

Behind Closed Doors

Scenario 1: Party

Location:

The confronting RAs will know:

You are on duty. As you walk by this apartment/room, you hear bottles clanking, loud voices/music, and other obvious signs of a party.

Scenario:

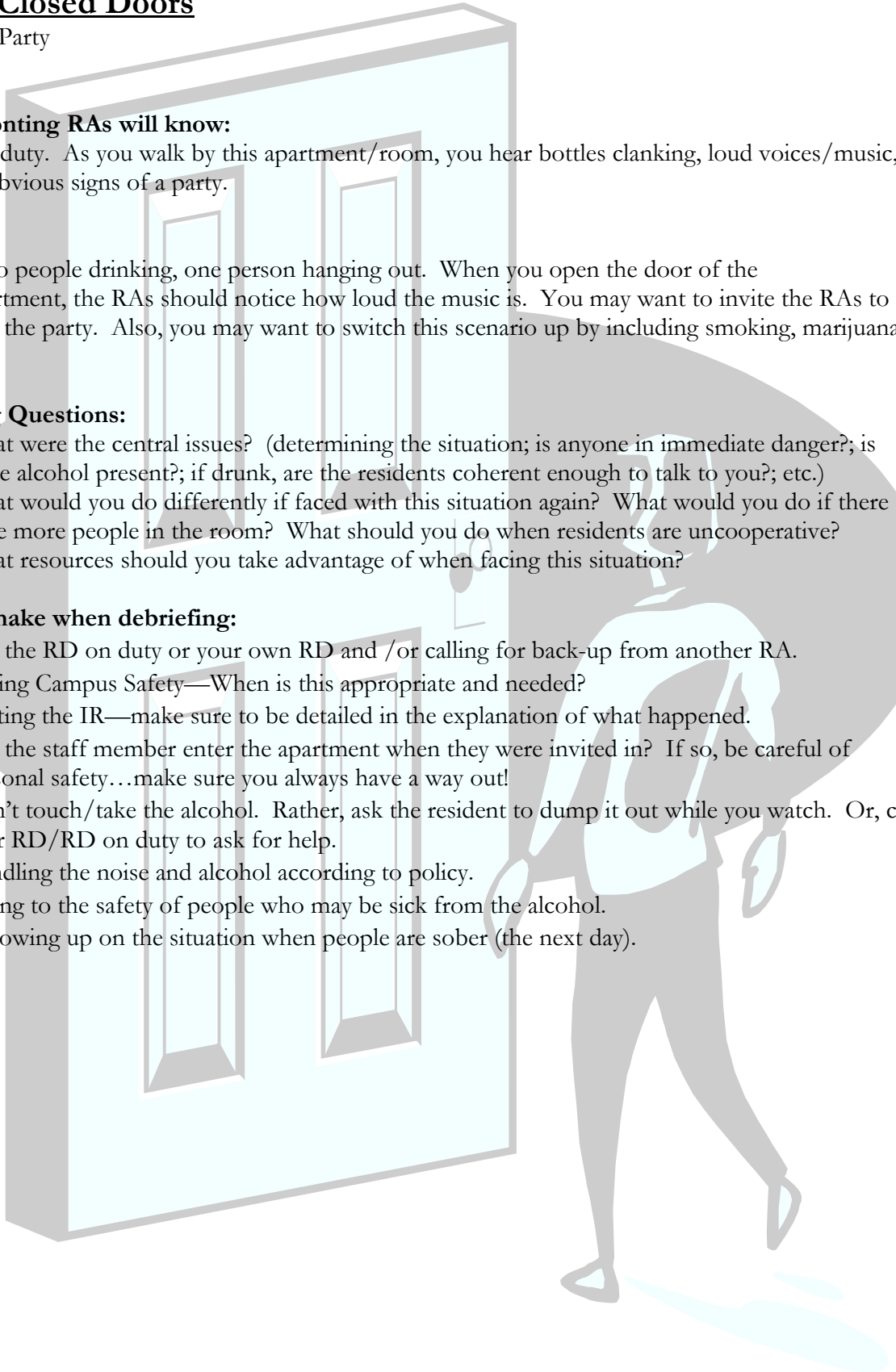
Roles: Two people drinking, one person hanging out. When you open the door of the apartment, the RAs should notice how loud the music is. You may want to invite the RAs to join the party. Also, you may want to switch this scenario up by including smoking, marijuana, etc.

Processing Questions:

1. What were the central issues? (determining the situation; is anyone in immediate danger?; is there alcohol present?; if drunk, are the residents coherent enough to talk to you?; etc.)
2. What would you do differently if faced with this situation again? What would you do if there were more people in the room? What should you do when residents are uncooperative?
3. What resources should you take advantage of when facing this situation?

Points to make when debriefing:

- Call the RD on duty or your own RD and /or calling for back-up from another RA.
- Calling Campus Safety—When is this appropriate and needed?
- Writing the IR—make sure to be detailed in the explanation of what happened.
- Did the staff member enter the apartment when they were invited in? If so, be careful of personal safety...make sure you always have a way out!
- Don't touch/take the alcohol. Rather, ask the resident to dump it out while you watch. Or, call your RD/RD on duty to ask for help.
- Handling the noise and alcohol according to policy.
- Seeing to the safety of people who may be sick from the alcohol.
- Following up on the situation when people are sober (the next day).



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Scenario 2: Suicidal/Depressed Student

Location:

The confronting RAs will know:

You are thankful that your living area is so quiet tonight! It is 10:00 p.m., and you have just finished making signs for next week's broomball community builder. You are getting ready for bed when you hear a knock on your door. It is one of your residents. S/he explains that another resident is crying and has seemed down lately. S/he asks you to come to the upset resident's room.

Scenario:

Roles: Residents A and B are Resident C's closest friends at APU. Resident A and B have noticed that Resident C has been very depressed for the past few weeks. Tonight, after a long talk, Resident C began crying and Residents A and B haven't been able to console him/her. Residents A and B know that Resident C has talked about ending his/her life and are very scared about Resident C's current condition.

Residents A and B: Although Residents A and B are good friends, they are very scared and not very helpful in this situation. Initially, Residents A and B answer the RA's questions for Resident C; you should play this out and see if the RAs will ask you to leave so that they can talk with Resident C alone.

Resident C: Resident C has not been able to shake long-term feelings of fear and sadness. S/he knows that s/he might fail his/her next two exams because s/he has not been keeping up with the class work. S/he thinks that ending his/her life now might be a good way of solving his/her problems. S/he is very scared of his/her feelings. As the actor, you may decide if Resident C has a specific plan for taking his/her life. Please don't offer your "story" immediately; share if/when it feels safe to do so.

Processing Questions:

1. What were the central issues?
2. Was s/he an immediate risk for suicide? Why or why not?
3. Did s/he have a plan? If s/he had a plan, how would the situation change?
4. What resources would you take advantage of in this situation?
5. How do you utilize the friends/roommates in this situation? Or, do you?

Points to Make:

- Call your RD/the RD on duty (RAs should tell Resident C that they will be calling their RD because they are worried about him/her).
- It is OK to ask him/her if s/he's thinking of hurting him/herself.
- If the person has attempted suicide, call 911/811 immediately!
- Create an action plan for the next day—go to counseling, contract for the night, etc. (the RD will probably work on most of this).
- Don't be afraid to use silence to encourage the person to talk.
- Make sure to document everything in an IR.
- Make sure to take care of yourself! (dealing with suicidal residents can often be draining for the RA...).

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Scenario 3: Roommate Conflict

Location:

The confronting RAs will know:

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

Scenario:

Roles: The 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.

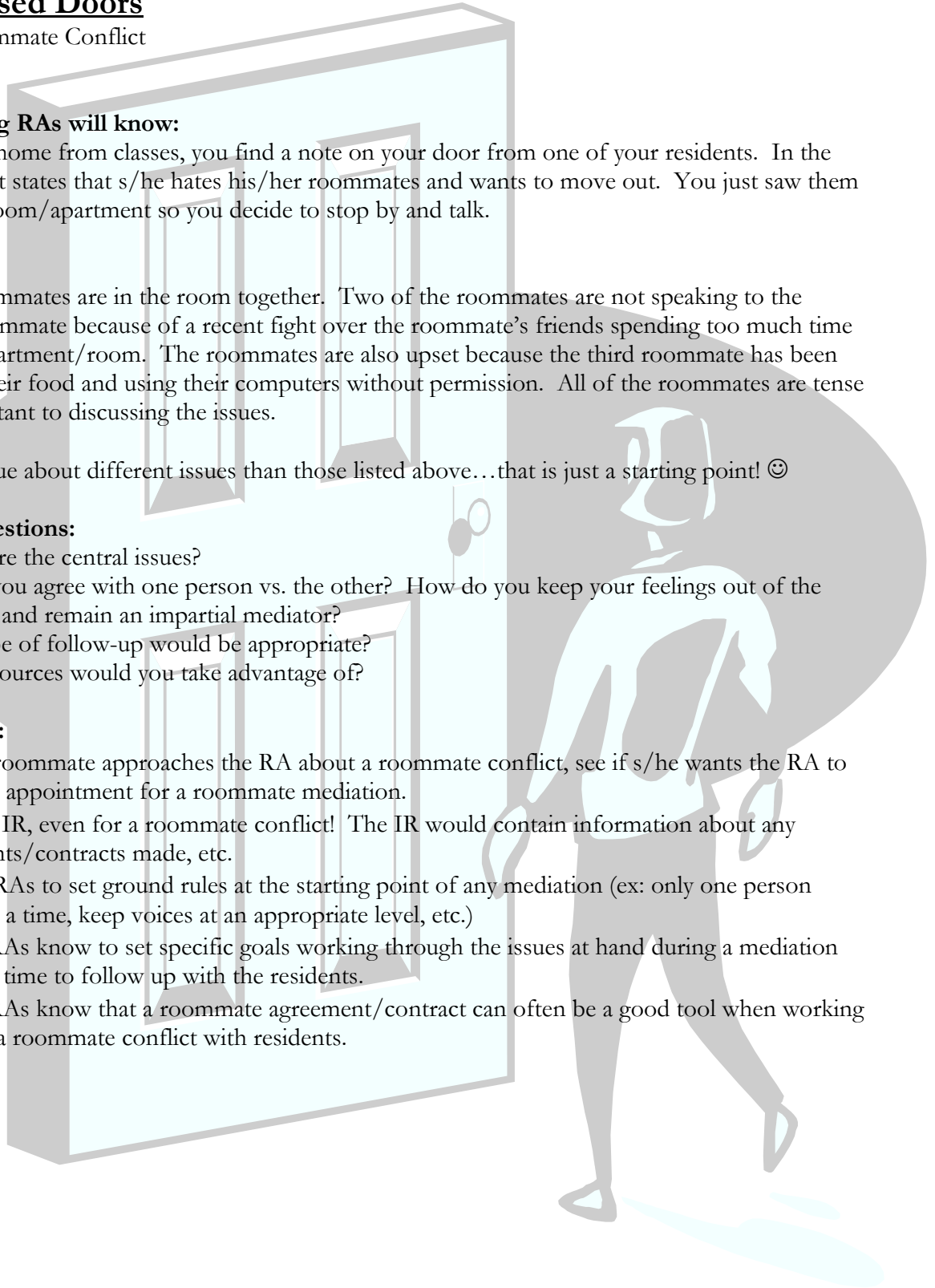
*Feel free to argue about different issues than those listed above...that is just a starting point! 😊

Processing Questions:

1. What were the central issues?
2. 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?
3. What type of follow-up would be appropriate?
4. What resources would you take advantage of?

Points to Make:

- When a roommate approaches the RA about a roommate conflict, see if s/he wants the RA to set up an appointment for a roommate mediation.
- Write an IR, even for a roommate conflict! The IR would contain information about any agreements/contracts made, etc.
- 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.
- Let the RAs know that a roommate agreement/contract can often be a good tool when working through a roommate conflict with residents.



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Scenario 4: Medical Emergency

Location:

The confronting RAs will know:

You are the RA on duty. A resident frantically approaches you and tells you that s/he found his/her roommate passed out in their room. S/he brings you over to the resident who is lying on the floor.

Scenario:

Roles: Resident A and his/her friend (Resident B) were returning home from a class. When they entered the room/apartment, they found Resident C lying on the floor. When Residents A and B approached Resident C, they found that s/he was breathing, but passed out. Residents A and B shook Resident C and called his/her name, at which point Resident C woke up. But, when Resident C tried to get up, s/he passed out again. At this point, Resident A and B go frantically to get the RA on duty.

If the RAs try to get Resident C to wake up again, Resident C may want to just slightly open his/her eyes and mumble without making any sense.

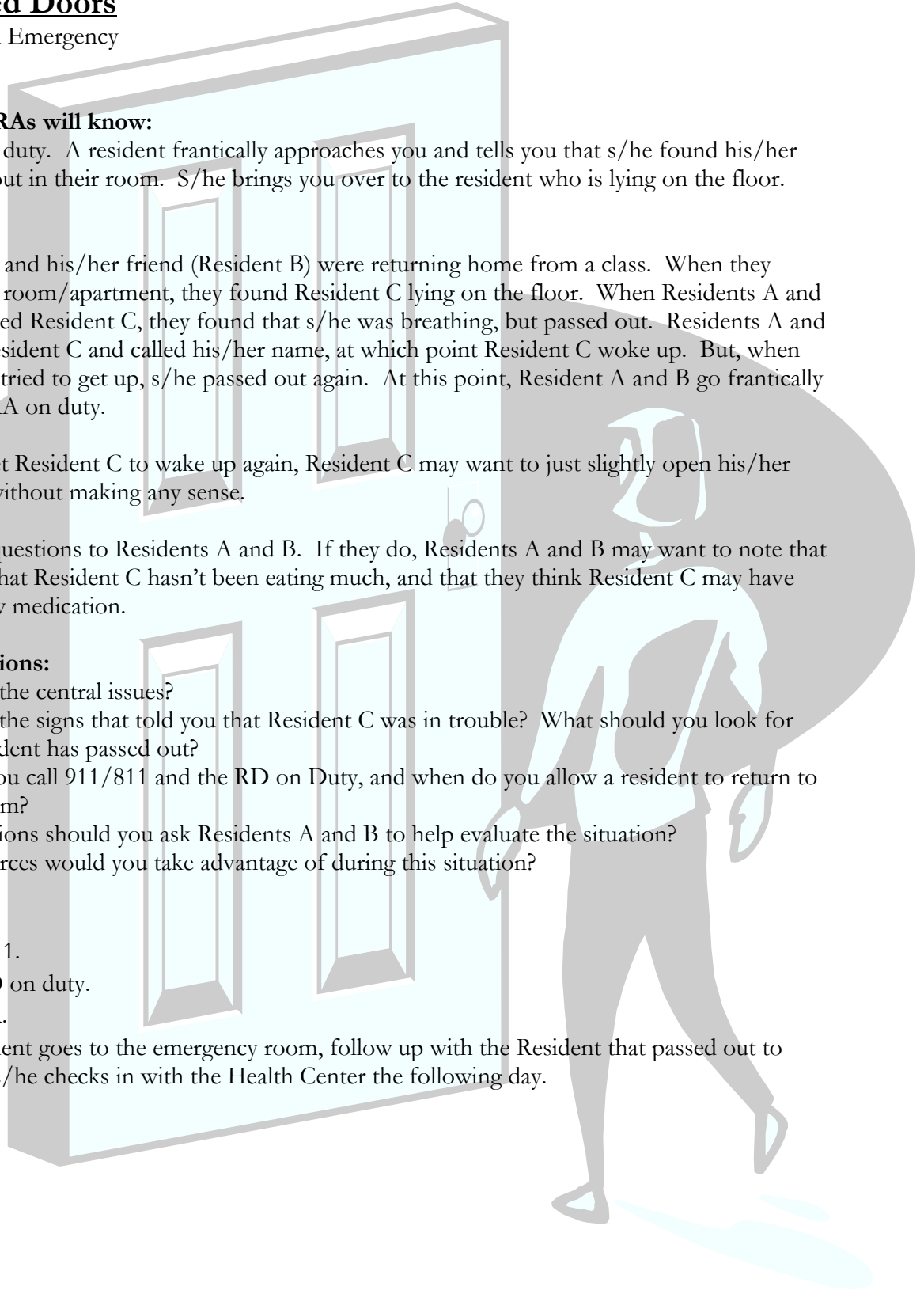
The RAs may ask questions to Residents A and B. If they do, Residents A and B may want to note that they have noticed that Resident C hasn't been eating much, and that they think Resident C may have started taking a new medication.

Processing Questions:

1. What were the central issues?
2. What were the signs that told you that Resident C was in trouble? What should you look for when a resident has passed out?
3. When do you call 911/811 and the RD on Duty, and when do you allow a resident to return to his/her room?
4. What questions should you ask Residents A and B to help evaluate the situation?
5. What resources would you take advantage of during this situation?

Points to Make:

- Call 911/811.
- Call the RD on duty.
- Write an IR.
- If the Resident goes to the emergency room, follow up with the Resident that passed out to make sure s/he checks in with the Health Center the following day.



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