Associations between Resident Assistant (RA) Attitudes and Their Referrals of Residents for Alcohol or Marijuana Problems

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Substance Abuse Prevalence in the Undergraduate Population

- 40% of American college students report being “drunk” in past 30 days (Johnston et al., 2010)
- 19% smoked marijuana in past 30 days (Johnston)
- 13% meet criteria for alcohol dependence and an additional 8% for alcohol abuse (Blanco et al., 2008)
- 1% meet criteria for drug dependence and an additional 4% for drug abuse (Blanco)
- Among college students with a substance use disorder, only 5% sought treatment (Blanco)
The Role of the RA

- RAs are on the “front line” of addressing substance use problems in the college student population.
- From an institutional perspective, RAs are expected to be the “eyes and ears” of residential campuses (Sharkin et al., 2003).
- RAs must be able to recognize and refer residents who may have substance use problems.
- Despite these expectations, some have argued that the RA job has become “too big” for today’s undergraduates (Owens, 2011).
RA Training on Substance Abuse Problems

- CAS 2012 *Professional Standards for Higher Education* indicate that RAs should be trained in substance use referral skills

- However, evidence-based training practices have not emerged from the higher education/students affairs community

- Inadequate attention given to this critical RA function is even more striking when evaluated in aftermath of 2007 Virginia Tech shootings and other violent incidents on American campuses
Research on RA Training and Practice

- Studies focusing on recognition and referral practices of RAs is virtually nonexistent.
- Search of scholarly literature using Web of Science databases dating from 1980 produced only 20 published articles on RA training and practice:
  - Primarily descriptions of RA training programs or general problems facing RAs.
  - No evaluation studies of RA training programs for substance use referrals found.
Overview of Current, Multi-Phase Project on RA Training

- Developed in two phases
- Funding from National Institute on Alcohol Abuse and Alcoholism (NIAAA) and National Institute of Mental Health (NIMH)
- One-year Phase I feasibility studies completed August 2009
- Current Phase II study began September 2011 and will be completed August 2013
Research Team

- **Grantee organization:** Phase 5, Inc., small technology business concern, Denver (Co-PI, Doug Olson)
- **Research partner:** University of North Texas Health Science Center, Fort Worth (Co-PI, Dennis Thombs)
- **Co-Investigators:** Dan Oltersdorff, Campus Advantage, Inc.; Gary Kimble, University of Southern Mississippi; Cynthia Osborn, Kent State University, & Steve Saffian, Independent Consultant
Phase I Study

- Conducted qualitative study of RA attitudes toward helping residents and their referral practices
- 48 RAs interviewed at 3 campuses in different regions of U.S.
Phase I Findings

- RA intentions to approach and refer distressed or troubled residents weakened by several factors
- Hesitance stemmed from perceptions that referral process = emotionally burdensome and stressful
- RA explanations: (a) large number of residents in their area, (b) upperclassmen not around as much as underclassmen, or (c) apartments and suites promote less social interaction than “traditional dorms”
- Some RAs rationalized that if resident had a problem, it would “fix itself”
Phase I Findings - Continued

- Some RAs hesitant because of concerns that referral would disrupt social cohesion in living unit
- RAs frequently engaged in a form of *clinical screening and evaluation* to determine whether a referral to RHD or campus mental health professional warranted
- Although RAs generally understood and accepted that they were not trained mental health professionals, they seemed to be unaware of making clinical determinations
Phase I Findings - Continued

- RAs consistently found to employ self-determined severity criteria to make decisions about whether to talk to resident they were concerned about.
- When specific department guidelines absent, reliance on informal severity criteria is understandable.
- RAs expressed a need to be “certain” about both problem severity and resident willingness to accept help.
Phase I Findings - Continued

- RA need for certainty likely results from cost-benefit analysis
- RA weighs (1) *potentially negative consequences* of referring a resident (considered in the context of having to continue to live with this person) versus (2) its *potential benefits* (positive treatment outcomes)
- Role conflict inherent in RA position:
  - as community builder and resident advocate vs. disciplinarian
  - appears to influence referral decision-making
Phase II Study Design

• **Aim:** To develop and test investigational training program designed to strengthen RA's ability to recognize and refer residents who might have a substance use or mental health problem

• **Method:** An 8-campus, randomized field trial in which RA Resources (Substance Abuse and Mental Health Training Program) and a control condition will be tested using a campus-randomized design

• **Hypothesis:** Compared to control, participation in investigational training program will significantly improve helping attitudes and referral actions of RAs
Design of Training Program Field Trial - Fall and Spring Semesters of the 2012-2013 Academic Year

Investigational Training Program (30 RA Staffs)

Core Program
Booster 1
Booster 2
Booster 3

60 RA Staffs

R

Training as Usual Control (30 RA Staffs)


Sep. 2012
Nov. 2012
Feb. 2013
April 2013

R = random assignment of campus to investigational training program or training as usual control.

= Baseline and follow-up assessments (online surveys).
Field Trial Locations for 2012-13 Academic Year

- Beloit College (WI)
- Jackson State University (MS)
- Seattle Pacific University (WA)
- St. Catherine’s University (MN)
- University of Alabama
- University of North Dakota
- University of Wisconsin – Oshkosh

2 universities were prevented from beginning trial due to disagreements about human subject protections

2 universities were removed or dropped out because they were ineffective in implementing trial
Baseline Results from Returning RAs only – August, 2012

- Each campus had returning RAs who reported making alcohol referrals and/or marijuana referrals.
- More returning RAs reported referrals for possible alcohol problems (60%) than for marijuana problems (39%).
- 10% declined to report number of marijuana referrals made, and 7% did so for alcohol.
RA Perceptions of Referral Norms

- Considerable variability existed among returning RAs in their perceptions about others’ expectations of them for making resident referrals.
- 22% reported they were *Uncertain* about how other RAs on staff would react if they were to refer a resident with an alcohol problem.
- An additional 13% indicated that other RAs would *Disapprove* or *Strongly Disapprove*.
RA Perceptions of Referral Norms - Continued

- RAs had somewhat greater certainty about alcohol and marijuana referral expectations of their immediate supervisor.
- However, 14% reported being Uncertain about how their immediate supervisor would react if they were to refer a resident with an alcohol problem.
- An additional 8% indicated their immediate supervisor would Disapprove or Strongly Disapprove.
- Campus was not associated with RA perceptions of referral norms.
<table>
<thead>
<tr>
<th>RA Characteristics</th>
<th>Alcohol Referral Action (no = 0; yes = 1)</th>
<th>Marijuana Referral Action (no = 0; yes = 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OR (95% CI)</td>
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<tr>
<td>Perceived referral barriers</td>
<td>1.00 (0.95 – 1.06)</td>
<td>0.99 (0.95 – 1.05)</td>
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<tr>
<td>Referral self-efficacy</td>
<td>1.19 (1.05 – 1.36)</td>
<td>1.14 (1.01 – 1.30)</td>
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<td>Referral anticipatory anxiety</td>
<td>1.01 (0.91 – 1.13)</td>
<td>0.98 (0.88 – 1.09)</td>
</tr>
<tr>
<td>Perceived referral norm</td>
<td>0.93 (0.86 – 0.99)</td>
<td>1.02 (0.95 – 1.09)</td>
</tr>
<tr>
<td>Sex</td>
<td>1.55 (0.88 – 2.75)</td>
<td>1.32 (0.73 – 2.38)</td>
</tr>
<tr>
<td>Age</td>
<td>1.13 (0.83 – 1.53)</td>
<td>1.64 (1.15 – 2.32)</td>
</tr>
<tr>
<td>Race (white vs. non-white)</td>
<td>0.86 (0.48 – 1.56)</td>
<td>1.39 (0.75 – 2.59)</td>
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<tr>
<td>Number of semesters of RA service</td>
<td>1.58 (1.19 – 2.12)</td>
<td>1.18 (0.91 – 1.54)</td>
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<tr>
<td>Campus affiliation</td>
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- Chi-Square = 43.99, df = 15, \( p < 0.001 \), Nagelkerke \( R^2 = 0.208 \); N = 263.
- Chi-Square = 32.39, df = 15, \( p < 0.006 \), Nagelkerke \( R^2 = 0.158 \); N = 259.

*Note. OR = odds ratio. CI = confidence interval.*
Conclusions

- For both alcohol referrals and marijuana referrals, self-efficacy distinguished RAs with a history of making referrals from those with no history.

- For every one-unit increase in self-efficacy scale (range 3 – 15), there were 19% and 14% increases, respectively, in odds of RAs taking a referral action.
Self-Efficacy in RA Training

- Training programs must focus on *progressive* development of referral skills.
- RAs need repeated opportunities during pre- and in-service training to observe peer or role models employing effective referral skills in sensitive situations.
- Innovative training programs will rely on booster sessions throughout the academic year.
- Based on observational learning, boosters can: (1) maintain gains in self-efficacy, (2) rebuild confidence following an unproductive attempt at helping a resident, and (3) further enhance referral skills in increasingly challenging situations.
Online Interactive Training

- Online interactive video reenactments of resident referrals can teach effective referral skills in emotionally-charged encounters.
- Video reenactments of RA-resident discussions about accepting help can provide powerful vicarious learning experiences for RA trainees.
- Observation of video-recorded RA models effectively carrying out referral task can demonstrate to RA trainee how to successfully carry out same task in living unit.
- Online delivery can reach a broad RA trainee audience while keeping training costs low.
Move Beyond Information Dissemination in RA Training

- Existing theory and empirical evidence about relationship between knowledge, attitudes, and behavior indicates little reason to believe that information dissemination strategies will help RAs become effective referral agents.

- These activities include: warning signs for alcohol and marijuana abuse; low-risk drinking guidelines; overdose emergency response; and lists of telephone numbers for 12-step groups and treatment agencies.

- Such activities may be necessary, but should be brief components of referral skill training programs.
Leadership and Support for RAs

- RA job today probably is “too big” for most undergraduates
- We owe them strong training programs and support
- Leadership needed from senior residence life and housing professional staff to:
  - articulately and consistently communicate how they expect RAs to assist residents with possible alcohol or marijuana problems
  - provide the training necessary to effectively carry out this task
Questions or Comments?
References

