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Training Resident Assistants to Make Effective Referrals to Counseling



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INCREASING NUMBERS OF COLLEGE and university students are experiencing psychological distress, including depression, anxiety, and suicide ideation. Yet students in distress are unlikely to seek counseling services. Resident assistants (RAs) can serve an important function in identifying and referring students in distress. However, adequate training is essential. This article describes what RAs need to know about the warning signs of students in difficulty; the knowledge, attitudes, and skills required for making an effective referral to counseling; and strategies for RA training in these areas.

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In recent years, conversations about a mental health crisis on college and university campuses have become commonplace (Benton, 2006; Kadison & DiGeronimo, 2004; Reynolds, 2009). In the fall of 2006, the American College Health Association conducted the National College Health Assessment (NCHA), which revealed that almost 79% of the participants reported feeling very sad and almost 60% reported feeling hopeless. Just over 42% of participants at times felt so depressed that it was difficult to function, and 9.4% seriously considered suicide (American College Health Association, 2007). In the spring 2005 administration of the NCHA (ACHA, 2006), 1.5% of college student respondents reported attempting suicide at least once during the previous school year. Depression and anxiety were listed among the top ten physical and mental health problems that students had experienced in the previous school year, with 20% reporting depression and 13% reporting anxiety (ACHA, 2005). Kadison and DiGeronimo (2004) refer to "an epidemic of depression" (p. 95) on college and university campuses, with 16.1% of students reporting a diagnosis of depression at some time in their lives (ACHA, 2006). Over one-third of students reported stress as the number one impediment to academic performance in the previous school year (ACHA, 2007). Also among the top ten impediments to academic performance were sleep difficulties (25%) and depression/anxiety (15%) (ACHA, 2007). According to the summary of the fall 2006 NCHA, 83% of respondents reported "feeling overwhelmed by all I have to do"

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and 28% felt that way frequently. Blimling (1993) identified student mental health problems as one of the six major challenges facing residence life staff. According to the 2002 National Survey of Counseling Center Directors, 83.5% of directors reported an increase in the number of students with severe psychological disorders over the previous 5 years (Gallagher & Zhang, 2002).

Despite the number of students experiencing psychological distress, students are unlikely to seek the help available to them in campus counseling centers (Boswinkel, 1986; Kadison & DiGeronimo, 2004; Kisch, Leino, & Silverman, 2005). A recent study, for example, found that, among students who screened positive for depression or anxiety, between 37% and 84% (depending on the disorder) did not seek services (Eisenberg, Golberstein, & Gollust, 2007). On average, 9.3% of the students at campuses with counseling centers use the counseling center (Gallagher & Zhang, 2002). Unfortunately, 80-90% of college students who died by suicide did not seek help from their campus counseling centers (Kisch et al.).

There are a number of reasons why students do not seek help. Some are unaware of the availability of counseling services on their campuses or do not know where to access the services (Eisenberg et al., 2007). Some are skeptical about the efficacy of counseling (Eisenberg et al.). The stigma associated with seeking counseling may also prevent some students from seeking help (Deane & Todd, 1996). Additionally, even though students may have health insurance, they are uncertain if their insurance covers mental health services (Eisenberg et al.). Other reasons include not

believing they need to seek services and lacking time to access services (Eisenberg et al.).

At the front line in dealing with these issues are our campuses' resident assistants (RAs). Schaller and Wagner (2007) called the RA position "ubiquitous" (p. 32), reflecting the widespread use of these student paraprofessionals in residence life programs across the country. Carns, Carns, and Wright (1993) found that 96% of the respondents in their study used student paraprofessionals in their residence hall systems, and Bowman and Bowman (1995) asserted that "virtually all American universities employ resident assistants" (p. 39). Meanwhile, the job of an RA has become increasingly complex (Heppner & Reeder, 1984; Jaeger & Caison, 2006). They must interpret and enforce policy, plan and facilitate programming, mediate conflicts, serve as a knowledgeable referral source for campus resources, build community, and provide assistance with various problems (Blimling, 2003; Upcraft, 1989; Winston & Buckner, 1984). Baker (2004) explored the RA role in promoting student learning and found that faculty and staff identified a number of competencies for RAs in living-learning communities, including establishing a sense of community and providing emotional support.

One important role that RAs can play is identifying students who are experiencing psychological distress and helping those students access the available resources (Boswinkel, 1986; Sharkin, Plageman, & Mangold, 2003). RAs are widely seen by parents, faculty, student affairs professionals, students, and RAs themselves as an important part of the campus mental health safety net, keeping students in distress from slipping through

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the cracks (Elleven, Allen, & Wircenski, 2001; Kadison & DiGeronimo, 2004; Kuh & Schuh, 1983; Winston & Fitch, 1993). Although it is outside the RAs' job description and competence to serve as counselors—indeed, counseling professionals would consider them acting as counselors to be inappropriate (see, for example, Sharkin, 2006)—they do serve as "skilled listeners" (Blimling, 2003) for their residents. In fact, RA training at most institutions includes training in peer helping/counseling skills (Bowman & Bowman, 1995).

Furthermore, RAs are in a position to serve as part of the campus mental health safety net through daily interaction with their residents. Students spend more time in their residence halls than anywhere else on campus (Levine, 1994). Typically, a resident assistant will interact with more students on a daily basis than will student affairs professionals (Jaeger &

Caison, 2006; Schuh, Stage, & Westfall, 1991). RAs are seen not only as paraprofessionals but also as "natural helpers" (Lindsey, 1997, p. 231). Effective RAs have established relationships with their residents. These factors uniquely position RAs to have the best opportunity to observe students who are in crisis or who are struggling and to assist with a successful referral to counseling. However, RAs can fulfill this important role only if they know their residents well, have received training in how to identify students who are struggling, and know how to make effective referrals to supervisors or directly to counseling with supervisory assistance.

Although counseling is frequently identified in the literature as part of the RA role (Blimling, 2003; Carns et al., 1993; Murray, Snider, & Midkiff, 1999; Schuh, Shipton, & Edman, 1986; Shipton & Schuh, 1982; Weslowski, Bowman, & Adams, 1996; Winston & Buckner, 1984), it is important to note that the counseling role played by RAs is limited to skilled listening and, as needed, referral to supervisors or to counseling after discussion with the supervisor. This article addresses key components in training RAs to fulfill these roles.

TRENDS IN RA TRAINING

Because of the importance of the RA role, high quality and effective training is imperative (Upcraft & Pilato, 1982). Training benefits residents and RAs alike. Residents rate RAs who received training as being more effective and successful in their roles than RAs who were not trained (Peterman, Pilato, & Upcraft, 1979). RAs who received training before beginning their positions reported less stress than those who did not; they also were better able

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to learn helping skills (Winston & Buckner, 1984). Training also improves RAs' knowledge and job performance (Murray et al., 1999).

There is little consensus, however, about RA training needs (Twale & Muse, 1996; Upcraft & Pilato, 1982), and the content and modes of RA training vary greatly from campus to campus (Bowman & Bowman, 1995). Despite the variations in training, there are core similarities. It is believed that RA training should include conflict resolution, crisis intervention, interpersonal skills, disciplinary matters, cultural diversity, consultation, and counseling skills (Bowman & Bowman; Johnson & Kang, 2006; Ness, 1985; Shipton & Schuh, 1982; Twale & Burrell, 1994; Twale & Muse; Upcraft, 1982; Winston & Fitch, 1993). Overall, 83.3% of responding institutions (Bowman & Bowman, 1995) reported that helping and counseling skills were included in their RA training.

ASSESSING THOSE IN NEED OF REFERRAL

As the eyes and ears of a residential life program, RAs need to communicate concerns or changes in residents' behavior to their supervisors so that trained professionals can intervene and appropriately refer students for assistance. On many campuses the actual decision about referral may be made by a professional staff member or a graduate-level staff member who is alerted by the RA about the distressed student; on other campuses greater responsibility for making the referral may fall to the RA. It is most important that RAs be trained not to ignore the signs that a student is in need of help. Students in need of immediate referral include those who are talking of suicide or exhibiting other serious warning signs of suicide (e.g., seeking lethal means). Grosz (1990) discusses the process of assessing for imminent danger and also offers lists of verbal, behavioral, situational, and depressive warnings that indicate the need for referral. It is the extent to which students' problems are interfering with their ability to function that ultimately determines the urgency of the need for professional assistance.

EFFECTIVE REFERRALS

Although identifying those in need of a referral is crucial, actually making a referral may be more challenging for RAs than determining who is or is not experiencing difficulties indicative of the need for referral (Boswinkel, 1986). On campuses where greater responsibility falls to RAs for referrals, they must understand how best to do so. On campuses where this responsibility falls to graduate-level staff or professional staff, the need to be able to make effective re-

ferrals remains, and these suggestions may be helpful in the training of these staff members. It is important to emphasize that a referral is not a recommendation (Cheston, 1991). A recommendation involves one person making a suggestion to another person that counseling might be helpful, whereas a referral involves the active participation of both parties in recognizing the student's need for counseling. In fact, it can be argued that RAs must receive training with regard to the knowledge, attitude, and skill elements (Reynolds, 2009) that will assist them in making effective referrals. No one or two of these areas is sufficient. Furthermore, knowledge, attitude, and skills are synergistically related; for example, skills can be influenced by knowledge and attitudes. After discussing the content required in each of these areas, we immediately offer ideas and suggestions for how to most effectively train RAs in each area. Although different college and university housing systems use different RA training models of varying duration, these suggestions for RA training can be used in a variety of different training formats.

KNOWLEDGE

Knowledge Required for Referral

In order to make an effective referral, RAs must acquire knowledge about the counseling process in general (including confidentiality), referral resources on their campus, and details regarding those resources. Such knowledge will add significant credibility to their work as referral agents.

RAs need to be trained about how counseling works. For example, it is commonly believed that counseling is primarily about giving advice (Woodside, Oberman, Cole, &

Carruth, 2007). RAs need to know that, rather than focusing on giving advice that offers a quick fix, counseling provides an opportunity for individuals to discuss their difficulties with a trained professional who can support them and guide them through their own reflection and problem-solving processes.

Another important training element is the central nature of confidentiality to the counseling process. Sharkin, Scappaticci, and Birky (1995) found that 68% of RAs expected to have access to confidential information after making a referral and 88% reported the belief that they *should* have access to such information. If RAs learn more about the counseling relationship, they will more clearly understand why and how confidentiality is a crucial element in the process. More specifically, RAs may choose to share information with the counselor regarding the student's behavior in the hall, but counselors will not share information with the RA about the student.

RAs need to become familiar with the counseling and counseling-related offices on campus. Although most campuses provide some sort of mental health services (Sharkin, 2006), it is not uncommon for large institutions to have more than one option for students

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who are in need of counseling. For example, if there are counselor training programs on campus, these programs may operate training clinics where graduate students offer free or sliding scale mental health-related services to students. RAs also would benefit from learning about offices providing services that could specifically address issues related to the students (e.g., career testing, testing for learning disabilities and ADHD, financial guidance, grade appeals).

RAs would benefit from having knowledge about the procedures used by each referral resource, specific services available to students, and more personal knowledge about some of the individuals who work in each office. With regard to procedures, RAs need to know about session limits, the intake process, hours, charges, and locations. They need to know about the programs and services available at the centers, such as specific support groups that are available (e.g., eating disorders, children of divorce, LGBTQ). It is also important for RAs to have knowledge about the referral resources available on their campus. RAs will be able to offer greater assurance to their residents and speak with more confidence if they can explain details such as where the check-in desk is located relative to the waiting room and the race/ethnicity or working styles of certain counselors. Ways to provide this hands-on knowledge will be discussed in the training section below.

Finally, it is essential that RAs understand fully the housing system's operating procedures for dealing with students in crisis. RAs need to know when and how to involve their supervisors and how emergency situations are to be handled. RAs should be reminded that they do not have the skills or the experience to

RAs must be well versed in crisis protocol: whom to call, differences in procedure that may exist depending on the time (day or night, weekend or weekday, academic year or break), how to make the call, and not to leave the person in crisis alone while making the call.

address mental health crises alone. RAs must be well versed in crisis protocol: whom to call, differences in procedure that may exist depending on the time (day or night, weekend or weekday, academic year or break), how to make the call, and not to leave the person in crisis alone while making the call. RAs need to be reassured that the responsibility is not solely on them and that their graduate and professional supervisors will direct them in how to proceed and most likely will be the ones to take action to get the student in crisis to the help that he or she needs (Blimling, 2003).

Addressing Knowledge in Training

The knowledge elements noted above can be addressed through didactic and experiential approaches. Information regarding the process of counseling can be offered in the form of a short lecture. Including counseling center staff in offering such training allows RAs to have personal interactions with these individuals. Just as counseling is based on the relationship between the counselor and the client, RAs will feel much more comfortable talking to residents about counseling if they

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have built even a minimal level of acquaintance with the counseling staff. Providing a tour of the counseling-related facilities on campus not only allows RAs further opportunities to make connections with the counselors, but also provides them with hands-on knowledge of the facilities that will prove useful to them when they interact with their residents. Finally, each RA should receive a reference card with the phone numbers and locations of the services and centers on campus that are available to students. Such a card can also summarize emergency procedures. Similar training will be helpful for graduate-level and professional staff, particularly because in most cases the primary responsibility for referrals to counseling falls to them.

ATTITUDES

Attitudes Related to Referral

Attitudes are arguably the area of RA referral training that is least often addressed; however, it is a critically important one, since attitudes influence behavior (Botega et al., 2007). If RAs have negative attitudes about counseling, they are unlikely to refer students; even when they do so, these referrals are unlikely to be effective, as the RA can inadvertently communicate his or her negative attitudes about counseling. As Sharkin (2006) observed,

If you hold negative ideas about help-seeking or lack confidence in the effectiveness of counseling, it is perhaps unlikely that you will suggest counseling to students unless you are very concerned about their well-being. However, it may be difficult to convince students to seek help if you are yourself skeptical of professional help because you may somehow inadvertently communicate your own biases to students. (p. 73)

RAs' attitudes toward counseling are likely related to two major areas: stigma and effectiveness. Sibicky and Dovidio (1986) found that students rated conversational partners less favorably when they were told that the partners were seeking psychological therapy than they did when they were told that their partners were recruited from introductory psychology courses. However, Vogel, Wade, and Hackler (2007) recently found that the link between the perceived public stigma of counseling and the willingness to seek counseling was fully mediated by self-stigma and attitudes toward counseling; that is, although public sentiment about seeking therapy clearly exists, internalized stigma is likely more powerful in affecting an individual's decision to seek help. Positive attitudes about seeking professional psychological help are related to the intention to seek help in college students (Deane & Todd, 1996). Attitudes are also related to the willingness to intervene with a troubled peer (Kalafat & Elias, 1994). Reynolds (2009) addressed the critical importance of self-awareness, of the helper's ability to understand his or her own values, biases, and attitudes. Although those who train RAs cannot likely influence the campus attitude toward counseling, they can work with RAs to decrease their perceived self-stigma and enhance their own attitudes toward the counseling process.

RAs may question the beneficial nature of counseling—is it actually effective? If these types of questions and doubts exist in the minds of RAs, they will likely emerge in nonverbal ways as they interact with their residents. For example, RAs may verbally assert an understanding and belief in counseling, but the tone of their voice may communicate a

sense of pity for or judgment of someone who would actually use such services. Reynolds (2009) cautioned that negative assumptions and biases can interfere with one's ability to respond effectively to mental health concerns.

Making a referral is also likely to be influenced by RAs' expertise about counseling and their confidence that counseling will be effective (MacGeorge, Feng, & Thompson, 2008). As noted above, knowledge about counseling is important in terms of the content of RAs' referrals, but it is also quite important in terms of how such knowledge influences their attitudes. Those who know more about counseling in general and about the specific counseling services on their campus are more likely to speak with expertise and confidence and are, therefore, more likely to make referrals that will be effective.

Addressing Attitudes in Training

Addressing attitudes toward referral and the counseling process can and should be done both directly and indirectly. It is recommended that candid and open conversation be held with RAs regarding the impact that their attitudes toward counseling will have on their ability to make effective referrals. They must be told in concrete terms that, although they may believe they can refer residents even if they would not seek counseling themselves, their attitudes will come through in nonverbal ways that they will not be able to consciously control (e.g., body language, tone of voice, word choice).

Experiential activities in conjunction with discussion are likely to be effective in addressing RAs' attitudes toward counseling. It is important to note that RAs, and new RAs in particular, value practical and procedural train-

ing over theoretical training (Murray, Kagan, & Snider, 2001). With regard to stigma, training activities such as talking about the process of seeking help, receiving information about the range of problems experienced by students who seek counseling, and writing a reflection paper/journal entry about their own attitudes may be useful interventions. With regard to effectiveness, training activities such as sharing personal stories, viewing movies or movie clips that portray counseling, and presenting outcome research may prove useful. One low-threat topic for discussion or journaling is for RAs to recall a time when talking to someone was helpful to them; in discussion they can be helped to make the connection between their personal experience of the helpfulness of talking and what happens in the counseling process (Wallack, 2007). In every case, the recommended activities need to be combined with discussion that helps the RAs to make the connection between beliefs, attitudes, and actions.

SKILLS

Skills Related to Referral

The skills required for an RA to make an effective referral are general interpersonal skills as well as skills that are specific to the referral process. With regard to interpersonal skills, RAs must build relationships with residents and be attuned to the concerns they may have about their public image. In their review of the literature on effective advice, MacGeorge et al. (2008) indicated that individuals are more likely to listen to and heed advice offered by those to whom they feel close. Boswinkel (1986) emphasized that trust is essential in order for a referral to "take." Trust and perceived closeness are also key in the process of self-disclosure,

and RAs need as much information from their residents as possible in order to make the most appropriate referrals. In terms of public image concerns, MacGeorge et al. addressed the need for advice givers to be mindful of the style they

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use in offering advice. More specifically, advice givers need to communicate their belief in the recipient's competence and autonomy. In the case of RAs making referrals for counseling, they need to be sensitive to the idea that residents could feel disappointed or rejected (Cheston, 1991) after the idea of the referral is presented. RAs can directly communicate the idea that counseling is a positive, valuable, and strong action that the resident would be taking to take care of him/herself.

In housing systems where RAs are likely to make referrals to counseling in certain situations, training does need to provide them with specific recommendations and skills relevant to the actual moment of referral. In systems

where responsibility for referrals routinely falls to professional staff or graduate level staff, their training should include the following. To begin, it is important to remain calm, encourage the expression of feelings, and be an active participant in the conversation (Grosz, 1990). A close relationship with the resident (such as the RA has) will help facilitate these behaviors. Rather than offering the referral at the beginning of the conversation, RAs should initially provide emotional support, which is critical to creating an environment that will be conducive to subsequent problem solving and advice giving (Burlinson & Goldsmith, 1998).

Boswinkel (1986) recommends approaching the topic of a referral in a casual and non-committal manner. RAs (or professional/graduate staff) could initially share their concern for the resident and indicate the observations they have made that have led them to be concerned. They could then explain that people with similar struggles have often found support and benefit from the process of counseling. Boswinkel particularly recommends not using the term "psychotherapy," and we agree with his recommendation. Counseling is a more general term that is less clinical sounding and may more accurately represent the services that the resident needs.

Following this initial mention of the idea of referral, RAs (or professional/graduate staff) could then offer accurate information to the resident about counseling, while emphasizing the active and empowering nature of the act of seeking help. It is important to monitor the resident's reaction and to gently address facial expressions or gestures that may suggest discomfort with the topic. At this point, specific information regarding the counseling-related

options on campus can be offered. The objective is to encourage the resident to seek counseling themselves, but there will also be more critical situations where the staff member will have to take a more active role in the referral.

The initial contact with the referral resource will again depend on the urgency of the specific situation. If the resident is struggling and would benefit from counseling but the concern is not immediate, the RA could offer

The process of skill training will work best if RAs are offered the opportunity to observe the model of an expert making a referral. A skills demonstration could be provided by counseling center staff, graduate students in counseling (if there is a training program on campus), or a professional housing staff member.

specific information about the services available and could later follow up with the resident about his/her decision to seek help. If an RA has more immediate concerns about the resident, he/she most likely will consult with the supervisor. A call can be made to determine the availability of sessions and more specifically which clinicians are available. The RA and/or the supervisor can then offer this specific information to the resident and even offer to

walk with him/her to the center if the resident would prefer. If possible, it would be helpful to work with the resident to identify his/her goals for the counseling process prior to the initial session. If the resident presents in an urgent state (such as a suicide threat or attempt), the RA should use the institution's and housing system's procedures for working with students in crisis, which will likely include a walk-in appointment at the counseling center during business hours or a call to campus police or security if after hours. In such a crisis situation, RAs should understand that it is essential to follow the emergency protocol.

In all referral situations, it is important for RAs to follow up with their residents. Such follow-up indicates a continuing concern about the resident's welfare. However, Blimling (2003) cautions that the RA should not "interject [him/herself] unnecessarily" (p. 182).

Addressing Skills in Training

Referral skills are best learned through experience and practice. However, it is again important to note that training RAs in the skills of referral is simply not enough. They must also receive the knowledge and attitude training indicated above in order to make effective referrals.

Experiential activities provide RAs with opportunities to put together and put to use all of the material they have learned with regard to making a referral (e.g., Wallack, 2007). The process of skill training will work best if RAs are offered the opportunity to observe the model of an expert making a referral. A skills demonstration could be provided by counseling center staff, graduate students in counseling (if there is a training program on campus), or a professional housing staff member. As an

alternative to a live demonstration, a videotape of a referral demonstration could be created. In either case, the demonstration should then be followed by discussion and a question-and-answer period during which some of the essential skills (i.e., listening, paraphrasing, asking questions, keeping the focus on the student) are identified explicitly. Following the observation, RAs need the opportunity to practice the referral process. This can be accomplished through role plays that are observed by professional staff members who provide feedback. Opportunities to practice will increase RAs' confidence in their abilities to make an effective referral.

CONCLUSION

RAs can serve an important role in responding to the campus mental health crisis by identifying students who are overwhelmed or are struggling and by helping to refer them to the sources of help available on campus. Effective training is critical if RAs are to serve in this role. To be most effective, training should cover knowledge, attitudes, and skills (Reynolds, 2009).

Despite the current concerns about the mental health problems of college and university students (ACHA, 2007; Benton, 2006; Kadison & DiGeronimo, 2004; Reynolds, 2009), there is surprisingly little current literature on the prevalence or the effectiveness of RA training concerned with teaching necessary helping skills or knowledge of mental health issues. Researchers should explore the content and the methods currently in use in RA training related to these issues. In addition, researchers should explore what training methods seem to be most effective with various audiences or at different institutional

types. Do today's Millennial RAs prefer different training modalities than did their predecessors? Researchers also could explore how various types of training affected RAs' sense of efficacy to respond to the mental health problems of their residents.

Furthermore, it would be helpful to know what topics overall typically are included in RA training and the relative emphasis given to each area. As the job of the RA becomes increasingly complex (Jaeger & Caison, 2006), are certain topics being dropped from training or given less time and emphasis? Or is the time allotted to RA training being increased to allow for the inclusion of more topics? How much training is being done as in-service training during the pre-employment phase or just before opening?

In general, the research on RA training is dated and thin. Given the ubiquity of the RA position (Schaller & Wagner, 2007), it is surprising that so little current research exists on how these key paraprofessionals are trained most effectively. Replications of studies such as the one done by Bowman and Bowman (1995) to document current practices would be extremely helpful to the field.

Because of their daily proximity to their residents, RAs are in a unique position to recognize the signs of students in distress. Thorough training can assist them in identifying warning signs and helping to get struggling students connected with the sources of assistance available to them. Such training will equip them with the knowledge and skills needed to best serve today's students.

REFERENCES

- American College Health Association. (2005). *American College Health Association-National College Health Assessment (ACHA-NCHA) Web summary*. Updated September 2005. Available at http://www.acha.org/projects_programs/ncha_sampledata.cfm
- American College Health Association. (2006). American College Health Association-National College Health Assessment (ACHA-NCHA). Spring 2005 reference group data report (abridged). *Journal of American College Health*, 55, 5-16.
- American College Health Association. (2007). *American College Health Association-National College Health Assessment: Reference group executive summary Fall 2006*. Baltimore: Author.
- Baker, D. E. (2004). *A national set of competencies for paraprofessionals in residential college or living/learning programs*. Unpublished doctoral dissertation, Louisiana State University.
- Benton, S. A. (2006). The scope and context of the problem. In S. A. Benton & S. L. Benton (Eds.), *College student mental health: Effective services and strategies across campus* (pp. 1-14). Washington, DC: NASPA.
- Blimling, G. S. (1993). New challenges and goals for residential life programs. In R. B. Winston, Jr., & S. Anchors (Eds.), *Student housing and residential life* (pp. 1-20). San Francisco: Jossey-Bass.
- Blimling, G. S. (2003). *The resident assistant* (6th ed.). Dubuque, IA: Kendall/Hunt.
- Boswinkel, J. P. (1986). The college resident assistant and the fine art of referral for psychotherapy. *Journal of College Student Psychotherapy*, 1, 53-62.
- Botega, N. J., Silva, S. V., Reginato, D. G., Rapeli, C. B., Cais, C. F. S., Mauro, M. L. F., et al. (2007). Maintained attitudinal changes in nursing personnel after a brief training on suicide prevention. *Suicide and Life-Threatening Behavior*, 37, 145-153.
- Bowman, R., & Bowman, V. (1995). Academic courses to train resident assistants. *Journal of College Student Development*, 36, 39-46.
- Burleson, B. R., & Goldsmith, D. J. (1998). How the comforting process works: Alleviating emotional distress through conversationally induced reappraisals. In P. A. Anderson & L. K. Guerrero (Eds.), *Handbook of communication and emotion: Research, theory, applications, and contexts* (pp. 245-280). San Diego, CA: Academic Press.
- Carns, A. W., Carns, M. R., & Wright, J. (1993). Students as paraprofessionals in four year colleges and universities: Current practice compared to prior practice. *Journal of College Student Development*, 34, 358-363.
- Cheston, S. E. (1991). *Making effective referrals: The therapeutic process*. New York: Gardner.
- Deane, F. P., & Todd, D. M. (1996). Attitudes and intentions to seek professional psychological help for personal problems or suicidal thinking. *Journal of College Student Psychotherapy*, 10, 44-59.
- Eisenberg, D., Golberstein, E., & Gollust, S. E. (2007). Help-seeking and access to mental health care in a university student population. *Medical Care*, 45, 594-601.
- Elleven, R. K., Allen, J., & Wircenski, M. (2001). Resident assistant training: A Southwestern perspective. *College Student Journal*, 35, 609-615.
- Gallagher, R. P., & Zhang, B. (2002). *National Survey of Counseling Center Directors 2002*. Alexandria, VA: International Association of Counseling Services. Retrieved October 17, 2006, from <http://www.aucccd.org/NDS/2002DirectorsSurvey.pdf>
- Grosz, R. D. (1990). Suicide: Training the resident assistant as an interventionist. *Journal of College Student Psychotherapy*, 4, 179-194.
- Hepner, P., & Reeder, B. (1984). Training in problem solving for residence hall staff: Who is most satisfied? *Journal of College Student Personnel*, 25, 357-360.

- Jaeger, A. J., & Caison, A. L. (2006). Rethinking criteria for training and selection: An inquiry into the emotional intelligence of resident assistants. *NASPA Journal*, 43, 144-156.
- Johnson, V. D., & Kang, Y-S. (2006). Assessing differences in resident assistant confidence in addressing issues of cultural diversity between in three predominantly White universities. *Journal of College and University Student Housing*, 34, 31-42.
- Kadison, R., & DiGeronimo, T. F. (2004). *College of the overwhelmed: The campus mental health crisis and what to do about it*. San Francisco: Jossey-Bass.
- Kalafat, J., & Elias, M. (1994). An evaluation of a school-based suicide awareness intervention. *Suicide and Life-Threatening Behavior*, 24, 224-233.
- Kisch, J., Leino, E. V., & Silverman, M. M. (2005). Aspects of suicidal behavior, depression, and treatment in college students: Results from the spring 2000 National College Health Assessment Survey. *Suicide and Life-Threatening Behavior*, 35, 3-13.
- Kuh, G. D., & Schuh, J. H. (1983). Perceptions of the RA role: Does a year make a difference? *Journal of College and University Student Housing*, 13(2), 3-7.
- Levine, A. (1994). Guerilla education in residential life. In C. C. Schroeder & P. Mable (Eds.), *Realizing the educational potential of residence halls* (pp. 93-106). San Francisco: Jossey-Bass.
- Lindsey, B. J. (1997). An evaluation of an AIDS training program for residence hall assistants. *Journal of Health Education*, 28, 231-237.
- MacGeorge, E. L., Feng, B., & Thompson, E. R. (2008). "Good" and "bad" advice: How to advise more effectively. In M. Motley (Ed.), *Applied interpersonal communication: Behaviors that affect outcomes* (pp. 145-164). Thousand Oaks, CA: Sage.
- Murray, J. L., Kagan, R. S., & Snider, B. R. (2001). The impact of practical and theoretical training on experienced and inexperienced peer helpers. *The Journal of Faculty Development*, 18, 101-111.
- Murray, J. L., Snider, B. R., & Midkiff, R. M., Jr. (1999). The effects of training on resident assistant job performance. *Journal of College Student Development*, 40, 744-747.
- Ness, E. (1985). The identification, confrontation, and referral of problem drinkers by resident assistants. *Journal of Alcohol and Drug Education*, 31, 32-40.
- Peterman, D., Pilato, G., & Upcraft, M. L. (1979). A description and evaluation of an academic course to increase interpersonal effectiveness of resident assistants. *Journal of College Student Personnel*, 20, 348-352.
- Reynolds, A. L. (2009). *Helping college students: Developing essential support skills for student affairs practice*. San Francisco: Jossey-Bass.
- Schaller, M. A., & Wagner, R. L. (2007). Indecision and an avalanche of expectations: Challenges of sophomore resident assistants. *NASPA Journal*, 44, 32-56.
- Schuh, J. H., Shipton, W. C., & Edman, N. (1986). Counseling problems encountered by resident assistants: An update. *Journal of College Student Personnel*, 27, 26-33.
- Schuh, J. H., Stage, F. K., & Westfall, S. B. (1991). Measuring residence hall paraprofessionals' knowledge of student development theory. *NASPA Journal*, 28, 271-277.
- Sharkin, B. S. (2006). *College students in distress: A resource guide for faculty, staff, and campus community*. New York: The Haworth Press.
- Sharkin, B. S., Plageman, P. M., & Mangold, S. L. (2003). College student response to peers in distress: An exploratory study. *Journal of College Student Development*, 44, 691-698.
- Sharkin, B. S., Scappaticci, A. G., & Birky, I. (1995). Access to confidential information in a university counseling center: A survey of referral sources. *Journal of College Student Development*, 36, 494-495.

- Shipton, W. C., & Schuh, J. H. (1982). Counseling problems encountered by resident assistants: A longitudinal study. *Journal of College Student Personnel*, 23, 246-252.
- Sibicky, M., & Dovidio, J. F. (1986). Stigma of psychological therapy: Stereotypes, interpersonal reactions, and the self-fulfilling prophecy. *Journal of Counseling Psychology*, 33, 148-154.
- Suicide Prevention Resource Center. (2004). *Promoting mental health and preventing suicide in college and university settings*. Newton, MA: Education Development Center, Inc.
- Twale, D., & Burrell, L. (1994). Resident assistants on Black and White campuses assess resident student problems. *Journal of College Student Personnel*, 35, 29-34.
- Twale, D. J., & Muse, V. (1996). Resident assistant training programs at liberal arts colleges: Pre-service and in-service options and RA perceptions of training. *College Student Journal*, 30, 404-410.
- Upcraft, M. L. (1982). *Learning to be a resident assistant: A manual for effective participation in the training program*. San Francisco: Jossey-Bass.
- Upcraft, M. L. (1989). Residence halls and campus activities. In M. L. Upcraft & J. N. Gardner (Eds.), *The freshman year experience* (pp. 142-155). San Francisco: Jossey-Bass.
- Upcraft, M. L., & Pilato, G. T. (1982). *Residence hall assistants in college: A guide to selection, training, and supervision*. San Francisco: Jossey-Bass.
- Vogel, D. L., Wade, N. G., & Hackler, A. H. (2007). Perceived public stigma and the willingness to seek counseling: The mediating roles of self-stigma and attitudes toward counseling. *Journal of Counseling Psychology*, 54, 40-50.
- Wallack, C. (2007, January). *A campus example: Syracuse University and Campus Connect*. Paper presented at the SAMHSA Campus Suicide Prevention Grantee Technical Assistance Meeting, Gaithersburg, MD.
- Wesolowski, M., Bowman, R. L., & Adams, V. (1996). RA training: A comparison of cognitive, vicarious, and experiential modalities. *The Journal of College and University Student Housing*, 26(1), 30-38.
- Winston, R. B., Jr., & Buckner, J. D. (1984). The effects of peer helper training and timing of training on reported stress of resident assistants. *Journal of College Student Development*, 25, 430-436.
- Winston, R. B., Jr., & Fitch, R. (1993). Paraprofessional staffing. In R. B. Winston, Jr., S. Anchors, & Associates (Eds.), *Student housing and residential life* (pp. 315-343). San Francisco: Jossey-Bass.
- Woodside, M., Oberman, A. H., Cole, K. G., & Carruth, E. K. (2007). Learning to be a counselor: A prepracticum point of view. *Counselor Education and Supervision*, 47, 14-28.

Discussion Questions

1. The authors suggest that the counseling role of the RA adds to the complexity of the position. What RA roles are most important to you and why?
2. Resident assistants who received training report less stress on the job. What other strategies could you consider to further reduce RA job stress?
3. What are the unique needs for the RA position and RA training on your campus?
4. What other training needs does your campus possess to create more informed referral agents beyond the resident assistants?
5. What do you perceive as being the prevalent attitude of RAs toward counseling on your campus? How can you address RA attitudes toward campus counseling?
6. How do you see the campus housing work changing as a result of growing concerns about student mental health?

Discussion questions developed by David Jones, University of Alabama

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