etc)

Scenario Four:

A resident from your floor contacts you with a complaint that their suitemate, who has openly shared that they are "bipolar", has recently been acting *erratically*. This resident has noticed that their suitemate does not appear to be taking his "bipolar meds" anymore and has been yelling at and more irritable towards their suitemates and has been disrupting their roommates sleep because they are staying up all night. The concerned resident has talked to their suitemate but they have retorted by saying they are not doing anything wrong and feel great. Suitemate 1 wants his roommate to stop yelling, disrupting everyone's sleep, and get back on his "meds". Suitemate 2 sees no problem with their behavior and continues to behave in this manner.

Discussion Points -

- 1) As their RA, how do approach this conflict in hopes to help *guide* these two students to a more constructive resolution?
- 2) What level of referral response do these students need from Residential Education
- 3) What language should you, as an RA, be using to identify, describe, or address a student who is allegedly "bipolar" or off their medication?

Discussion Point: RA disclosure of information to administration about a student-at-risk

- If you are uncomfortable with the information, if students ask you to be secretive about risky information, and/or you will worry about the safety of a resident you should tell someone.
- Tier 1 concern – Consult with peer RA, AC, or CCSW soon...etc.
- Tier 2 concern – Call AC on-call, contact Kate M. or Administrator on-call, have AC or Administrator contact CCSW as needed.
- Worst case scenario: "Resident tells you about an at-risk behavior, you tell no one, something tragic happens with the student, you feel guilty, and what role will you play in the aftermath knowing this information and not having shared it with the appropriate supervisor"