

Behind Closed Doors

Level 1 Scenarios
(“lower level” or more common incidents)

SCENARIO 1 - ROOMMATE MEDIATION – GUEST ISSUE

Actors Required: 3 minimum, 4 maximum

What the confronter knows: You have noticed some tension with the roommates of this room but no one has come to you with any concerns. You walk by this room and hear what sounds like an argument between the 2 roommates.

What the actors know:

All Actors: Actor 1 and 2 have been roommates for 1 semester. They did not choose to live together.

Actor 1: You are a very serious student and are concerned about your academic work and little else. You do not have many friends at school and spend most of your time in your room. You have an 8am class and like to be in bed with the lights off by 10pm. You are a light sleeper. You do not like overnight guests as Actor 2 tends to make lots of noise with their guest and that makes you uncomfortable. You think Actor 2 should move out.

Actor 2: You are the exact opposite of your roommate. You planned your classes so nothing would be happening before noon. You go out most nights with the people in the hall and after a party you like to come back to the room to chill. You have overnight guests most nights. You are rarely in bed before 2 or 3am. Actor 3 is currently over and planning to spend the night which has sparked this particular argument. You know Actor 1 does not like overnight guests but this is your room too and you deserve to have people over if you want.

Actor 3: Actor 2 has invited you to spend the night. You are friends with benefits but have been friends for a while. During the argument, you are sitting in the corner defending Actor 2.

Processing Questions:

- What did the RA do well in the scenario? What could have gone better?
- What campus/department resources can use to refer the students?
- Would you involve the RD? (yes, always tell them what is going on with a student)
- Do you need to write an incident report for this? Or just a verbal follow up with the RD?
- When are room switches allowed? When are they not allowed? What should be tried first before a room switch? (never first option, we are all tight on space across campus)
- What policies apply in this scenario? (Guest policy, no more than 2 nights in a row twice a month)
- Is it a good idea to ask Actor 3 to leave? When do you separate residents?
- What sort of follow up is appropriate?

Other Points to Cover:

- Ground rules and mediation
- If roommates cannot remain calm in that moment – reschedule
- Roommate/Suitemate agreements
- Room switches are generally not allowed early on (before occupancy verification) and are very difficult in first year areas.
- Roommate mediations are generally not 1 time events and may need to be revisited a few times to ensure the situations is truly solved and the agreement and compromise is working. You may need RD assistance if it is not going well.
- Roommates with issues don't always go to you. How do you encourage residents with concerns to use you as a resource? How can you check in with rooms and suites to see if their living environment is positive and working even if you don't suspect anything is wrong?
- How might this situation look differently in a suite or apartment?

SCENARIO 2 - EATING DISORDER

Actors Required: 3 minimum, 4 maximum.

What the confronter knows: You are in your room when a resident approaches you and wants to talk to you about a concern they have with their friend (who is also a resident).

What the actors know:

Actor 1:

You and Actor 2 approach the confronting RA in the hallway that is “their room”. You knock and ask if you can talk to them. You voice your concerns that your friend, Actor 3, has not been eating properly. You express that you have witnessed Actor 3 exercising nonstop and very rarely see them eat when you go to the dining hall together. You and Actor 2 decided to go talk to the RA to get help. Neither you nor Actor 2 should go to the conversation with the confronting RA.

Actor 2:

You and Actor 1 approach the confronting RA in the hallway that is “their room”. You have witnessed Actor 3 throwing up in the bathroom several times this week and are concerned that they have an eating disorder. You are nervous that they will be mad at you if you bring it up but you are a good friend and are very worked about them. You and Actor 1 decided to go talk to the RA to get help. Neither you nor Actor 1 should go to the conversation with the confronting RA.

Actor 3:

You are working out in your room when the confronting RA asks to talk to you. As an athlete you need to maintain a certain weight and you have not been eating a lot and purging in the bathroom after some meals. As the RA brings up an eating disorder you deny it. If the confronting RA shares their own reactions (i.e. I am worried about you, etc.) or shares concrete behaviors (Some residents have heard you throwing up several times) then you open up about the pressure you are under in your sport. If the confronting RA pressures you to eat or focuses on diagnosis instead of concrete behaviors (I think you’re bulimic or I think you’re too worried about your weight) then you begin to shut down and may say that you do not want to talk about it.

Notes: DO NOT be overly angry or aggressive with the RA. The end goal of this conversation is that the confronting RA can talk you into speaking with CARE or Counseling. To get to this point you may need to give a little more than a resident would normally but that can be discussed in debrief. The situation should end successfully.

Processing Questions:

- What did the RA do well in the scenario? What could have gone better?
- What campus/department resources can use to refer the student? Would you involve the RD?
- Do you need to write an incident report/care referral for this? Or just a verbal follow up with the RD?
 - Do you tell the resident you are doing so? (answer is always yes)
- Did the RA identify symptoms/behaviors associated with an eating disorder?

Other Points to Cover:

- Beware of the many types of disorders: bulimia, anorexia, over-exercise, overeater, not otherwise specified (NOS), etc... *Do not diagnose*, only state concrete behaviors
- Note that denial is very common with this type of incident, you may not always have a successful conversation, and the resident may not take it well.
- Consider the fact the resident may be embarrassed by the situation; be considerate.
- People with eating disorders may be experiencing some other difficulty that also needs to be addressed.

SCENARIO 3- NOISE VIOLATION

Actors Required: 2 minimum, 3 maximum

What the confronter knows: One of your residents complains to you that he can't concentrate because the room across the hall is WAY too loud. This is a room that has had problems with noise before. You've had to knock and ask them to keep it down several times before this day. As such you go to the door again...

What the actors know:

Actor 1:

You invited some of your friends over to watch Love is Blind, your favorite show. There's no alcohol or anything else illegal in the room, but you and your friends are getting into the show. The TV is blasting at the highest volume, and you are regularly cheering or screaming or yelling loudly to each other as ridiculous things happen in the show. You've been told by your RA in previous weeks to keep the noise down, but you haven't realized how loud you've gotten again tonight.

Actor 2:

You are a friend of Actor 1 who is visiting the room. You are also yelling and getting into the show, having a good time. If the RAs confront you, you will try to argue that you aren't doing anything wrong as it is before quiet hours. And you aren't *that* loud. You are convinced that no one else on the floor really cares, and the RA is just being overly sensitive. You do not want to turn the show off and are slightly annoyed you are being interrupted. However, you will cooperate with the RA in the end.

Actor 3 (if needed):

You are the room/suite mate of actor 1. You are also enjoying the show and being a bit loud, but it was Actor 1's idea to watch the show. You do not wish to 'get in trouble' if the RA comes by. You will be apologetic and share that it was your roommate's idea not yours. You will also try to ask for some confirmation/promise that you 'won't get in trouble' from the RA since it wasn't you who wanted to watch the show.

Notes: This is not a roommate conflict

Processing Questions:

- What did the RA do well in the scenario? What could have gone better?
- When do you write an incident report for a noise violation (after how many warnings or when is it appropriate the first time)? When is a verbal warning acceptable?
- If a room is consistently being too noisy, what are some strategies you can use?
- What other choices could you have made to resolve this situation?
- What is the noise policy? (24 hour courtesy hours, quiet hours from Sun – Thurs midnight - 8am. Fri/Sat 2am - 10am. Quiet hours is noise that can be heard outside of the room & more than soft talking in the hallway/lounge)

Other Points to Cover:

- Depending on the situation you may or may not be officially documenting a noise violation. However, you should ALWAYS be noting it in duty logs and talking to your supervisor about it. This helps make sure that the same rooms do not continue to have problems.
- Make sure to confront noise violations, even before quiet hours. If you are hearing it and being disturbed, odds are good other residents are as well even if they are not comfortable saying something. Many residents rely on the RAs for this.
- Establish hall or floor expectations with noise early on. This can help prevent problems from occurring. Try to get the hall to help talk about noise expectations, as these can be more powerful coming from peers.

SCENARIO 4 - FIRE INSPECTION/FACILITIES

Actors Required: 1 minimum, 2 maximum

What the confronter knows: Your residents asked you to come by to help them with some work order issues. There are some problems in the room and they aren't sure what to do. When you get to the room though, you can't help but notice there also appear to be some fire hazards...

What the actors know:

Actor 1:

The drawers to your desk are constantly sticking and it needs to be fixed! You called it in at the start of the year, but nothing seemed to happen. On top of that, now your blinds are broken and won't close. As such, you have asked your RA if they can come over to help you with a facilities issue. You want to make sure these issues are resolved this time!

What you don't realize is you didn't pay attention when the RA was talking about fire hazards at the start of the year, figuring it unimportant. As a result, you also have several fire hazards in the room that you have not bothered to turn in as you never read the fire safety procedures. You have candles in your room, but you think those are fine since you have never lit them. You have an extension cord plugged in under the bed that you needed because the outlet was too far away. You have a tapestry hanging from your wall because the room needed some decoration, it was too bland. You left all your shoes in the hallway, because who wants smelly shoes in their room?

Actor 2 (if needed):

You are the roommate to Actor 1. You are in a similar situation to him, and half the fire hazards belong to you. At first you are concerned about the facilities issues, but once the fire hazards are mentioned you are immediately worried about what will happen with them. If challenged, you will ask the RA to overlook the incident this time. You will promise to get rid of the items as long as they don't document you. If they insist on documenting you, you will ask what will happen. You are worried that if you are documented your parents might find out or it could impact your chance of going to grad school.

Notes: Feel free to put up any other fire hazards that are appropriate. Some of the Offices should have some in storage to help you. After each group leaves, reset the room. This is not a roommate conflict

Processing Questions:

- What did the RA do well in the scenario? What could have gone better?
- What are the resources you can use in a situation like this?
- How can you the RA be sure of what is or is not a fire hazard?
- Should you be confiscating violations you notice in a room? (Only during Winter Break, use Fall Fire Safety Form during the year (fall and spring))
- When is it appropriate to report a violation with an incident report? (always for fire safety).
- What do you do if you think a resident is 'hiding' a violation somewhere out of sight like a drawer or closet?

Other Points to Cover:

- Make sure YOU know what a violation is and what is not.
- The better job you can do educating your residents at the start of the year, the fewer problems you will have with fire hazards.

- Make sure residents know they can voluntarily turn in fire hazards at the start of the year and during occupancy verification with no penalty. Our goal is not to ‘get’ them, but to remove dangerous items from our halls.
 - a. They can retrieve these items from the office before they go home the next time or during check out
 - i. All items not retrieved before June 1 are discarded.
- You should always report a fire hazard or other violation whether you notice it during an official inspection, or just when walking your hall.
- Remember that your job is to report, not to confiscate. You should not be taking a student’s possessions, whether that is a fire hazard or something else (such as alcohol or drugs). If the student is present, you should ask them to bring it to the area office the next business day and then you should give them a Fall Fire Safety Form. Give the white copy to your supervisor the next day and make sure you write an IR before 9am.
- When it comes to work orders, differentiate between emergencies that need dealing with right then (the lock isn’t working, heat isn’t working, human waste products outside of a room or suite/apt unit, etc.) and items that need fixing but can wait.
- You can always help a resident do a work order, but it is also good to train them how to do them themselves. Do not do work orders for them. RAs should do work orders for common spaces (outside units) but residents can also do these. Residents should do work orders for their own rooms and units.
- Always have a resident get a work order number, so they or you can follow up on the work order. If they claim there is a problem that wasn’t fixed, you can look up its status by plugging in the work order number online.
- If problems continue to happen with work orders or work orders aren’t being completed, talk to your supervisor.
- Sometimes the problem doesn’t actually need a work order, just some know how. For example, is the lock broken or do you just need to know how to turn it? Is the electricity not working, or did they flip the switch by the plugs on accident? You can always talk to your supervisor if unsure.

SCENARIO 5 - BULLYING/RACISM

Actors Required: 2 needed

What the confronter knows: You are walking down the hall to go to the bathroom when you hear raised voices and angry yelling coming from a room. Concerned, you decide to knock.

What the actors know:

Actor 1: Recently, you feel that you have been the victim of bullying. Your hallmate is making up stories about you and telling them to other people, and they recently started making racist comments about you, your appearance, etc. You two have never gotten along and have had numerous fights over the year. Further, you have noticed that this person often likes to make loud and racist jokes (something else that always bothered you). You are scared, embarrassed, upset, and angry, but decide to confront the hall-mate to get him/her to stop. However, things (and voices) quickly escalate, with you accusing him/her of being racist while s/he claims you are making it all up.

Actor 2: You have never liked Actor 1, and have made no secret of the fact. You also freely admit that you like a good joke, but they are just jokes and you are not racist. Actor 1 is just way too sensitive and doesn't have a sense of humor. They need to relax.

Notes: This is not a roommate conflict; the actors are hallmates. The end goal of this conversation is to establish that jokes can be hurtful. RAs should focus on intent vs. impact during this situation. The situation will end successfully when the RA has both residents in agreement (remember, this is BCDs -real world situation may not always end in agreement but practice sessions such as these should have a completion point).

Processing Questions:

- What did the RA do well in the scenario? What could have gone better?
- What other choices could you have made to resolve this situation?
- Even if Actor 2 is just joking, is there an issue here you need to address? What is it/how can you address it?
- What are the resources you can use in a situation like this?
- How do you 'confront' a situation like this, where there are few 'hard facts'?
- If you hear someone making an inappropriate comment or 'joke' how can/should you speak up and address it? What are some strategies you can use?
- What sort of follow up should happen?

Other Points to Cover:

- If the student's privacy is being invaded these behaviors can be very frightening and intimidating.
- Make sure the student knows we are not trivializing what they are going through.
- Make sure they know where to go to for help.
- It is not your place to judge whether or not a student is responsible
- Just because one person is joking, that does not mean another person is not being hurt or offended.
- If the student does not feel comfortable talking with you, give them options of other resources and people they can contact.
- If one person feels unsafe/uncomfortable on the hall due to someone's comments, odds are good they are not alone but others do not feel comfortable speaking up.
- Our main concern is for the health and safety of the student and our community.

SCENARIO 6 - ROOMMATE HYGIENE

Actors/Actresses: 3 minimum, 4 maximum

What the confronter knows: Residents approach the RA because they have an issue with their roommate/suitemate.

What the actors know:

Actor 1: You and Actors 2 approach the confronting RA in the hallway outside of what is your room/suite. You voice your concerns that your roommate/suitemate, Actor 3, has poor hygiene. They haven't done laundry in 4 weeks. You three want Actor 3 moved.

Actor 2 (if additional actor, split this into 2): You are upset that Actor 3, doesn't shower daily. Even after the gym, they will lounge around in the suite instead of showering. You are upset that Actor 3 is repeatedly sweating on your futon.

Actor 3: This semester is going well. Despite being busy with course work and labs you've built in time for self-care. You're regularly going to the gym and you're taking time to relax in your suite with your roommates who have become your friends.

Processing Questions:

- What did the RA do well in the scenario? What could have gone better?
- Have the roommate/suitemates talked to the other person about the issue?
- Would this scenario be different if there were cultural differences involved?
- Did the RA try to find out if there were other issues at play? (i.e. roommate hasn't ever done laundry and does not know how, roommate is clueless to hygiene, the student is having mental health issues, etc.)
- What are some ways the RA could approach the resident with hygiene issues?
- Is this an IR/CARE referral?

Other Points to Cover:

- Don't assume that the roommate/suitemates is telling the truth.
- This is one of the hardest issues for an RA to confront often times, but it comes up every year.
- How is this situation different in a suite/apartment or triple room?
 - How is this conversation different if it is the cleanliness in the common area (dishes, peeing on floor, etc.)?

SCENARIO 7 - LOW LEVEL ALCOHOL

Actors Required: 2 needed

What the confronter knows: You are the RA on duty and are on rounds. As you're entering your hall you hear yelling coming from a room at the opposite end of the hallway. It's not quiet hours, but the noise is excessive, so you decided to knock.

What the actors know:

Actor 1: You are underage and are hanging out with your friend playing a video game. You are drinking a beer and have some other alcohol in the room. You also have some empty bottles scattered around the room, but it is not from today. You know you are underage and should not be drinking, so you panic. Your roommate is also under 21. While you cooperate with the RA and turn over the alcohol if asked and admit to drinking, you are really worried about getting in trouble (you've never been in trouble before). You keep asking the RA what will happen and asking if they can promise you it will be OK, or what will happen. You are also concerned that your friend, who wasn't drinking with you, doesn't get in trouble. Finally, you feel you were only responsible for the one beer. The empty bottles all belong to your roommate who is not present, and you want to make sure the RA knows that, so you don't get in trouble for it.

Actor 2: You are the friend of Actor 1 and under 21 years old. You were hanging out with him and knew he was drinking, but you weren't drinking yourself. This isn't even your room. You don't think you should be in trouble, because you weren't doing anything wrong. You will keep asking the RA why you are being documented, can you leave, and why you are in trouble.

Note: This is not a roommate conflict.

Processing Questions:

- What did the RA do well in the scenario? What could have gone better?
- What other choices could you make to resolve this situation?
- What can you promise/say to someone being documented, what can't you? Especially in terms of who is 'responsible'?
- Are you familiar with complicity? Might that apply in this situation?
- What are the procedures for disposing of alcohol found in a resident's room?
- If there had not been any alcohol, just noise, how would you have handled the situation?
- What sort of follow-up should you make?

Other Points to Cover:

- Don't touch anyone. Don't touch anything.
- What are the policies that could be involved here?
 - a. First Year Areas are dry – no alcohol even if over 21 (unless RA)
 - b. Funnels, beer-pong tables, other drinking game paraphernalia are not allowed.
 - c. 1 liter of spirits is allowed per person. Handles are not allowed. No beer in containers larger than 64 ounces. No wine more than 5 liters.
 - d. The host is responsible for the behaviors and violations of their guests (this is written to include students but we generally use this to refer to non-student guests).
 - e. Residents of legal drinking age not in first-year housing may consume alcohol in the privacy of their room, suite, or house with other of age peers.
 - f. Residents who are over age and are in a room or suite/apt with someone under age cannot leave their alcohol in the common space and must not provide alcohol to their underage roommate(s)

- g. Drinking or having open containers outside of your personal room/suite/house is never allowed. No drinking is allowed outside at all.
 - h. The possession of empty beer or alcohol containers in your assigned living space when you are under-age will be treated as a violation.
 - i. Complicity: being in the presence of a violation without reporting it or removing yourself is a violation of the complicity policy.
- How do you back out gracefully in a situation where there doesn't end up being alcohol/any violation?
 - What happens if the roommates/suitemates are different ages (over 21/under)?

SCENARIO 8 - STAFF CONFLICT

Actors Required: 1 needed

What the confronter knows: Your RA staff bonded well in training, and the year got off to a good start. Lately though, there has been one returning RA, Taylor, that seems to be slacking. As their co-RA, you want to check in with them because they are normally a great RA and you know that others on your staff are noticing their decline of involvement and sense of care for their job.

What the actors know:

Actor 1: You are not holding up your weight on staff. You were late on your last bulletin board (but your RD didn't notice) and your programs haven't exactly been your best as a returning RA. You have had a difficult semester academically but have been embarrassed and slightly afraid to talk to your supervisor about it. You also have a couple fire hazards in your room and don't see a huge issue with it because you're the RA, you know how to safely handle your own things and wouldn't cause a fire!

Processing Questions:

- What did the RA do well in the scenario? What could have gone better?
- What other choices could you make to resolve this situation?
- What are the resources you can use in a situation like this?
- What are some of the concerns when there are inter-staff issues?
- When should you talk to your RD about a problem on the staff?
- Why can gossiping about fellow RAs be hurtful to individuals and damaging to the team?
- What sort of follow-up should you make?
- Would you document this situation with an IR?

Other Points to Cover:

- Don't keep staff problems to yourself they are unlikely to get better on their own. You should not be afraid to talk to your RD.
- Make sure you address concerns with your fellow RAs professionally, there are less likely to be hurt feelings that way.
- The longer a concern goes unaddressed, the worse it will be.
- How does it affect your staff if an RA is behaving that way? How does it affect the residents?
- What if the RA was violating a major policy such as alcohol or drugs (how do you handle that, possibility of losing their job)? What happens if you don't report it?
- The goal of your RD is going to be how to help the staff, both individually and as a team. We recognize that the position will be new or difficult for some, and would rather you came and talked to us than tried to deal with a problem on your own.

Behind Closed Doors

Level 2 Scenarios
(“higher level” or more uncommon incidents)

SCENARIO 9 - TITLE IX

Actors/Actresses: 2 needed

What the confronting RA(s) know(s): One of your residents comes to you with a concern about their roommate. They ask you to go with them to talk to the roommate, as the roommate may have been the victim of a sexual assault.

What the actors know:

Actor 1: You went to a party last night and were drinking heavily. You can't really remember what happened, but you know you woke up in an acquaintances room. You aren't sure what happened, but woke up without pants and think you may have been sexually assaulted. Upon waking up you immediately returned to your room and confided to your roommate who has urged you to get the RA.

Actor 2: Your roommate returned late to your room tonight and looked visibly upset and told you the story of what happened. You are upset this has happened to your friend and are determined to get her help and make sure you stay by her side. You immediately go to get an RA and bring them back to the room so that the RA can help.

Note: This is not a roommate conflict

Processing Questions:

- What did the RA do well in the scenario? What could have gone better?
- What other choices could you have made to resolve this situation?
- Whenever there is a Title IX incident or possible incident what do you need to do?
- Who can you provide information to in a Title IX incident, and who can you not?
- What sort of confidentiality should you promise the residents who come to you?
- Who can you go to with questions after the incident occurs?

Other Points to Cover:

- Remember there is a high level of confidentiality in a Title IX situation. If you suspect a situation may be Title IX, you should immediately call the RD on duty. You should not contact anyone else with Title IX information.
- These situations can be highly emotional, and may leave you as an RA needing support. If that is the case, work with the RD on duty/your RD on the best way to get that support. You can always check in with them the following day. CARE, Counseling, and the Title IX office are also great resources.
- If you ever have any doubt on whether something falls under Title IX, err on the side of caution.
- Our main concern is for the health and safety of the student and our community.

SCENARIO 10 - PARTY

Actors Required: 5 minimum, 6 maximum

What the confronter knows: You are the RA on duty and are on rounds in your hall. You hear what sounds to be a party behind a suite door.

What the actors know:

All Actors: A group of friends have gathered in a suite. It is after 11pm. Actors 1 and 2 are residents of the suite. No other actors are residents of the suite. Actor 3 is the significant other of one of the residents and is a student that lives off campus. There is 1 guest that is not a student (Actor 4) and 1-2 other guests in the room who are residents of a different buildings (Actors 5 and if applicable Actor 6)

You are all having a good time drinking in the room and playing your music loudly. There is quite a lot of alcohol and you have just started drinking but there are already some empty beer cans/bottles in the room.

Actor 1: You are extremely worried about being documented. This is not the first time you have been confronted by a RA, and you are worried about the consequences of getting in trouble again. You REALLY want to convince the RA to just give you a 'warning' but you are cooperative.

Actor 2: You claim you haven't been drinking, and thus have not done anything wrong. You are under 21. You are just hanging out with everyone else... your friends are the ones being loud and drunk!

Actor 3: You don't think you're making that much noise, and besides, the door is closed and the party is contained. You feel the party is justified because of the difficult semester you have all had. If the confronting RA starts to approach Actor 4, you insist that they are fine and just need to sleep it off.

Actor 4: You are in and out of consciousness over in the corner on the bed. You are next to a garbage can and occasionally throw up.

Actor 5: You are worried about getting documented, and decide to pretend to not be a student here. If the confronting RA mentions UPD, you will admit you lied and immediately hand over your student ID.

Notes: This is NOT a roommate mediation. This is NOT supposed to be overly intense. The focus is on the confronting RAs being able to control a room with many people in it, be authoritative but not aggressive, and prioritize the transport. Remember that in general, most residents are cooperative when confronted by the RA however they may start off as slightly uncooperative or rude. If this situation goes too far or you are overacting, the in-room pro staff facilitator will stop it.

Processing Questions:

- What did the RA do well in the scenario? What could have gone better?
- What campus/department resources can use to assist in this scenario and when would they be appropriate?
- Why would an RA stop at this room?
- How do you get into the room if the residents are reluctant to let you in? When would you key into a room? (never)
- What would you do if there were the same sounds but no violations?
- What were the priorities in this scenario? The point of this scenario is that all of these things may not happen in the same incident but each one are likely to happen or for you to experience as an RA. Your ability to prioritize and control the room in a large group situation is key.
- What were the details of this incident, placement of people, placement of alcohol, etc? How will you keep track to ensure your documentation is clear and correct.

- What questions do you need to ask? (Who owns the fridge, where did you get alcohol?)
- What would appropriate follow up be the next day?
- When can you ID a student? (always in an incident)
- How do you deal with the alcohol containers after?
- What are some options for dealing with disrespectful residents?
- Do you need to write an incident report for this? Or just a verbal follow up with the RD? (always write and IR)

Other Points to Cover:

- Don't touch anyone. Don't touch anything.
- Prioritizing is important
- Medical emergency always takes priority
- DO NOT put your foot or body in a door that is being closed on you. This is the quickest way to break your foot. If someone is going to close the door on you – let them. Then knock again. Call UPD if you need to if they refuse to open the door
- Don't make empty threats. If you say you are going to call UPD if the student doesn't open the door and they don't open the door – call UPD.
- Dumping out the alcohol and asking people to leave after the situation is over.
- What if someone genuinely does not have their ID? (must call UPD if unable to verify someone's identity, you can never just take their word.)
- If this is in a suite or apartment and not all occupants of the unit are over 21 but some are, how does this change the situation? (alcohol can't be in a common space)
- Be aware of all possible exits and rooms (and bathrooms) in a suite or apartment to be aware of ways people may leave the room (e.g. suites connected by a balcony, rooms connected by bathrooms, etc.) and to ensure everyone present in the suite is out in the common area and not hiding in a room during an incident (try to bring everyone into common space).

SCENARIO 11 - MARIJUANA

Actors Required: 2 minimum, 2 maximum

What the confronter knows: You are visiting with a couple of your residents talking about school when you notice a marijuana grinder and marijuana on their desk.

What the actors know:

Actor 1: You and Actor 2 are simply talking to your RA about school work when the RA notices a grinder and marijuana on your desk. Once the RA points out that they see the marijuana you become agitated and ask if they can just forget that they saw it. You explain that “my parents are going to freak out and pull me out of school.” You continue to beg and plead for the RA to just forget this ever happens. When the RA calls for UPD you pack up the grinder and the marijuana and run out of the room.

Actor 2: You and Actor 1 are simply talking to your RA about school work when the RA notices a grinder and marijuana on your desk. You sit on your bed and wait for the RA to confront you as well. If they don't continue to sit there. If they ask you for your student ID be somewhat confrontational, but eventually agreeable. Say continuously that you, “didn't see it there” and had “no idea” that it was in the room. When your roommate runs out of the room continue to stay there until the end of the scene.

Notes: DO NOT be overly aggressive or angry with the RA. This must be a believable scenario that could happen in real life. The end goal of this is for the RA to follow protocol by calling UPD and not running after you when you bolt to leave the scene. The situation should end successfully.

Processing Questions:

- What did the RA do well in the scenario? What could have gone better?
- What campus/department resources can you use to refer the student?
- Would you involve the RD on duty?
- Do you need to write an incident report/care referral for this? Or just a verbal follow up with the RD? Do you tell the resident you are doing so? (answer is always yes to IR and telling resident)
- Did the RA chase after or try to stop the resident from running away? Should you? Did they inform UPD of the runner, their location/direction, and appearance?
- Did the RA try and pick-up the drugs/paraphernalia? (should be NO)

Other Points to Cover:

- We never try to stop someone from leaving a situation physically. Use your voice only.
- Drugs and drug related items should never be touched by the RA. (Don't touch anyone, don't touch anything).
- UPD should be called as soon as possible once drugs of any kind are discovered but do not leave the room to call.
- Students physically in the same room as drugs are in violation of our Student Code of Conduct and should be documented as well. It is not up to you to decide if they had knowledge of the drugs in the room or not.
- Typically, marijuana situations happen where you smell it in the hall. Get another RA to assist you in confirming which room it is coming from (if you can) and then call UPD. Wait outside the room for them to come and handle the situation and leave. Get as much information from them as you can (badge number, who was in the room if they will tell you, what was found/confiscated if they will tell you, etc.)
 - Even if you cannot confirm where the smell is coming from, you should write an IR and give as specific of a location as you can.

SCENARIO 12 - DEPRESSED/SUICIDAL THOUGHTS

Actors Required: 1 minimum, 2 maximum

What the confronter knows: One of your residents just came up to you with an immediate fear about their roommate and some comments they have made. You know these residents but have not heard much about these comments before, only hearing about some of the issues in passing before this. However, you recently noticed that they seem to be not happy with how the first set of midterms went. You go to the student's room and knock on the door...

What the actors know:

Actor 1: Everything seems to be getting worse. It is almost mid-semester and your grades are poor. You've been partying a little too much, not taking care of yourself and not doing too much studying. Grades at home have always been important, and your parents have set high expectations for you. You don't know what to do. On top of it all, you and your high school boy/girlfriend have been fighting constantly. S/he just called and told you that the relationship is over. It feels like you are drowning fast. Your roommate knows that something is wrong, you have made a few comments indicating you are considering suicide, but you won't explain in detail.

Actor 2: You know things are not well with your friend, and you are concerned. S/he won't confide in you but has been making comments that cause you to be concerned. You are worried your friend may be considering suicide based on some comments they have made. Worried, you have informed your RA.

Note: This is not a roommate conflict

Processing Questions:

- What did the RA do well in the scenario? What could have gone better?
- What are the resources you can use in a situation like this?
- What should your concerns be when entering this situation? What assumptions do you not want to make?
- Can you promise confidentiality to a resident in a situation like this?
- When is it appropriate to ask third parties to leave? When is it not?
- When should you call for back-up?
- What sort of questions should you be asking a student who is depressed or considering suicide?
- What sort of follow-up should you make?
- What if this is a reoccurring issue (not the first time this has happened with this person?)

Other Points to Cover:

- Get all the information you can about the person and the situation.
- Get in contact with the RD, Counseling and UPD or someone who can help you deal with the situation.
- Call Counseling if you or the student needs it.
- When a student threatens him/herself, or someone else, rules of confidentiality no longer apply. It is essential that you contact supervisory staff and UPD immediately.
- Show the student you care about them.
- Note that with situations like this, getting a student to Counseling is only the first step in their journey. A student does not become undepressed or suicidal after one meeting, or even a handful. As a staff member living on a floor with a student dealing with these challenges, you may have repeated incidents. Remember self-care when dealing with on-going issues with students.
- Rule of thumb: if you are going to go home and worry about that student then that is how you know you should call UPD for a consult. If you didn't and are thinking about it later, you can still call then.

SCENARIO 13 - ALCOHOL TRANSPORT

Actors Required: 2 minimum, 3 maximum.

What the confronter knows: You are walking to the bathroom when you hear vomiting. You open the bathroom door and find someone throwing up with a friend (or two) helping them. You confront the situation.

What the actors know:

Actor 1: You and Actor 2 (and 3 if applicable) went to a party tonight. You took shots, had some mixed drinks, and even had some wine too. You came home from the party, but don't remember how you got here. You're slurring your speech and are violently puking in the bathroom. Your roommate(s) are helping you.

Actor 2 (&3): You and Actor 1 (and 3 if applicable) went to a party tonight. You had one or two beers, but are not feeling any effects of alcohol. You claim to be sober. You talk to the RA about Actor 1 having a little too much to drink. You're not sure that they're okay because they've been puking for a while and you notice their slurred speech. You also had to hold them up on the walk home. You talk to the RA about not wanting to get your roommate in trouble, but you think they may be in bad shape.

Notes: The actors should not make this situation more difficult for the confronting RA; Actor 1 clearly needs medical attention and the confronting RA should be able to know who to call for support. Actors will need to comply in order for this to end successfully. There should not be too much push back from Actor 2.

Processing Questions:

- What did the RA do well in the scenario? What could have gone better?
- What campus/department resources can use to refer the student?
- Would you involve the RD?
- Do you need to write an incident report/care referral for this? Or just a verbal follow up with the RD?
 - Do you tell the resident you are doing so? (answer is always yes)

Other Points to Cover:

- What is medical amnesty? When does someone get it?
 - Medical Amnesty goes into effect if a friend, bystander, or other non-staff member calls UPD/EMT to have someone evaluated (typically for alcohol, but sometimes also for drugs) or if the student calls for themselves. If an RA or UPD come across a student and call for a EMT evaluation medical amnesty is no longer applicable.
 - Remember to use proper terminology with students.
 - Amnesty only covers the alcohol/drug violation. If a student damaged property, for example, they would still be charged for the damage.

SCENARIO 14 – BIAS VANDALISM (RACE)

Actors Required: 2 needed

What the confronter knows: You are doing rounds when someone runs up to you and tells you that something terrible happened to their roommate's door tag.

What the actors know:

Actor 1: You approach the confronting RA in the hallway saying that something terrible has happened to your roommate's door tag. Your roommate is so upset and is crying in the room. You ask the RA to help you handle the situation.

Actor 2: Someone has vandalized your door tag. Under your name they wrote a racial slur. You are devastated. You thought everyone on your hall was your friend. The only person you can trust right now is your roommate. You're worried about further targeting and don't know who else to talk to about the situation than your RA. You do not want to live in the room anymore. You don't quite feel unsafe but it worries you to live on a floor where this can happen.

Notes: The confronting RA should not try to figure out who did it, but rather make sure that the resident feels safe in their room. The situation should end successfully if the student knows what their available resources are and are willing to utilize them – remember this is a practice simulation.

Processing Questions:

- What did the RA do well in the scenario? What could have gone better?
- What campus/department resources can use to refer the student?
- Would you involve the RD?
- Do you need to write an incident report/care referral for this? Or just a verbal follow up with the RD?
 - Do you tell the resident you are doing so? (answer is always yes)
- Did the student feel safe staying in their room? If not, what did the RA do?
- What is the proper procedure for this with UPD? (Cover, call/document, let UPD/Facilities remove)

Other Points to Cover:

- Consider the fact the resident may be embarrassed by the situation; be considerate.
- Take off your biases as best as you can; put yourself in the student's shoes.
- The resident may want a room change immediately; think about if remedying the situation is an appropriate first step.
- Make sure the student knows where to go for help.
- Remember it is not your place to guarantee student's outcomes such as room changes. What do you do if a student says they feel unsafe in the room?

SCENARIO 15 – BIAS VERBAL (LGBTQ+)

Actors Required: 2 minimum, 3 maximum

What the confronter knows: As you are walking down your hallway, you overhear a rather heated argument going on between roommates. You know these two have not been getting along well lately. As you're about to knock, you hear an angry exchange.

What the actors know:

Actor 1: You and your roommate (Actor 2) have not been getting along well lately. You have had several rather heated arguments. You have just come back to your room with a friend and your roommate is there. Your roommate immediately picks a fight with you. Things get loud and the RA shows up. Your argument goes something like this:

Actor 2: "I am so over living with you! You and your 'friend' need to get the hell out, now. I don't want to have anything to do with your queer LGABCDE crap, I don't want to live with someone like you anymore."

Actor 1: "Are you kidding me? How many times do I have to tell you that I'm not. And even if I was, you can't make me leave my own room!"

Actor 2: "Whatever you say, I'm pretty sure everyone on the floor knows you're gay and I don't know why you keep denying it"

Actor 2: You want a room change, but you want the person moving to be Actor 1.

Actor 3 (if present): You are a friend of Actor 1 and are on their side.

Notes: There are plenty of other differences between the two actors – different tastes in clothes, music, values, etc. DO NOT go too far in this scenario. The goal is not to trigger any new RAs in the room. Keep the situation as realistic as possible however remember this is a practice simulation.

Processing Questions:

- What did the RA do well in the scenario? What could have gone better?
- What are the resources you can use in a situation like this?
- When are room changes allowed? When aren't they? What should be tried first?
- There could be other issues behind the roommate conflict, how can you address them?
- What sort of follow-up should you make?

Other Points to Cover:

- Keep an open mind. Ask gentle questions. Be an active listener.
- Room changes are the last resort option. The university does not consider race, creed, color or sexual orientation when making room assignments.
- Make sure all the roommates feel safe and comfortable with you there. You may not be the best person to confront the issues, especially if they (or you) feel uncomfortable in the situation, but you may be the first person to come across the situation. So how do you deal with that?
- When should you separate the roommates and talk to them separately?
- Will a shared living agreement (roommate agreement) help in this situation?