Q & A from Dr. Jim Lange’s Webinar: Engaging Residence Life in Prevention Efforts

For departments that don't have programming models for RAs and use a curricular approach, what resources do you recommend for in-hall professional staff to use when meeting with students when discussing their AOD use?

Perhaps the most important element for RA’s to understand when talking to students is that they not "normalize" misuse behaviors. Often in an effort to appear relatable they slip into language that implies "everyone does it." Leaving open the idea that the norm is either to not drink or to drink far less than typically believed is an important starting point to validate those who do not misuse alcohol and also raise discrepancies among those who do.

How do you see residence life and student wellness departments working more collaboratively together without overstepping any boundaries?

Each unit has their base of expertise and access to students. I find that assuring that each side sees the value of the others can help bridge the boundaries. Res life often works from a relatively lay-expertise level for prevention programming but can engage with students far more easily than some wellness folks. Since I come from the wellness side, I ‘be worked to demonstrate to the res life folks where my understanding of efficacious approaches can help them from repeating old mistakes and quickly help them improve their programs.

What are some examples of positive programs (regarding AOD) RAs have hosted?

To be honest, developing a list of those is a work in progress. I've been working with our staff to change programs for this coming fall, and so we’re still in the trial stage. Hopefully, we’ll learn from this year and continue to improve. It would be wonderful if more research were done, and more case-studies published of successful RA-initiated programs.

Are the bulletin boards in a box a resource you'd be able to share? As an example? I've been wanting to do this with our team for a while.

Yes, I am working on getting permission to post some examples.

What is some evidence-based programs you have suggested RA's use in the first two weeks on your campus?

I don’t have any specific evidence-based programs that I can point to. This probably stems from the limited research base for such programs. It’s a hole in the literature that hopefully we’ll see starting to be filled as the field recognizes the importance of RAs and their programs. So instead, we are working on doing basic alcohol education that contains better and more relevant information than previously found when RA’s developed them on their
own. We are also working to avoid accidentally "normalizing" misuse behavior with gimmicks (such as with statements like "you all will do it, so be responsible" or "root beer pong" games.

**Does the office then get the bulletin board materials back from the RA's?**

Yes, the RA's return them, and then can check out a different topic if they choose.

**What is the current role of parents in college AOD programming? If any? When I was an RA, they were never contacted about student behavioral issues, short of actual expulsion.**

There are of course legal restraints on involving parents. Perhaps if the student’s safety or health were at risk, parents can be involved. Housing professionals can of course listen to the concerns of parents if they call in worried that their student, or perhaps the student’s roommate, seems to have an issue, but the information exchange tends to be one way. There is nothing to keep the resident life staff from following up with the student if however. Another way some schools have engaged with parents is by providing them with a discussion guide. It’s been shown that providing such a guide to help parents have talk with their student prior to arriving to campus about AOD issues can be protective. Use of the guide can be reinforced through resident life communication with parents.

**Have you had any success connecting these ideas with students or landlords in off campus housing?**

No, we have not tried that. Sounds like a great idea though.

**Was this more drinking in the dorms? How do we know that students didn't just choose to drink elsewhere, if they knew that their RA was very "by the book"**

Often the drinking isn’t done on the hall, but instead happens off campus, and the issues arrive on return. So yes, it is likely that controls placed in the residence building are displacing the drinking already.