

Behind Closed Doors (BCD)

Scenarios for Residence Life

Training

A few notes about this packet:

- Some scenarios in this document may not apply to your institution based on your own policies, procedures, and culture.
- Please consider submitting any situations you have used in your own trainings to enhance this document.
- This document does not contain learning objectives for each scenario. I encourage you to create learning objectives with your team.
- The included scenarios are not meant to be all-inclusive training on a particular topic.
- Some of these scenarios I have not facilitated personally. Please update any scenario as you see fit for your own use.
- This document is a compilation of materials from a variety of sources.
- It is imperative that the RA follows your campus' sexual assault protocol, emergency response protocol, and other campus safety guides first and foremost.
- Student staff in this document are referred to as Resident Assistants (RAs)

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Section 1: Promising Practices

About Behind Closed Doors

Behind Closed Doors (BCD) training is a common name for role-playing training for situations that Residence Life student staff may encounter in leadership roles on campus. BCD is intended to be a safe environment for staff to challenge and test themselves in situations, and to ask questions to clarify their understanding of policy, procedure, approaches, and specific protocol. It consists of splitting groups up into acting groups (often returning staff members that have already completed BCD training), practicing staff members (often new staff members that need experience approaching situations), and facilitators. Practicing staff members rotate through scenarios that other staff members act out, usually as resident students. Facilitators are usually professional staff members charged with setting the scene and providing the information to the acting and practicing staff. They also debrief after the situation has ended by facilitating conversation and asking questions.

Mindset

BCD is one of the most influential sessions for an RA during training. It leaves a huge impact—decide what kind of impact it will be. Aim to choose scenarios where you challenge your staff, but not create undue anxiety. One of the main purposes of BCD is to prepare RAs for tough situations, but try to be realistic in what the RAs will face. It does no good for the staff if an RA is traumatized. This is a grand opportunity to build confidence, call back to what was learned in other training sessions, and show new RAs and remind returning RAs that they are not alone. This should make new RAs want to be RAs more, not less. **BCD is not hazing.**

While impactful, BCD can also be one of the most taxing training activities. Be mindful of that when planning the schedule, and allow for time to recharge in the evenings. Also note that some scenarios may be a trigger to trauma for some RAs. It's important that we are attentive to staff that may have unordinary reactions to scenarios and that we follow up with them, just as we would with other students.

Preperation

Scenarios

A few tips for selecting situations to use in your BCD training:

- Choose scenarios that will best reflect the culture of your institution.
- Using the scenarios in this document or your own, assign learning objectives for each of the situations you choose to keep the scenario on track and the discussion afterwards focused.
- Some situations may be not as intense as others, but that's ok. RAs are challenged with the "dull," run-of-the-mill events more frequently than out of control situations, and BCD should reflect that.

Facilitator's guide

Providing the facilitators a guide will ensure a smooth BCD training. You should include:

- Locations of each of the stations and the facilitator
- Rosters of who is in rotating groups and who is in the acting groups
- Time table
- Scenarios for the facilitators

Props

Props are sometimes the key to a realistic situation. Plan ahead to make sure you have the appropriate materials. If you don't, the practicing students may be confused as to the direction of the scenario. Something to consider adding that has been effective is the addition of nametags. If everyone wears a nametag such as "Resident," "Underage resident," "Non-student," etc. and even "Unknown" (meaning they have to figure out who the person is, if it's a non-student, if they are underage, etc.), or "Observer" (for anyone not acting but just watching the situation), it really can help the practicing staff get a more realistic read on the situation.

Schedule

Sticking with the schedule is one of the hardest challenges in implementing BCD. It's up to the facilitators to keep the schedule and keep the day running smoothly. Ensure that the facilitators recognize and agree that they have limited time for each session. Allow for some time in between sessions (about 5-10 minutes) to move to the next location and use the facilities.

Locations

Assign each facilitator and acting group a "home base" room to meet rotating groups, store items, and use as a debriefing space. The room may be the same as where the scenarios are executed. Ask the RAs if they would be comfortable allowing their rooms to be used. Ensure that you can use the proper facilities that are called for in the scenario (such as a lobby, front desk, or bathroom). If you cannot use public spaces during the training, ensure that the space is as realistic as possible.

To do before training:

- Choose scenarios
- Set learning objectives for the scenarios you will do
- Set a solid schedule
- Have rooms set aside (and reserved, if necessary)
- Break up staff into groups within acting and practicing groups
- Have props ready (including plenty of nametags!)
- Print facilitator's guides

Final Reflection

Have an all-staff wrap-up at the end

- Reflect on the day as a whole. Ask what else needs to be practiced before training is over. For example: do we need more practice with non-verbal communication?
- Review information from areas of weakness/critical issues that came up. Even if they came up one time with a practicing staff member, there may have been another not practicing that would

have done the same thing. For example: do staff members need more training on what the campus counseling center can do?

- Congratulate any new staff for going through the scenarios

Reflection questions (not to be answered in sessions, but sent home with RAs)

- What skills do you need to improve in your job?
- What are you least comfortable with confronting?
- Describe how you felt watching your teammates go through the situations.
- Who in your group handled their incident the best? What did they do that makes you think so?
- Who in your group could have handled their situation better? What could they have done differently?
- Think about the incident that bothered you the most. What about it bothered you?
- Which incident did you feel was the easiest? What about it makes you feel that way?
- Think about the incident you confronted. What could you have done better? What did you do really well?
- In your view, what skills do you need to work on?
- Did you “borrow” any techniques you saw other teammates use and use them when handling your own incident? If so, describe them.

Assessment

Have a BCD-focused qualitative assessment set-up. Ask questions like:

- What situation made you the most uncomfortable? Why?
- Which incident did you feel was the easiest? What about it makes you feel that way?
- What did you do well?
- What could you improve upon?
- What are you still not comfortable with?

Consider doing end of semester evaluations to assist with future training. Ask questions like:

- Think back to BCD during training. Would the situation you felt the most uncomfortable with still cause you discomfort? Why or why not?
- What are you still not comfortable with?
- What situations were the most beneficial?

Section 2: Facilitator's guide

Facilitator's Guidelines

Be Vigilant

- Keep with the schedule. Running over time puts everyone behind and can impact learning in another room.
- Review activities thoroughly before facilitating them.
- Have props ready and set up your room ahead of time.
- Participate in discussions but be on the lookout for others who want to get in conversations. Returning RAs have excellent experience to draw from, and it allows them to reflect.

Go over “rules” at the beginning to set the tone

- For practicing staff:
 - Treat this like a real situation.
 - It's uncomfortable, but everyone wants you to learn.
 - Remember your training.
- For actors:
 - **BCD is not hazing.** This can be considered a rite of passage, but its purpose is learning.
 - Give honest interpretation about situation.
 - Don't exacerbate situation just for your own enjoyment.
 - Don't make new staff feel like or let them think that they can't do this.
 - Let new staff know that you're learning through them as well.
 - This should want to make them be RAs more, not less.
 - If the participant is controlling the situation, let them.
 - Even while acting, be observant so you can contribute.

During the training

- Take note of:
 - Any critical issues of concern such as not following protocol our victim blaming.
 - Staff members that have a strong emotional response to any situation to follow up with them later.
 - Areas that need to be emphasized more with any staff member.
- If facilitator's points from the scenarios are brought up organically during the discussion post-scene, there is no need to re-hash them.
- Allow situations to run through and develop naturally, understanding that each situation may not head in the direction you wish every time. Keep in mind, however, that there may be a time when it is appropriate to step in and intervene.

Applicable to Most Scenarios in this Document

Questions

- What are the policy violations? (if any)
- What did the RA do well?
- What could the RA have done better?
- What has training taught us to do in this situation?
- Is there specific protocol for approaching this situation?
- Why is this scenario difficult?
- Veteran RAs: What advice can you give new RAs?
- How did you practice active listening?
- What can you do now to harbor incidents like this from occurring?
- What is it like confronting this situation if students are underclassmen? What if they are upperclassmen, or older than you?
- How does this situation impact the community?
- How can you address this issue within the community? What are some challenges?
- What kind of support or resources might be helpful?
- How might the professional staff member be used in this situation?
- How do we remain compassionate while addressing policy violations?
- How do you maintain a positive relationship with the resident after this situation?
- How was this situation wrapped up? What do we need to make sure happens before we leave a situation?
- What follow up should you do after confronting the situation?
- How was the situation approached? Could anything have been done differently?
- What is the immediate concern that needs to be addressed?
- Who, if anyone, needs to be contacted?
- What is your role in the situation?
- Were the right steps taken?
- What follow up is needed (if any)?
- How do you confront this and maintain a positive relationship?
- How did it feel to be the RA in this scenario?

Important points

- Being knowledgeable about policy
- Understanding that policy is not black/white
- Following up on every situation
- Remembering to tell the resident(s) that you are documenting the situation
- RAs can also go to counseling to work through own feelings and issues
- Confrontation doesn't have to be scary and negative
- Keep it real: often, situations can't be solved right away and need follow-up afterwards

Section 3: Scenarios

Academic Issues

A resident struggles with academics.

Location: Resident's room

Number of actors: 1

Props: None

Date and time: Any

Number of practicing staff: 1

Scenario to read to actors

You have been attending class for a couple of weeks and find your course load to be overwhelming. You have been staying up late at night to try and complete your homework on-time, but you feel like you're always playing catch-up. You find that your friends and roommate are not studying as much as you are, and they all seem to be doing fine at the college. You don't understand what the problem is because you did okay last semester. You feel like maybe you aren't cut out to be a college student, but you don't really feel comfortable telling people that you're struggling. You're not sure you like some of your classes, but have not spoken with an advisor. The longer that the RA talks with you, the more comfortable you become and the more willing you are to try some of the strategies they discuss. You want to hear about how they have done as a student and their transition to college classes.

Scenario for practicing staff

You are walking around your community talking with residents about their first exams, and stop in and speak with one of your residents.

Reflection questions

Did you feel prepared to conduct this meeting?

How do you talk about classes with fellow students?

In what ways can you share information about your own study tips?

Share what resources are available for students to support their academics.

Talk about some of the stresses you have experienced as students.

Returners: Share some strategies you have utilized to support academics as an RA.

Facilitator points to make

Discuss availability of tutoring, professor office hours, quiet study spaces, libraries, Counseling Center (if these are available at your institution)

Alcohol Party

An alcohol party of the grandest kind.

Location: A resident's room

Date and time: Saturday night at 11:30 p.m.

Number of actors: 5+

Number of practicing staff: 1-2

Props: Alcohol, empty alcohol containers, shot glasses, loud music, cards or drinking games, etc.

Scenario to read to actors

Actors are underage and having a loud, rip-roaring party. There is music playing, a drinking game in progress, cheering from the drinking game, etc. When the RAs knock, the music is turned off, alcohol and containers are hidden, several actors hide, one actor claims to not have his ID. One actor is a non-student, and one is a non-resident. Only one resident of the room is present; the other is home for the weekend. Do not open the door all the way or really allow the RAs to see much into the room. After a short period of time, allow the RAs to look in the room if they ask to do so. Someone has no ID. One of the residents in the room attempts to run from the situation and not stop at all. Someone provides a false name and incorrect information. Someone can try to convince the RAs to "let it go." Someone can say, "Let's make a deal... We'll finish and leave. We won't bother you anymore. We're not getting busted are we?"

Scenario for practicing staff

It is a Saturday night and you are on duty. Residents from the community call you to complain about a party going on the second floor.

Reflection questions

How did it feel confronting this many people?

What should be your priorities in a situation like this?

How can you best manage these types of scenarios?

What types of resources do you have available in a situation like this?

How do you confront this if the residents hesitate to let you in the room?

What did you do about the person that ran from the room, and what should you do in the future?

How would you deal with someone that is belligerent or inebriated?

What back up was used? Should any have been called?

What would you do if you heard the sounds of alcohol bottles, but could not see any violations?

Facilitator points to make

Discuss confronting larger groups, managing priorities in a multi-faceted situation, protocol/procedure involving other RAs, supervisor, campus police or other. Talk about wrapping up a situation (telling residents where they can contact you later, what will happen next, etc.), details that need to be included in the documentation, refer to policy, discuss non-verbal communication, talk about how to manage conflict and keep composure when residents seem to disrespect you or "team-up" against you. Don't hesitate to involve emergency resources if you learn that the problem is much greater than you anticipated or if a student is currently in danger. If a resident is under the influence of alcohol or drugs, maintain your respectful communication, but do not spend too much time trying to rationalize your actions or the policies. Your follow up conversation the next day is a better time for that conversation.

Alcohol Poisoning, or Not – Staff Issue

You and your fellow RA have a disagreement about if a resident should go to the hospital.

Location: Residence hall lounge/resident's room

Number of actors: 2

Props: None

Date and time: 3 a.m. on a Saturday

Number of practicing staff: 1

Scenario to read to actors

Actor 1: You are acting as an RA that does not think the resident is drunk enough to need to go to the hospital, and just think they need to go to bed. You've seen this resident drunk before and they always act like this. No one needs to be called, and it's already late enough. You believe the resident will be fine.

Actor 2: You are a resident that is passed out on a couch in the lounge when two RAs come to wake you. You are really, really drunk. You can barely stand, are slurring your speech, and are in and out of consciousness. You have brief moments of clarity when you can walk on your own or construct a sentence (which makes it hard for the practicing staff to know if you should go to the hospital or not).

Scenario for practicing staff

You and your fellow RA (actor) are passing by a lounge after finishing up duty and see someone sleeping on a couch. You decide to wake them up and encourage them to their room.

Reflection questions

What signs are important when determining whether someone needs medical assistance?

What should be done in this situation?

Facilitator points to make

Policy/protocol for hospital visits, signs of alcohol poisoning, disagreeing respectfully with coworkers, calling your supervisor if you're unsure of how to handle something (don't hesitate to involve emergency resources if you learn that the problem is much greater than you anticipated or if a student is currently in danger)

Alcohol, or Not

Staff confront a room for alcohol, but it is really glass bottled soda.

Location: A resident's room

Number of actors: 3-4

Props: Playing cards/games, glass soda bottles

Date and time: Saturday at Midnight

Number of practicing staff: 1-2

Scenario to read to actors

You are having some friends over playing cards. You are sipping on sodas in glass bottles and having a night in.

Scenario for practicing staff

You are on your 12:00 a.m. round. You are walking by a room (you know both residents are under 21) and you think you hear bottles clinking and music playing pretty loud.

Reflection questions

How would the scenario have changed if the alcohol suspicion was confirmed?

How do you feel about the sequence of events in handling the situation?

What were key facts to include if there were to be documentation?

Facilitator points to make

Investigation of alcohol suspicion (questioning, checking room, etc.), exiting gracefully but not apologizing

Anonymous Posting

Resident discovers an offensive sign on another's door.

Location: Common area space

Number of actors: 5+

Props: Sign

Date and time: Practicing RAs choice

Number of practicing staff: 1

Scenario to read to actors

A community meeting is called. While the practicing staff who will confront the situation is in the hallway preparing, the community can brainstorm roles and responses that they will have to the sign. Have some of them be positive and supportive and others be not so supportive or neutral.

Scenario for practicing staff

Some residents approach you and tell you that there is a sign on a door that reads: "You should be lynched. Niggers go home." The resident is African-American and unaware that the sign is on their door. You immediately try to make contact with the resident and the sign is removed from their door. They are upset and want the issue addressed with the entire community. Many residents in the community are talking about the sign – some who saw the sign and others who are just hearing about it. You have the role of starting the dialogue with the community. You have a few minutes to think about how you will approach the community and help them if they have questions. (The facilitator in the hallway should act as the supervisor by helping them prepare.)

Reflection questions

What is the impact on the community when things like this happen?

How do you involve community members in proactive discussions regarding such issues?

What if the residents of the room are not bothered by the sign? What if the residents said they don't want to be a part of a community discussion?

Facilitator points to make

Discuss bias reporting, hate speech, how to respond to the community, communicating with your supervisor, resources available on-campus for residents, language, procedure for dealing with vandalism, reporting to Campus Safety (if supervisor deems necessary), refer to policy (if helpful)

Suggested protocol/procedure:

- Recognize the incident as bias-related
- Document the incident appropriately (Do NOT erase or remove any vandalism immediately and be sure to take pictures)
- Report the incident to the professional staff on call
- Assess the targeted constituents/victims and ensure they are supported or referred as needed
- Once pictures have been taken, either cover up the vandalism/expression with a sign that addresses that it is not tolerated and not acceptable in the community or post a sign addressing to the community the inappropriate nature of the vandalism
- Address the incident with the community, as the victims feel comfortable. Meet with the parties involved, and if appropriate, hold a floor meeting to address how it may have impacted the community

Back Home

A resident wants to talk to you about trauma from the past.

Location: RA's room

Number of actors: 1

Props: None

Date and time: Any

Number of practicing staff: 1

Scenario to read to actors

Many victim/survivors of early (under age 18) abuse, incest, sexual assault, and witnessing violence experience long-term effects well into adulthood including anxiety, depression, substance abuse, eating disorders, and difficulty with intimacy and relationships.

You are a resident coming to terms with your past abuse, and experiencing anxiety about a new relationship as well as difficulty concentrating on classes. Your new boyfriend/girlfriend has told you that you really have a lot of issues and maybe you should get some counseling.

Scenario for practicing staff

You are in your room when a resident comes to talk to you.

Reflection questions

What are the limitations of the RA role in this situation?

Facilitator points to make

While the stereotypical residence hall incident might be someone who has just experienced a sexual assault or is in an abusive relationship, a major portion of all assaults occur before age 18 and residents are likely to be struggling with multiple issues. Reassure them regarding confidentiality and who you will (and will not) discuss these issues with. Refer them to the Counseling Center (for general counseling), Sexual Assault Program (sexual assault, incest survivor) or Safe Place (for relationship violence). Remember, RAs are not trained counselors.

Banned Person Runs Out of Building

A person that is banned from campus enters your building.

Location: Front desk of your building

Number of actors: 1

Props: Desk duty materials

Date and time: Friday night at 10 p.m.

Number of practicing staff: 1

Scenario to read to actors

When the RA confronts you, run out of the building.

Scenario for practicing staff

You are working the front desk of your building when a person walks in and does not acknowledge you. You think this person is banned.

Reflection questions

What are your options in this situation?

Facilitator points to make

Remembering not to vacate the desk, importance of knowing the banned students document, talking about who should be contacted (whether it's the professional staff on call, campus safety, the police, etc), (don't hesitate to involve emergency resources if you learn that the problem is much greater than you anticipated or if a student is currently in danger)

Banned Person Tries to Run Past RA

A person that is banned from campus enters your building.

Location: Front desk of your building

Number of actors: 2

Props: Desk duty materials

Date and time: Friday night at 10 p.m.

Number of practicing staff: 2

Scenario to read to actors

Actor 1: You are a resident trying to get your friend in the building to hang out in your room. You rush past the RA and ignore them when they talk to you and try to get to your room asap.

Actor 2: You are a current student banned from the residence halls. You ignore the RA when they try to stop you and enter the building and go to your friends room.

Scenario for practicing staff

Staff 1: You are working the front desk of your building when a person walks in with a resident and does not acknowledge you. You think this person is banned.

Staff 2: You are on rounds. (You should wait to be called if at all)

Reflection questions

How do you communicate to the person on rounds and vice versa? Who else should you contact?

Facilitator points to make

Remembering not to vacate the desk, importance of knowing the banned students document, talking about who should be contacted (whether it's the professional staff on call, campus safety, the police, etc.) (don't hesitate to involve emergency resources if you learn that the problem is much greater than you anticipated or if a student is currently in danger)

Bias/Vandalism

A poster on the wall has graffiti written over it.

Location: Common area near a posting board

Number of actors: 2

Props: A poster on the wall with graffiti written over it says things such as "This is gay," "Lame," and "Who cares?"

Date and time: Any

Number of practicing staff: 1

Scenario to read to actors

You are two residents of the floor. You are coming back from working out at the gym and are on your way to your room when you see graffiti all over the poster. You are extremely offended by what is written and begin to talk about the environment in your community – how could anyone write this? Who did it? You express your anger and begin to speculate about who may have done this when the RA arrives.

Scenario for practicing staff

You are walking down your hallway and hear two of your residents talking.

Reflection questions

What steps do you take to document this incident?

Share with us how, as an RA, you may follow-up with your community.

What is your next step with the residents?

What factors in the community may exist that would make this behavior seem permissible?

Facilitator points to make

Discuss bias reporting, hate speech, how to respond to the community, communicating with your supervisor, resources available on-campus for residents, language, procedure for dealing with vandalism, reporting to Campus Safety (if supervisor deems necessary), refer to policy (if helpful)

Suggested protocol/procedure:

- Recognize the incident as bias-related
- Document the incident appropriately (Do NOT erase or remove any vandalism immediately and be sure to take pictures)
- Report the incident to the professional staff on call
- Assess the targeted constituents/victims and ensure they are supported or referred as needed
- Once pictures have been taken, either cover up the vandalism/expression with a sign that addresses that it is not tolerated and not acceptable in the community or post a sign addressing to the community the inappropriate nature of the vandalism
- Address the incident with the community, as the victims feel comfortable. Meet with the parties involved, and if appropriate, hold a floor meeting to address how it may have impacted the community

Confronting Fellow Staff

Student notices no one is on duty and needs to call the person on the schedule.

Location: Residence Hall Office

Number of actors: 2

Props: Duty schedule and duty phone/bag

Date and time: Weekday Night

Number of practicing staff: 1

Scenario to read to actors

Actor 1: You are suppose to be on duty but have not done anything.

Actor 2: You know Actor 1 is on duty, but you two already have plans and you ask the confronting RA to hold the duty phone for them. Actor 1 should talk about how you don't do rounds anyway so it's not that big of a deal. Continue to persuade the RA to be on duty for you and to not tell your supervisor.

Scenario for practicing staff

You notice that no one is on duty in the building and the duty signs have not been changed.

Reflection questions

What things are different since this includes hall staff?

How do you feel about the sequence of events in handling the situation?

What were key facts to include if there were to be documentation?

How could this situation affect the staff team?

What repercussions, excluding job action, may result from the returning RAs actions?

What repercussions, excluding job action, may result from the new staff member not confronting the situation?

Would you feel differently about this scenario if the returning RA was involved in something non-job related, planning to cheat on an exam, for example?

What are other options for this new staff member?

Facilitator points to make

RA should remain calm and respectful while in control of the situation, RA should cover duty expectations and contact supervisor for follow-up

Death of Family Member

A student's father passed.

Location: Resident's room

Number of actors: 1

Props: None

Date and time: Any

Number of practicing staff: 1

Scenario to read to actors

You just found out your father died. You live 4 hours away, and have to wait for someone to come and pick you up. You are hysterical.

Scenario for practicing staff

Your supervisor asks you to follow up with a resident whose father just died. You go to the resident's room.

Reflection questions

What worked well in this conversation?

Facilitator points to make

While RAs are not trained counselors, during periods of grief it is helpful for people to have support systems. Not only does this resident need support now, but for the rest of the year they should be followed up with and supported.

Drunk Student

A drunk student comes by your room to chit-chat.

Location: RA's room

Number of actors: 1

Props: None

Date and time: Any

Number of practicing staff: 1+

Scenario to read to actors

You are buzzed and feeling social so you go visit your RA in their room. You try to act like you are not intoxicated but your motor skills are impaired and your eyelids are heavy.

Scenario for practicing staff

You are sitting in your room watching TV with your door open. One of your residents comes to chit-chat and you observe signs of intoxication. They are underage.

Reflection questions

Why is this an issue?

What steps do you take?

What special considerations are there when you don't observe a policy violation in action?

Facilitator points to make

Documentation, alcohol policy, what to do if you don't see a policy violation in action. If a resident is under the influence of alcohol or drugs, maintain your respectful communication, but do not spend too much time trying to rationalize your actions or the policies. Your follow up conversation the next day is a better time for that conversation.

Eating Disorder

A resident suspects their roommate has an eating disorder.

Location: Resident's room

Number of actors: 2

Props: None

Date and time: Any

Number of practicing staff: 1

Scenario to read to actors

Actor 1: You are a resident who believes your roommate has an eating disorder. You seldom see your roommate eating during the day, but she “pigs out” late at night. Your roommate often complains of feeling sick and goes to the restroom to “get sick.” You talk to the RA.

Actor 2: You don’t know your roommate has gone to talk to the RA. You are bulimic. You binge at night then vomit in the bathroom. You may avoid the subject and deny there is a problem. You might ask the RA why they are talking to you when everyone on the floor is health conscience and concerned about their weight. You point out that you are overweight so how could you possibly have an eating disorder? If suggested to go to counseling, you may ask if the RA thinks you are crazy.

Scenario for practicing staff

A resident who believes her roommate has an eating disorder approaches you. She tells you that she seldom sees her roommate eating, but she can “pig out” late at night. Her roommate often complains of feeling sick and goes to the restroom to “get sick.” She would like you to talk to her roommate.

Reflection questions

Is going off of the roommate’s information enough to confront the resident?

How did it feel approaching the resident about the issue?

If this incident didn’t have to be done in a short period of time, how might the resident have reacted in “real time?”

How might you react if the resident continually denied having any problems?

How do you balance your need to help your resident and the reality that they may not want your help?

What kind of follow-up would you do afterwards?

Facilitator points to make

Involving the supervisor, discuss possible follow-up (resident may not admit to having a problem during the first interaction, more conversations will likely be required), documentations, talking with the roommates, using other resources on campus, being mindful that all genders can have body image issues

Fight

Two people are found fighting in the hall.

Location: Residence Hall

Number of actors: 2+

Props: Ripped shirt

Date and time: Any night

Number of practicing staff: 1

Scenario to read to actors

Two people were attending a party in the building. Actor #1 is a building resident. Actor #2 is not a student of the institution. Actor #2 is ambushed by actor #1 and a fight ensues. Actor #1 is upset because actor #2 was coming on to actor #1's date at the party. When the RAs arrive, the actors ignore them for a moment or two and continue to fight. Once separated, the fighters keep tension high by continuing verbal abuse and periodically lunging at one another. Actor #1 is not cooperative. Actor #2 is very cooperative and this makes actor #1 even angrier. Actor #1 feels like the RA is taking actor #2's side. If more people are acting, they act as friends of the two who are trying to calm them, but are a distraction in the scenario.

Scenario for practicing staff

You are in your room and hear angry shouts coming from the hallway.

Reflection questions

When do you get backup?

How do you keep yourself safe in this situation?

How do you ensure it does not start again during that evening?

Does anyone need to be escorted out of the building?

Facilitator points to make

Policy on violence, keeping self safe, calling for backup (don't hesitate to involve emergency resources if you learn that the problem is much greater than you anticipated or if a student is currently in danger)

Fire Safety – Fire Extinguisher

Two Residents have just extinguished a small fire in their room.

Location: Resident's room

Date and time: Any

Number of actors: 2

Number of practicing staff: 1

Props: Extension cords, incense, sound effect (optional), cigarettes, candles, towel, trash can

Scenario to read to actors

Inside the room, two residents have just extinguished a small fire in the trashcan with a towel. The residents are also burning incense and have lit candles. The fire was started when one of the resident threw a cigarette butt in the trashcan (please note this is a non-smoking room). The smoke detector is sounding. The residents are feverishly trying to get the smoke to go out of the window so it does not alert the RAs. The fire is completely out.

Scenario for practicing staff

During rounds, you faintly smell smoke and track it down to this room. The smoke does not smell like cigarette smoke. You also hear a smoke detector going off. This smoke detector has not set off the main fire bells in the building.

Reflection questions

How many different violations took place?

Why is each of these violations a problem?

What would you do if you came upon a significant fire?

Facilitator points to make

Review the student handbook and review fire safety policies with new RAs

Fire Safety – Candle

A resident is burning a candle in their room.

Location: Resident's room

Number of actors: 1

Props: Candle

Date and time: Any

Number of practicing staff: 1

Scenario to read to actors

You recently got scented candles for your room to help freshen up your room. You enjoy decorating with candles and only turn it on when you're in the room. You recently used the candle, but when the RA stops by your room it is blown out. When the RA asks about the candle, you explain that your family always had them and that you are careful about blowing it out when you leave the room and when you go to sleep. You don't want to get rid of them since you just bought them recently.

Scenario for practicing staff

You are stopping by rooms to remind residents of your upcoming program.

Reflection questions

How do you address the issue of fire hazards?

What is the rationale for our no-candle policy?

Facilitator points to make

Discuss possible follow-up, documentation, rationale for no-candle policy, maintaining positive relationships after policy confrontations

Fire Safety – Prohibited Items

Residents have a toaster oven and microwave in their room.

Location: Resident's room

Number of actors: 2

Props: Microwave, toaster oven

Date and time: Any

Number of practicing staff: 1

Scenario to read to actors

You have a microwave and toaster in your room. You do not understand why having a microwave is a big deal. You understand the toaster concern. Question what the difference would be if you just hid the microwave.

Scenario for practicing staff

You are walking around your floor and stop in to say hi to a group of residents you have a good relationship with. You notice there is a microwave and toaster oven in the room.

Reflection questions

How do you explain prohibited items to the residents?

Facilitator points to make

Rational behind prohibited items, documentation and confiscation

Floor Meeting

You are having a mid-year floor meeting after the winter break.

Location: Common area

Number of actors: 5+

Props: Agenda for floor meeting

Date and time: Up to the practicing RA

Number of practicing staff: 1

Scenario to read to actors

You are at a mid-year floor meeting coming back from winter break. One of you is new to the floor from another hall. One of you is a transfer student new to the university. During this meeting, returning residents will bring up the following unresolved issues: bathroom cleanliness, damages, hallway noise (especially courtesy hours), and graffiti. The transfer student should act shy.

Scenario for practicing staff

You are having a mid-year floor meeting. Everyone has recently come back from winter break. You want to discuss some issues that were common last semester and start the spring off in a positive and respectful direction. Last semester, damages were high, courtesy hours were abused, and the bathroom became a chronic mess toward the end of the fall. You also have a new resident from another hall and a transfer student new to campus. Most of the floor is present at your meeting.

Reflection questions

What would you have done already before this meeting to prepare?

Facilitator points to make

RA should conduct a Community Standards discussion and ice breakers to assimilate new residents into the floor community. It's also a good idea for the RA to start asking the residents what kind of things they'd like to see implemented this semester. RA should facilitate a discussion about community standards and how to confront your peers appropriately.

Floor Meeting – Offensive Comment

You are having a floor meeting when someone makes an offensive comment.

Location: Common area space

Number of actors: 5+

Props: None

Date and time: Wednesday night at 11 p.m.

Number of practicing staff: 1

Scenario to read to actors

Your RA is facilitating a discussion about the couches that are missing from the lounge. You are participating and paying attention, but are joking around in a fun way. One of you then begins to speculate, in a joking way, that one of the other guys at your floor meeting has it. The accused male says, “Shut up man, you’re such a fag...” Be sure to keep the conversation going, hopefully the RA will confront that comment. Other members of the group should be both allies of the RA and others allies of the accused (think that his comment was not offensive).

Scenario for practicing staff

Through the semester, several couches have been removed from the lounge. You have asked for them to be returned and they are still missing. You decide to have a meeting late at night. Some of your residents are restless and just want to be done with the meeting.

Reflection questions

What happened in this scenario? Why is confronting this behavior important?

What factors in the community may exist that would make this behavior seem permissible?

When do you confront comments in front of the entire group, or when do you do it individually?

How do you confront inappropriate comments in an educational way?

How do you follow-up?

Facilitator points to make

Do not reprimand the student for a lengthy period of time in front of the group. A simple (i.e. “that is not appropriate”) would be a good course of action. Make sure to pull aside the “resident or residents” involved after the meeting and have a conversation with them. Make this an educational conversation and try to help them understand why their comments were not appropriate. Be proactive! Tell your residents the ground rules of all floor meetings during your first floor meeting (i.e. no name-calling, no interruptions when people are talking, etc.)

Gay Roommate

A resident has a gay roommate and wants a room change.

Location: Resident's room

Number of actors: 3

Props: None

Date and time: Any

Number of practicing staff: 1

Scenario to read to actors

Resident 1: You have been living with your new roommate for a few weeks now. You really don't talk or hang out much, but you have had no problems. You have started to notice some 'unusual' things about her. After a while, you come to the conclusion that she must be gay, and the girl that is always with her must be her girlfriend. This upsets you and you wish to change rooms. You contact your RA via email about the situation and invite the RA to your room, unaware that your roommate and her friend are in the room. The email says, "Hey, can you tell me how I can get a new room? I'm not comfortable living here anymore." (Note: Meet the RA outside your room. You can play this up or down as much as you want. You can be calm, or completely irrational, just roll with what the RA does.)

Resident 2: You have never discussed your sexuality with your roommate, mostly because the topic has never come up in the brief, scattered conversations that you have had. You are oblivious to your roommate's dilemma. She has been a good roommate, you just don't have much in common and tend to go your separate ways. You have recently met someone and started a relationship with her. You invite her to your room to hang out. You are talking when your roommate and the RA enter the room.

Girlfriend: You have recently met and started a relationship with Resident 2. You have only been dating a short time, but the relationship is starting to get serious. You have met her roommate just a few times. She doesn't really talk much in the room, when she is there. You have been invited to hang out in the room.

Scenario for practicing staff

You got an email from a resident asking about how she would get a room change. The email says, "Hey, can you tell me how I can get a new room? I'm not comfortable living here anymore." You decide to go speak to her.

Reflection questions

What are the main issues present?

How do you manage being respectful towards everyone's point of view?

How did you manage your own feelings about the situation?

Facilitator points to make

Tolerance, respecting other people's privacy, existing bias, misconceptions of LGBT community

Marijuana – High Student

A resident stops by their RAs room to chit-chat.

Location: RA's room

Number of actors: 1

Props: None

Date and time: Any

Number of practicing staff: 1

Scenario to read to actors

You just came inside from smoking a joint outside and you decide to visit your RA to chit-chat. You don't realize it but you smell heavily of marijuana. You are a regular smoker.

Scenario for practicing staff

You are sitting in your room watching TV with your door open. One of your residents comes to chit-chat and you can smell marijuana on them.

Reflection questions

How did you/do you bring up the issue?

What are the special considerations for documentation when you don't see a violation in progress?

Facilitator points to make

Documentation, referring to Drug & Alcohol resource on campus, drug policy. If a resident is under the influence of alcohol or drugs, maintain your respectful communication, but do not spend too much time trying to rationalize your actions or the policies. Your follow up conversation the next day is a better time for that conversation.

Marijuana – Seeing It

An RA sees drugs and paraphernalia in a room.

Location: Resident's room

Date and time: Any

Number of actors: 1-2

Number of practicing staff: 1

Props: "Drugs" - fake joints or a pipe (something that cannot be mistaken as anything other than marijuana), fan blowing out window, bowl covering smoke detector, towel rolled behind door,

Scenario to read to actors

You are smoking marijuana in your room with your roommate. You did such a good job of hiding the smell that the RA could not smell it in the hallway. The two of you are expecting another friend, Steve, to come over and join you in the room. There is a knock on the door, and you think that it is Steve at the door, and are surprised when you open the door to find the RA. There should be a fan blowing out the window and a towel under the door. There should be drugs on the desk in plain view, and possibly something to disrupt the smoke detector. The RA should leave to call backup. If they do not, you should deny smoking marijuana and look stupefied that they are accusing you of using drugs. You say that you could smell someone smoking earlier, but you think that it is coming from somewhere else in the hallway. Later, you try to convince the RA that you are burning incense, not marijuana.

Scenario for practicing staff

You are walking down your hallway. You drop by one of your resident's rooms to see how they're doing.

Reflection questions

What immediate response should a RA have when finding themselves in a situation involving drugs? What do you do with paraphernalia in a resident's room? Do you take it?

How would you follow up with a resident in this scenario?

What do you do if you suspect that residents are smoking marijuana in a room and their door is closed?

If the resident does not admit to smoking, how do you let him/her know you will be sharing this information with the supervisor?

Facilitator points to make

Drug policy, procedure with drugs. If a resident is under the influence of alcohol or drugs, maintain your respectful communication, but do not spend too much time trying to rationalize your actions or the policies. Your follow up conversation the next day is a better time for that conversation.

Marijuana – Smelling It

You are on rounds and smell marijuana.

Location: Residence hall and resident room

Number of actors: 2+

Props: Dryer sheets by vents, fan blowing out window, bowl covering smoke detector, towel rolled behind door, joints (rolled paper) in a drawer

Date and time: 11 p.m. on a weekday night

Number of practicing staff: 1+

Scenario to read to actors

You have been smoking marijuana in your room but have taken precautions so it is not noticed by the RAs. You have done this in the past and have not gotten caught before. When confronted, deny you are smoking and say you have no idea where the smell is coming from, blame it on another room, etc.

Scenario for practicing staff

You are on rounds and smell marijuana coming from a room. You are pretty sure you can identify which room it is coming from.

Reflection questions

When entering the room, what items should have been noticed?

Who should be called?

Was the right process followed?

If you are in a situation when not items like these are found, what should you do if you still think there might be drugs in the room?

Facilitator points to make

Call supervisor/campus safety, don't confront on own, stay near room to ID residents in case they leave, identify specific room/narrow to a few rooms, what to note about the room in the incident report. If a resident is under the influence of alcohol or drugs, maintain your respectful communication, but do not spend too much time trying to rationalize your actions or the policies. Your follow up conversation the next day is a better time for that conversation.

Medical – Seizure

A resident has a seizure.

Location: A resident's room

Number of actors: 2

Props: None

Date and time: Any

Number of practicing staff: 1

Scenario to read to actors

Resident 1: Your roommate is having a seizure, you don't know what to do, so you get the RA.

Resident 2: You are having a seizure.

Scenario for practicing staff

You are in your room when one of your residents comes to you about their roommate. The roommate is having a seizure.

Reflection questions

What is the RAs responsibility in this situation?

Facilitator points to make

The chain of command and people that need to know the situation, calming the nervous roommate/giving them a job to do, keeping other residents away from the situation

Medical – Slip in Shower

A resident slipped in the shower and hurt themselves.

Location: Bathroom

Number of actors: 2

Props: Fake blood

Date and time: Any

Number of practicing staff: 1

Scenario to read to actors

Resident 1: You go to get your RA because you found another resident that fell in the shower.

Resident 2: You fell in the shower and are bleeding profusely from your arm.

Scenario for practicing staff

You are in your room when one of your residents comes to you about another resident. They fell in the shower.

Reflection questions

Who is the first person you should call?

Who else should you call?

What first aid steps do you take?

What is the RAs responsibility in this situation?

Facilitator points to make

RA role in medical situations, who to inform (and who to call first)

Noise

Confronting a noisy room.

Location: Resident's room

Date and time: 1 a.m. on a Tuesday night

Number of actors: 2+

Number of practicing staff: 1

Props: Either something to play music with or a TV (and perhaps game console)

Scenario to read to actors

Two roommates are sitting in the room talking. When asked to turn the stereo/TV down, one of you can argue that it is your way to relieve stress and it's unfair for the RA to make you turn it off. You also are sure that "no one else has complained" and it just happens to be because the RA happened to be up. Argue that you are never loud if they bring up that it has happened before. If the RA mentions that they were trying to study, tell them they should go somewhere else. Eventually you will turn down your music/TV; you just really like to know the why behind things.

Scenario for practicing staff

It's 1 a.m. on a Tuesday evening. You are returning to your room after visiting the vending machine and hear an excessive amount of noise coming from a particular room. Through your fellow staff members' prior interaction with these residents, you remember that this room has had previous problems with noise complaints.

Reflection questions

How could the music be affecting the community?

How might you respond if you are told, "no one else has complained"?

What is a positive way to explain that students' right to sleep and study is more important than other privileges?

Facilitator points to make

Involving supervisor, discuss possible follow-up, documentations, explain the difference between courtesy and quiet hours, discuss the department norm with regard to noise violations

Pet

Residents are caring for a pet in their room.

Location: Resident's room

Number of actors: 2

Props: Stuffed animal

Date and time: Any

Number of practicing staff: 1

Scenario to read to actors

You have been hiding an animal in your room for the past week. This animal was given to you by a friend who could no longer take care of it. You were planning to take it home next weekend, where your sibling will adopt it, so you just have to make it 5 more days. You have been good at removing most signs, but you've become a little careless. Your roommate knows that it will just be there for a little bit and has been fine with it.

Scenario for practicing staff

You are wandering around your community, visiting with residents, when you smell a strange odor (not marijuana) outside of a room. You knock on the door to investigate.

Reflection questions

How do you address the issue of “My roommate isn’t allergic and is just fine with this”?

What is the rationale for our no-pet policy?

Discuss need to document this situation.

Facilitator points to make

Involving supervisor, discuss possible follow-up, documentations, refer to policy, suggest the options for removal of an animal (Friend off-campus who can care for pet, animal shelter, veterinary boarding or kenneling)

Prohibited Item – Beer Stein

An underage resident is displaying a decorative beer stein in their room (which is considered alcohol paraphernalia and is prohibited).

Location: Resident's room

Date and time: 7 p.m. on a Wednesday

Number of actors: 2

Number of practicing staff: 1

Props: Beer stein

Scenario to read to actors

Roommate 1: You did not realize that having a beer stein was a big deal. It was a gift from your grandfather when he was in stationed in Germany when he was in the army. It is a reminder of your relationship. Explain that it's not hurting anyone and it's not a big deal. Offer to just pack it away and take it home next time.

Roommate 2: You don't want to get in trouble for this.

Scenario for practicing staff

You are walking around your floor and stop in to say hi to a room of residents you have a good relationship with. You notice there is a decorative beer stein in the room, and the residents are not 21.

Reflection questions

How can you explain the policy to the residents in a positive way?

What items are included in the policy violation?

How could paraphernalia like this have an effect on the community?

Facilitator points to make

Explain the paraphernalia policy and the rational behind it

Public Intoxication – Bathroom

Several residents are in the bathroom caring for someone that had way too much.

Location: Common area bathroom on a men's floor **Date and time:** Friday night at 3 a.m.

Number of actors: 3+

Number of practicing staff: 1

Props: None

Scenario to read to actors

Female resident in stall: You went to a party tonight and aren't feeling too great. You aren't sure where you are, but you know your friends are with you. An RA shows up and tries to talk to you. (NOTE: You are slumped over in a bathroom stall and keep fading in and out of consciousness.) Other intoxicated female residents (one or more): You went to a party tonight and had a lot to drink. You came over to your friend's room afterwards and now are in the men's bathroom with your friends. You are waiting outside the stall because your friend needs to vomit. When the RA shows up, you keep trying to get them to leave because you don't want them to notice you've been drinking (you're underage).

Non-intoxicated male resident: You stayed in to study tonight until your friends showed up drunk. Now you are taking care of them. One isn't feeling well, so you took her into the men's restroom to vomit. Your other friend came with you, too. You are waiting outside her stall. You are a little worried, but don't want her to go to the hospital because you know her parents would be furious if they found out she was drinking. (NOTE: The door to the stall needs to be partially propped open).

Scenario for practicing staff

You're on duty when a resident calls you and asks for your assistance. You arrive at the men's bathroom and hear multiple people inside.

Reflection questions

What is your first priority in this situation?

How do you manage the concerns of the friends that are present?

What resources do you have that will help you?

Facilitator points to make

Calling for backup, calling for the supervisor on call, discuss the process of taking a student to the hospital

Public Intoxication – Emotional Resident

You come across a drunk resident that becomes very emotional when they realize they will be documented.

Location: Outside of your building

Number of actors: 1

Props: None

Date and time: 2 a.m. on a Saturday night

Number of practicing staff: 1

Scenario to read to actors

You are intoxicated and your friends just ran off while you were having an emotional meltdown. Then you see an RA approach you. You are an education major, under 21, and don't trust the RAs not to report you to the Education Department. In addition to the fact that you are dealing with personal life stress (not getting an Activities Board Director position, friend drama, etc.) and you were ejected from an off-campus party tonight. You are very, very emotional, and do not want the RA to document you. When the RA approaches you, you should ask if you will be "written up."

Scenario for practicing staff

While walking around outside at 2 a.m. you, an RA off duty, are walking back to your building. You see a group of students scatter as you come closer. When you get about 25 feet away, you notice a student who is sitting on a curb by him/herself. You can smell alcohol and are unaware if the student is 21 or not.

Reflection questions

How would you calm the student?

How do you respond to rumors like Res Life reports people to the Education Department?

Would you call for backup in this situation?

Facilitator points to make

Explain the process of documentation: who receives the report and the consequences. Explain how to handle things when you are not on duty but come across a situation. If a resident is under the influence of alcohol or drugs, maintain your respectful communication, but do not spend too much time trying to rationalize your actions or the policies. Your follow up conversation the next day is a better time for that conversation.

Public Intoxication – Lobby

You are at the desk when a two residents come by assisting a third drunk resident.

Location: Lobby

Number of actors: 3

Props: None

Date and time: Saturday at 9:30 p.m.

Number of practicing staff: 1

Scenario to read to actors

One actor is a resident that is very intoxicated, is in and out of it, and is being physically supported by two other residents. The two friends are trying to run interference, saying they are taking their sick friend for a walk because they need fresh air. The friends say they have it under control and try to avoid any help from the RA.

Scenario for practicing staff

You are sitting in the lobby at the desk on Saturday night.

Reflection questions

How did you handle the situation?

How did you/can you convince the friends to stop and allow you to assist them?

Facilitator points to make

Signs of alcohol poisoning, procedure in this situation, focusing on the drunk resident and not the distractions, calling your resources to assist you (don't hesitate to involve emergency resources if you learn that the problem is much greater than you anticipated or if a student is currently in danger)

Quality Service

A student is displeased with their housing assignment from the wait list, and has demanded the keys to an empty room on the floor after moving their belongings to it without permission. It is an emergency room that has been held empty on purpose.

Location: Front desk area

Number of actors: 2

Props: None

Date and time: Any

Number of practicing staff: 1

Scenario to read to actors

Actor 1: You are a student unhappy with your assignment. It is just after check-in. You were assigned to a building you don't like with people you don't know, because you were on the Housing Wait List. You greatly dislike your new roommates; although they have done nothing overtly hostile towards you, your personalities do not mesh. You have discovered that a room down the hall from you is still open (it is being held as an emergency medical room, but you do not know that). You move all of your belongings into the new room and go down to the front desk, demanding the key to the new room. You become increasingly hostile as the confrontation escalates, demanding that Housing screwed up by assigning you to a sophomore dorm when you should have had the pick of other juniors like yourself. Since you perceive that they have screwed you, you are going to take the situation into your own hands. You threaten to call your lawyer, parents, etc.

Actor 2: You are an RA at the desk managing check-in. When the student comes to you demanding the key, you try to be polite at first, but their attitude quickly puts you on the defensive and soon you and the student are both hotly arguing. You page the RA on duty to come deal with the resident and are demanding an apology.

Scenario for practicing staff

While on duty, you are paged by the front desk RA to handle a hostile student. The RA is extremely aggravated, and you only have sketchy details about the situation involving the student not having their room key.

Reflection questions

How can you calm down this situation?

Do you need backup?

How do you need to handle this student? The desk attendant?

What worked best with stopping the others' argument and regaining control of the situation?

Facilitator points to make

Discuss how to handle quality issues and conflicts with Department of Residence Life, how to calm a situation between two arguing people

Racist Comment

A resident makes a racist comment.

Location: Any

Number of actors: 1+

Props: None

Date and time: Any

Number of practicing staff: 1+

Scenario to read to actors

You are hanging out with some friends and your RA just casually talking about the mutual friends you have. You make an off-color comment about a person of a different race. You weren't being racist, you were just making a comment. You don't understand how you are in the wrong. You're not a racist person.

Scenario for practicing staff

You are hanging out with your resident[s] talking about the different people you know.

Reflection questions

What happened in this scenario?

What are the different ways you can approach this?

How do you challenge the resident knowing the risk of them shutting down and not talking about it anymore?

How do you follow up with the resident?

Facilitator points to make

Best practices in discussing privilege, empowering others in conversations about privilege to look internally

Relationship Abuse

The RA receives a call about possible abuse occurring in a resident's relationship.

Location: Resident's room

Number of actors: 2

Props: None

Date and time: Any night

Number of practicing staff: 1

Scenario to read to actors

Abusive partner: Earlier that day you spotted your partner with an old boyfriend/girlfriend. You're convinced that they are cheating on you with this person and have decided to confront them. You go to your partner's room and when they state that you're wrong, you become enraged and begin shouting. You are in a rage when the RA arrives. If the RA moves to call the administrator on duty or Campus Safety, run out of the room.

Resident dating the abusive partner: When your partner stopped by your room, you had no idea that they were going to accuse you of cheating. Last week, they were upset with you and struck you. You know it's not okay to hit someone you love, but you're afraid that if you tell anyone the violence will escalate. Answer the door when the RA knocks. If the RA asks if you are "ok", state "yes" but use contradictory body signals (i.e. divert your eyes, hunch your shoulders, and clench your arms around your stomach). Do not admit any abuse. If your partner is gone, then you begin to open up as the RA asks questions, but you are concerned about getting your partner in trouble. Blame behavior on external factors such as stress from classes, growing up with abusive or neglectful parents, having trouble at work, struggling with alcohol or drugs, not having money, etc. The partner may also blame resident for making them angry.

Scenario for practicing staff

On a weeknight, the RA on duty receives a phone call from a concerned resident in regards to their friend. The resident states that their friend is in an abusive relationship and that there is shouting and crying coming from the friend's room. The resident informs the RA that they saw the abusive partner enter the room a few minutes ago.

Reflection questions

What was going on in this situation?

What do you do if you've heard rumors about one of your residents being in an abusive relationship?

At what point should you inform your supervisor?

What if the resident confides in you, but asks you to "keep a secret"?

How would you get the resident to be open to going to the campus counseling center?

Facilitator points to make

Discuss personal safety when confronting the situation, contacting your supervisor and Campus Safety, supporting the student, being mindful that any gender can experience abuse. Always make sure that you are safe; be careful not to confront something alone that you think could turn into a dangerous situation. Remind RAs that they are not responsible for solving the person's problems. They are encouraged to consult in every case involving even what seems like a slight degree of risk of harm to self or others.

Relationship Dispute – Injury

Two residents are arguing when one sustains an injury.

Location: Resident's room

Number of actors: 2

Props: Fake blood

Date and time: Any evening

Number of practicing staff: 1

Scenario to read to actors

Resident 1: You and your girlfriend have been dating for several months. You're crazy about her, but sometimes you get into arguments, like any couple. Tonight you were hanging out together in your room and you were arguing. You got upset because she wouldn't listen to you. You said that if she didn't stop interrupting him, you would punch the window. She said to "go ahead" so you did. Now your arm is cut and bleeding. To make everything worse your RA just showed up because they heard your fight. You're really worried about getting in trouble and just want your RA to go away and leave you alone to work things out with her.

Resident 2: You are over at your boyfriend's room. You two have been dating for several months and everything is great. You both are very passionate people and sometimes get into arguments, like any couple. Tonight you were arguing and he got mad because he said you weren't listening to him. He said he would punch the window out if you didn't stop interrupting him, so you told him to "go ahead." To your shock, he actually did, and now he is bleeding. You've never seen him do anything like this before (except for the time he threw your Calculus book across the room) and are really worried. To make things worse, the RA just showed up because they heard you fighting. You are really concerned about your boyfriend's arm and are very persistently trying to provide first aid.

NOTE: Immediate medical attention is not needed (no hospital), cuts are minor.

Scenario for practicing staff

You are in your room and you hear loud cursing coming from a room down the hall. You decide to check out the situation.

Reflection questions

What are the priorities in this situation?

Do you feel that you need to contact someone else about this scenario?

Facilitator points to make

Importance of follow up for not just the medical injury, relationship violence, signs of healthy relationships. Remind RAs that they are not responsible for solving the person's problems. They are encouraged to consult in every case involving even what seems like a slight degree of risk of harm to self or others.

Resident Partying Often

A resident has been partying frequently.

Location: Resident's room

Number of actors: 1

Props: None

Date and time: Evening, any day of the week

Number of practicing staff: 1

Scenario to read to actors

You have gone out partying or to the bars a lot lately. It hasn't interfered with your schoolwork, and it's made you a ton of friends. You see no harm in going out a few nights a week. Tonight, you are in your room after coming home early from a get-together, and you are a little drunk, but not wasted. You smell like alcohol.

Scenario for practicing staff

You notice a resident (of legal drinking age) coming back to the floor late at night on many nights. Although up until now, you have had no reason to confront this resident, you have suspected that they often go out "partying". Tonight, as you are passing by their room, you notice the smell of alcohol coming from the room.

Reflection questions

How do you confront this person?

What are the things that you should be concerned with?

How do you address these concerns? Which are appropriate to address now?

What follow up is needed in this situation?

Facilitator points to make

The difference between alcohol abuse and use, approaching situations delicately without sounding accusatory, the importance of good relationships with your residents (so as to notice abuse), sharing concern, listening without judgment *This should be used at institutions where alcohol use is permitted as to not focus on policy violations

Roommate Conflict – 2 vs. 1

A resident slips a note under the RAs door asking to move.

Location: Resident's room

Number of actors: 3

Props: None

Date and time: Any

Number of practicing staff: 1

Scenario to read to actors

Three roommates are in the room together. Two of the roommates are not speaking to the third roommate because of a recent fight over the roommate's friends spending too much time in the apartment/room. The roommates are also upset because the third roommate has been eating their food and using their computers without permission. All of the roommates are tense and resistant to discussing the issues. *Feel free to bring up different issues than those listed

Scenario for practicing staff

Upon returning home from classes, you find a note on your door from one of your residents. In the note, the resident states that they hate their roommates and want to move out. You just saw them walk into their room/apartment so you decide to stop by and talk.

Reflection questions

What were the central issues?

What if you agree with one person vs. the other? How do you keep your feelings out of the situation and remain an impartial mediator?

What type of follow-up would be appropriate?

What resources would you take advantage of?

Facilitator points to make

RA should ask, "Have you talked with your roommate about this?" When a roommate approaches the RA about a roommate conflict, see if they want the RA to set up an appointment for a roommate mediation. Tell the RAs to set ground rules at the starting point of any mediation (ex: only one person speaks at a time, keep voices at an appropriate level, etc.). Let the RAs know to set specific goals working through the issues at hand during a mediation and set a time to follow up with the residents. Remind the RAs that a roommate agreement/contract can often be a good tool when working through a roommate conflict with residents.

Roommate Conflict – Drama

Three residents are in the hallway talking about a fourth.

Location: Hallway outside of a residence hall room

Date and time: Any

Number of actors: 4

Number of practicing staff: 1

Props: None

Scenario to read to actors

It is about four weeks after classes have begun. Molly* and Toni* have been having difficulty living together. Molly feels that Toni is disrespectful of the need to sleep and study and complains that Toni is always watching TV, having friends over to the room, and coming in late at night. Toni feels unable to have any personal space because Molly is always in the room; it feels like Toni has to walk around on egg shells because Molly is always sleeping or studying. Toni has made a lot of friends and is very close to Ray* and Sarah*. Toni has been telling Ray and Sarah all about Molly, saying Molly has no friends and is always hanging out on the computer. The three agree that Molly is “totally weird” and they have stopped speaking to this individual. Molly notices this change, but does not really know what is happening. Toni, Ray, and Sarah are in the hallway outside Toni’s room talking about this situation.

*Actors should substitute own names

Scenario for practicing staff

You are coming back from classes and overhear three of your residents talking in the hallway outside one of the resident’s doors. What you hear concerns you. You approach the group and engage them in dialogue.

Reflection questions

What was your main objective in the way you conducted this conversation?

Who are the “main people” in this conflict? Are there secondary people? If yes, who are they and how did you deal with them?

Why did you/did you not invite the students into your room? Did you go into the resident room?

What is your follow-up with Molly?

Are there any aspects of this that are a community issue or is it strictly an issue between two roommates? Do you need to address Ray and Sarah’s involvement?

Facilitator points to make

Discuss roommate agreement, mediation techniques, pulling in the roommate but not the friends to talk, follow-up with supervisor, taking good notes and significance of documentation

Roommate Conflict – Partner Sleeping Over Every Night

Two residents are having a conflict about one having their partner over every single night.

Location: Resident's room

Number of actors: 2

Props: None

Date and time: Any

Number of practicing staff: 1

Scenario to read to actors

Roommate A is fed up that Roommate B has had their partner sleeping over every night consecutively for the entire semester. Roommate B and their partner are very close and they cannot stand the thought of not sleeping together even for a night. Roommates should be reasonable in wanting to resolve this conflict and offer mediation practice for the practicing RA.

Scenario for practicing staff

You hear an argument down the hall and decide to investigate.

Reflection questions

How did/should you address the argument? Would you attempt a mediation on the spot, or schedule one?

Does this situation require documentation? Why or why not?

What are the steps for mediating a conflict? Were these taken?

Facilitator points to make

RA should facilitate the conversation and monitor interruptions, but not do the problem solving for the students. RA should split the two to talk to them separately first. RA should use or mention creating/revisiting a roommate contract. Remember the roommate agreement, community standards, and following up with this situation. RA should follow up the next day.

Roommate Conflict – Theft

A resident believes his roommate is stealing from him.

Location: Resident's room

Number of actors: 2

Props: None

Date and time: Any

Number of practicing staff: 1

Scenario to read to actors

Roommate 1: You recently spoke to your RA because your roommate has been stealing things from you. He has been borrowing your stuff without asking all year. He always returns it, so you've never said anything (even though it really bothers you). Just a few days ago, you noticed that he was wearing your watch. You asked him where the watch came from and he said he received it as a gift from a friend. You are finally fed up and spoke to your RA because you don't know what to do. You don't want him to get in trouble, so you don't want to do anything official with the police. You don't know what to say to him because when you asked about the watch he lied to you. All you know is that something has to be done because you don't want any more of your stuff getting stolen.

Roommate 2: You've had a difficult time since starting freshmen year because you feel so out of place. Everyone here seems to have so much more money than you, including your roommate. You can't ask your parents for any more money because they are already spending so much for you to be in school here. You would like to have an on-campus job, but don't know where to look for one. Rather than bother your parents for more money, you've been borrowing some of your roommate's things. After all, he has tons of stuff and probably won't notice. Sometimes you borrow his stuff, but you always return them without him noticing. The other day you were caught by surprise when he noticed you wearing his watch. He asked about the watch and before you knew it, you lied and said it was a gift from a friend. When he asks you to meet with him and the RA you are really nervous that you're going to be in big trouble and are very embarrassed.

Scenario for practicing staff

One of your residents comes to talk to you about an issue he's been having with his roommate. He has come to you to vent about his roommate using his stuff before, but he doesn't want to file any reports to get his roommate in trouble.

Reflection questions

What is the primary concern in this situation?

How did you/do you frame your language in mediating this conflict?

What is the RAs role in this scenario?

What types of Community Building Activities would de-emphasize the socio-economic barriers evident in your community?

Facilitator points to make

Boundaries and responsibilities of the RA role, being mindful of socio-economic barrier, using inclusive programming

Roommate Dealing Drugs

You are in your room when you are approached by a resident who thinks their roommate is selling drugs.

Location: RA's room

Number of actors: 2

Props: None

Date and time: Any

Number of practicing staff: 1

Scenario to read to actors

Your roommate has been dealing drugs. You really know that the roommate is selling drugs because you have seen them and the roommate talked about how much money he is making. However, you do not want your name involved and need the RA to promise that the roommate will never find out.

Scenario for practicing staff

You are in your room when a resident comes to talk to you.

Reflection questions

What is the correct process in this scenario?

Can confidentiality be promised?

Who do you use as a resource in this scenario and why?

Facilitator points to make

Drug policy on your campus, dealing with things that residents want to be kept secret.

Roommate Having Sex

A resident is concerned about their roommate having pre-marital sex.

Location: RA's room

Number of actors: 2

Props: None

Date and time: Any

Number of practicing staff: 1

Scenario to read to actors

Resident 1: You have heard from another friend that your roommate said you were a slut. You have no idea what that is about but you are hurt. You thought you and your roommate got along great! You email the RA saying, "Hey, can you tell me how I can get a new room? I'm not comfortable living here anymore. My roommate is spreading rumors about me." It was a rash decision, but you don't want to live with someone spreading things like that.

Resident 2: You have become friends with your roommate and see eye-to-eye on many things, but recently, your roommate has started having sex with her boyfriend. This is not acceptable to you. You do not believe in pre-marital sex and thought she believed this too.

Scenario for practicing staff

You got an email from a resident asking about how she would get a room change. The email says, "Hey, can you tell me how I can get a new room? I'm not comfortable living here anymore. My roommate is spreading rumors about me." You decide to go speak to her.

Reflection questions

How did you approach the situation?

How do you deal with differences in values between two people?

Why is it important to have the roommates talk to each other?

Facilitator points to make

Handling roommate conflicts with value differences. RA should ask, "Have you talked with your roommate about this?" When a roommate approaches the RA about a roommate conflict, see if they want the RA to set up an appointment for a roommate mediation. Tell the RAs to set ground rules at the starting point of any mediation (ex: only one person speaks at a time, keep voices at an appropriate level, etc.). Let the RAs know to set specific goals working through the issues at hand during a mediation and set a time to follow up with the residents. Remind the RAs that a roommate agreement/contract can often be a good tool when working through a roommate conflict with residents.

Sexual Assault

A student finds the RA to say their friend is acting weird after coming back from a party and may have been assaulted.

Location: Resident's room

Number of actors: 2

Props: Tissues and blanket

Date and time: Sunday afternoon

Number of practicing staff: 1

Scenario to read to actors

Resident 1: Find the RA in the lounge, tell them you are worried about your roommate and that they have been acting weird since going to a party on Friday night. Tell the RA that your roommate doesn't want to talk to you and ask the RA to go talk to them. When the RA is talking to your roommate, try to add in comments and things your roommate mentioned throughout the day (get the RA to ask you to leave the room if roommate is comfortable).

Resident 2: You were sexually assaulted. Be hesitant to say much at first, but gradually begin to open up more. Ask the RA to promise not to tell anyone.

Scenario for practicing staff

It is Sunday afternoon and you are hanging out in the lounge when one of your residents finds you to talk about their roommate.

Reflection questions

How would the situation and your response change if this was a friend of yours (not a resident)?

How do you feel about the sequence of events in handling the situation?

What does documentation of the conversation look like?

Facilitator points to make

Get the one roommate to quiet down and let the other speak, or get the roommate to leave. Be calm, speak in a soothing reassuring voice. Listen (long moments of uncomfortable silence are OKAY—this can be very tough). Follow Sexual Assault Protocol, informing them of their options (be aware of urgency – within 72 hours). Talk about mandated reporting.

NOTE: One institution includes members of their Sexual Assault Response Team in this scenario -- they are there to reiterate points/answer questions

Staff should spell out the limitations of their role (must share information appropriately, be objective, identify and direct students to appropriate resources).

Tips/Phrases that may be helpful:

- Ask student if they feel safe in their living space. If not, work with the supervisor to help secure a location.
- Accept what the survivor tells you. Listen non-judgmentally.
- Let the survivor talk about the incident, but don't force a discussion.
- Use only the language that the survivor uses to describe the event (ie. not saying "rape" unless they do).
 - "You have lots of choices... much of what happens next is all up to you."
 - "Know that what happened was not your fault and you should do what is best for you now." [continued on next page]

- Suggest options and actions (medical, psychological and other assistance), but let the survivor decide what action to take. Sexual assault is about power being taken from the survivor... our response should give them power back. Allow them to make decisions. Do they want their friend to stay? Do they want to report? Do they want to contact resources? We have to be comfortable with whatever their answer is, but also let them know that if they change their mind we can help them later too.
- If you are the same gender of the person that assaulted the individual, ask if the survivor would be more comfortable talking to a different staff member. Tell them you would love to help, but that you also recognize they may just be more comfortable talking to someone else.
- Follow-Up: Ask them if it is okay for you to check-in with them about how they are doing in the coming days/weeks.

Sexual Assault – One Week Later

A student finds out her roommate was raped last weekend.

Location: Resident's room

Number of actors: 2

Props: None

Date and time: Any

Number of practicing staff: 1

Scenario to read to actors

Resident 1 has been depressed all week, missed classes, and finally told her roommate, Resident 2, what was wrong. Resident 1 went out to an off-campus party last week with a guy she has been seeing for the last few weeks. Both Resident 1 and the guy drank at the party – Resident 1 says, “probably more than we should have.” Resident 1 went back to his room, and they started making out which she was fine with. When it started to go further than that, Resident 1 said she wanted to stop. The male said she didn’t really know what she wanted and forcibly had sex with her. Resident 1 just decided to confide in her roommate because she is feeling horrible about the whole situation. Resident 1 said she feels guilty because she knows she shouldn’t have been drinking and also says, “I did wear clothes that were pretty suggestive. He probably thought that I was okay with going further since we had gone on multiple dates... I mean everyone has sex by 5 dates, right?” Resident 2 has never really liked the guy she was seeing and also realizes that this incident fits the definition for a sexual assault. Resident 2 tells the RA because she wants help convincing Resident 1 to dump the guy and file a report.

Scenario for practicing staff

You are approached by a resident of yours regarding her roommate. She tells you that her roommate was raped last weekend and is really upset and just told her.

Reflection questions

How did it feel to be the RA in this scenario?

How can you or should you involve the roommate?

Is this an emergency?

What level of confidentiality do you promise the resident? Who do you have to tell? Who could you tell

Facilitator points to make

Staff should spell out the limitations of their role (must share information appropriately, be objective, identify and direct students to appropriate resources). Be calm, speak in a soothing reassuring voice. Listen (long moments of uncomfortable silence are OKAY—this can be very tough). Follow Sexual Assault Protocol, informing them of their options (within 72 hours). Talk about mandated reporting.

Tips/Phrases that may be helpful:

- Ask student if they feel safe in their living space. If not, work with the supervisor to help secure a location.
- Accept what the survivor tells you. Listen non-judgmentally.
- Let the survivor talk about the incident, but don't force a discussion.
- Use only the language that the survivor uses to describe the event (ie. not saying “rape” unless they do). [continued on next page]

- “You have lots of choices... much of what happens next is all up to you.”
 - “Know that what happened was not your fault and you should do what is best for you now.”
- Suggest options and actions (medical, psychological and other assistance), but let the survivor decide what action to take. Sexual assault is about power being taken from the survivor... our response should give them power back. Allow them to make decisions. Do they want their friend to stay? Do they want to report? Do they want to contact resources? We have to be comfortable with whatever their answer is, but also let them know that if they change their mind we can help them later too.
- If you are the same gender of the person that assaulted the individual, ask if the survivor would be more comfortable talking to a different staff member. Tell them you would love to help, but that you also recognize they may just be more comfortable talking to someone else.
- Follow-Up: Ask them if it is okay for you to check-in with them about how they are doing in the coming days/weeks.

Smelly Kid

A resident complains of his roommate's smell.

Location: RA's room/resident's room

Number of actors: 2

Props: None

Date and time: Any

Number of practicing staff: 1

Scenario to read to actors

Ken* says that Gary* has never done laundry, his shoes smell horrible, and he NEVER showers. Ken has said something to Gary but Gary just laughed and blew him off. Gary knows that his room doesn't smell good but he isn't really worried about it because no one has said anything to him. Gary works out regularly, but he re-wears his clothing because he is holding out on doing laundry. Although it is already the 3rd week of school and he hasn't done laundry, he is going home in two weeks and he can do laundry there. He doesn't really want to have to figure out how to use the machines or how to even do laundry (he has never done it before). He does shower every day, but wearing his dirty laundry quickly makes him smell. Gary remembers Ken joking about the smell with Gary one day, which was kind of embarrassing. Talking about "being stinky" is embarrassing for Gary, so Gary should try to cut the conversation short should anyone try to talk to him; however, if the RA is persistent then Gary is willing to talk and problem-solve the issue.

*Actors should substitute own names

Scenario for practicing staff

You have been approached by one of your residents, Ken, who says that his roommate stinks. Ken says that Gary has never done laundry, his shoes smell horrible, and he NEVER showers. You have been in the room yourself and noticed that it smells bad (it is particularly bad when they have their window closed). Ken says he has said something to Gary but Gary just laughed and blew him off. You have decided to talk to Gary about the smell.

Reflection questions

How did it feel to be the RA in this scenario?

What should you be sensitive of? (knowledge of "normal" hygiene, etc.)

How do you protect the currently good roommate situation?

What follow-up do you think you should do?

Facilitator points to make

Sensitivity, cultural differences in hygiene, roommate mediation skills

Smoking Near Entrance Doors

A resident is smoking near the building's entrance. (Only used if institution has policy about smoking near buildings)

Location: Front of building/lobby

Number of actors: 1

Props: Cigarettes (or fake ones)

Date and time: Any

Number of practicing staff: 1

Scenario to read to actors

You are smoking near the doors of your residence hall. It's raining. You don't want to get wet. Why do you have to be so far from the building to smoke?

Scenario for practicing staff

You are on desk duty and you see a resident smoking directly outside of the door.

Reflection questions

Why are the policies important to the community?

What options can you offer to the student?

Facilitator points to make

Community impact of smoking (goes up into windows, cigarette butts litter, etc), refer to policy

Student with Mobility Impairment

A resident that used to be more active has not been around much.

Location: Resident's room

Number of actors: 1

Props: None

Date and time: Any

Number of practicing staff: 1

Scenario to read to actors

Resident 1's roommate uses a wheelchair for mobility. Lately, Resident 1 has noticed that their roommate has become frustrated with the way other residents are treating their disability. Resident 1 has seen other residents walk around their roommate as they are leaving the building since they use a proxy card that automatically opens the doors. Resident 1 has also seen residents make faces, gestures, and comments about their roommate being slow and taking up the whole hallway as they navigate the building. Resident 1 knows that their roommate has become aware of the ignorance/intolerance of other residents has become less active in the hall and is now spending most of their time outside the resident hall. When the RA stops by to ask about Resident 1's roommate, Resident 1 explains the situation.

Scenario for practicing staff

One of your residents uses a wheelchair for mobility. This resident has been very social and active all semester—coming to hall events and spends a lot of time in the lobby being chummy with other residents. Recently, however, you've not seen this resident around. Being concerned, you stop by why the resident is out and ask their roommate if everything is okay.

Reflection questions

How would you have prepared for this conversation if you had the time?

What community building initiatives can you take on your floor?

Facilitator points to make

Talk to the resident experiencing the issue to assess their feelings and sentiments. Ask the resident if they would be interesting in creating an ability-based program (some residents with disabilities are more than willing, while others would rather not). Become acquainted with the access department—they will be glad to help you understand your resident and their needs. Do not tolerate any intolerance of any diversity element: treat it as you would any other inconsiderate behavior. Start the year by discussing a climate of acceptance and expecting diversity. This will set the tone for the year and make residents more aware of one another initially.

Suicide Attempt

A resident attempts suicide by swallowing pills.

Location: Resident's room

Number of actors: 2+

Props: Pill bottles

Date and time: Any

Number of practicing staff: 1

Scenario to read to actors

Actor 1: Your roommate just swallowed a bunch of pills. They just told you they did this recently and that they don't want to deal with life anymore. You go to the RA on that floor frantically asking for help and tell them you think your roommate just tried to commit suicide.

Actor 2: You are the student who just overdosed on pain medication. This was your plan to kill yourself. You are bipolar and you disclose this while talking to the RA.

Scenario for practicing staff

A student frantically comes to you to help a student who has just swallowed a bunch of pills.

Reflection questions

What are your priorities in this situation?

Who do you call for assistance?

What could have been done to make this scenario run smoother?

Facilitator points to make

RA should immediately go to the room where the student is and call for back up. RA should do their best to keep everyone calm and use active listening skills until back-up arrives.

Suicide Threats

A resident is making threats of suicide.

Location: Resident's room

Number of actors: 3

Props: None

Date and time: Any

Number of practicing staff: 1

Scenario to read to actors

Resident 1: You have been dealing with a lot of stuff and feel that you can no longer deal with the pressures and situations that you are being forced to deal with. (Note: You can elaborate and come up with whatever details you want to make this believable.)

Resident 2: Your roommate has been acting depressed lately. You have tried to talk to him, but he says everything is fine. You come in from class with your friend one day, planning to play Halo, only to find him 'talking crazy' and threatening suicide. You go to get your RA. (Note: Don't leave until the RA removes you. Try to stay as involved in the process as possible.)

Friend: You're just here to play Halo. (Note: Try to stir things up some. Try to get past the RA to see what's going on, offer incorrect advice, and just generally be distracting.)

Scenario for practicing staff

You are in your room when a resident comes to talk to you about their roommate.

Reflection questions

How did you calm this scenario?

What is the most prevalent concern?

Facilitator points to make

Following up with the resident, who to call, campus resources, sensitivity to issues, removing others from the situation when necessary. Be direct when asking about intent. Remind RAs that they are not responsible for solving the person's problems. They are encouraged to consult in every case involving even what seems like a slight degree of risk of harm to self or others.

Terminal Illness

A resident's father has a terminal illness.

Location: Resident's room

Number of actors: 1

Props: None

Date and time: Any

Number of practicing staff: 1

Scenario to read to actors

You just found out your father will not live for more than a couple months. You are upset and in shock.

Scenario for practicing staff

Your supervisor asks you to follow up with a resident whose mom called to say that the student's father has lung cancer and has not responded to treatment. He will not live more than a couple months.

Reflection questions

What are your options when you feel helpless in a situation?

Facilitator points to make

Use active listening skills, suggest counseling, remind RA staff of limits to the RA role, talk about following up for the rest of the year

The Accused

A resident's friend has just been identified as the perpetrator of a sexual assault that happened at a party last week. They feel that he has been falsely accused and want to know what you can do about it.

Location: RA's room

Number of actors: 2

Props: None

Date and time: Any

Number of practicing staff: 1

Scenario to read to actors

Friend: Your friend has just been identified as the perpetrator of a sexual assault that happened at a party last week. You feel that he has been falsely accused and want to know what you can do about it.

Accused perpetrator: Maintain your innocence.

Scenario for practicing staff

Two residents come to talk to you.

Reflection questions

How did it feel to be the RA in this scenario?

What did you learn about yourself in this situation?

Facilitator points to make

Encourage staff to support the feelings of the resident but not lose objectivity or take sides. Any behavior beyond that results in the staff member being in a compromised situation. The RA should not gather information or ask questions of the alleged perpetrator concerning the incident with the intent of writing a report. Talk about being aware of the impact that the situation may have on the community. Caution the resident to not escalate rumors by campaigning for the friend's innocence or speaking badly about the victim.

The Petition

A resident has supposedly created a petition to get rid of another resident.

Location: Any

Number of actors: 2

Props: None

Date and time: Any

Number of practicing staff: 1

Scenario to read to actors

Resident 1: A friend on the floor asked you to sign a petition to get Resident 2 kicked off of the floor.

Resident 3: Resident 2, a girl that lives close to you, is weird, awkward, creepy, and makes people uncomfortable. You created a petition to have her moved off of the floor, but didn't want to bring it up to Res Life until you had enough signatures. When the RA comes to talk to you, avoid talking about the petition as much as possible. Skirt the issue until you cannot anymore.

Scenario for practicing staff

A resident comes to you saying another resident is collecting signatures to get a girl kicked off of the floor because she sometimes "awkward," "creepy," and makes people uncomfortable. You decide to talk to the supposed petition-creator.

Reflection questions

What are the main issues in this situation?

How did you feel bringing up the issue to resident 3?

Facilitator points to make

Importance of setting community standards early, acceptance and tolerance, policy (if helpful)

Underage Drinking – International Student

An underage international student has alcohol in their room and is not shy about it.

Location: Resident's room

Number of actors: 1

Props: Bottle of wine/liquor/beer

Date and time: Any

Number of practicing staff: 1

Scenario to read to actors

You are an international student here for the semester. You are 20 years old and from a country that has a lower drinking age and social customs that would not frown upon drinking. You are casually having a glass of alcohol and the bottle is on your desk. You usually drink alcohol. You are not mean, but question why the situation is even a concern for the RA.

Scenario for practicing staff

You stop by to see how a resident is adjusting. They are an international student that is here for the semester. They are 20 years old.

Reflection questions

What do you need to be mindful of when confronting the resident about the alcohol?

How did you explain our policies and laws?

Facilitator points to make

Setting the tone early, spending more time in the beginning of the semester explaining policy to international students if necessary, resources on campus for international students

Unhappy Front Desk Visitor

Signing in an unhappy guest.

Location: Front desk

Number of actors: 1

Props: Front desk materials, ID

Date and time: Friday at 9 p.m.

Number of practicing staff: 1

Scenario to read to actors

You do not attend this school, but plan on staying overnight with a friend and it was just too annoying to sign in. Your friend gave you their ID card to scan in for them. Pretend to be talking on your phone, and give the RA a "head nod". If the RA tries to stop you, act very annoyed.

Scenario for practicing staff

You are working the front desk of your building. A person comes in who you are not familiar with, talking on their cell phone.

Reflection questions

When should you address people that you do not know?

How else does "sneaking in" happen?

Why is it important to document who is in the building?

Facilitator points to make

The importance of guest policy and procedures, importance of being able to communicate the policies to people so that they are more compliant

Unhappy with Assignment

A first year student and her parents want her moved on move-in day.

Location: Resident's room

Number of actors: 3

Props: None

Date and time: Move-in day, 9 a.m.

Number of practicing staff: 1

Scenario to read to actors

Student: You have just checked into your room. You did not want to be placed in this hall. You have called the RA because you want to move out of this building and into another ASAP. All of your friends from high school are living in another hall. You want to move into their hall. You grew up close to campus and if you can't get moved out of this hall, you want out of your contract so you can move home. You are upset that no one has helped you so far and you are thinking about having your dad call the President to get things fixed.

Mom: Today is the biggest day of your daughter's life and everything is going wrong. She didn't get placed in the right residence hall and you are worried that she won't be able to make the right friends or get into the right sorority. You are also concerned because her roommate was in the room earlier in the day and is too "country". You know they won't have anything in common. You want your daughter moved into another hall right away, before you unpack everything. (NOTE: You are not in the room when the RA arrives. Wait about one minute before entering. You've been off trying to find a Residence Life Professional Staff member with no luck.)

Dad: You are here to help move your daughter into her new room. But you have concerns about her roommate. You're not sure they're going to get along. Your daughter has asked you to call the President in order to get this straightened out. (NOTE: You can take whatever approach to this you want. You may try to calm your wife and child, or get just as fired up as they are.)

Scenario for practicing staff

You are called by a new resident to go to her room immediately.

Reflection questions

Knowing what we do about student development, how do we frame our conversation with the parents?

How do you generally respond to parents that are upset?

Facilitator points to make

Using active listening skills to hear the concerns, trying to resolve the issue before calling your supervisor, explaining policies and the reasoning behind emergency housing and the housing freeze timeline, talk about how to manage conflict and keep composure when people seem to disrespect you or "team-up" against you

Video Games, Noise, and Alcohol

Residents are drinking beer while playing video games loudly, they've received a noise warning already.

Location: Resident's room

Date and time: Saturday, 1:15am

Number of actors: 2

Number of practicing staff: 1-2

Props: Game controllers/console, music, beer bottles/cans

Scenario to read to actors

You and your roommate are playing an awesome video game. It's late but it's a Saturday night. You got a warning at 11:20 p.m. this evening for noise. The two of you have had a beer after the RA came by. It's now 1:15 a.m., the game is going strong, and then the RA knocks at the door.

Scenario for practicing staff

You are doing rounds. It's 1:15 a.m. because you were held up on the last floor. You walk by a room that is being loud. It doesn't sound like a party. You gave this room a warning earlier this evening for being loud. You wanted to give them the benefit of the doubt. They are good residents.

Reflection questions

How would the scenario have changed if the alcohol suspicion was unfounded?

How do you feel about the sequence of events in handling the situation?

What were key facts to include if there were to be documentation?

Facilitator points to make

Investigation of alcohol suspicion (questioning, checking room, etc.), RA should consider a community building mindset during this confrontation, RA should end conversation by explaining expectations for the rest of the evening