

“So You Were Drinking ‘Orange Juice’”:
Resident Advisors’ Negotiation of Resident Drinking Norms

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Abstract

Alcohol use on college campuses, especially in campus residence halls, has a significant impact on students. In order to help build community and provide support to college students who live on-campus, universities often employ current students as resident advisors. Resident advisors are also charged with enforcing campus and residence hall policies, and they often face challenges when attempting to have conversations about underage drinking and drinking habits with their residents. The purpose of this study was to uncover ways that resident advisors navigate conversations with their residents regarding drinking. Qualitative interviews were conducted in person with nine resident advisors employed at a large university in the southwest United States, and interviews were analyzed using thematic coding. Resident advisors reported structuring conversations about drinking around discourses of safety and, on occasion, references to personal experiences in order to connect with residents. Institutional rules and pre-determined discourses, along with personal views of the resident advisor role, also shaped how resident advisors approached these conversations. The implications of this study for higher education initiatives and resident advisor training are explored.

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Chapter One: Literature Review and Rationale

The transition to college can be difficult, exciting, and challenging for new students. For many, college represents freedom and a transition from living at home with parents and family to living independently for the first time. Universities strive to ensure that incoming students are supported properly so that they are able to persist to graduation and find academic and personal success on campus. One significant location for this support is in on-campus residence halls, since students living on campus face new experiences with roommates and communal living in addition to traditional academic challenges that emerge in college. A common approach to providing effective mentorship and support for students living on campus is through the resident advisor position, which (typically) employs undergraduate students who have completed at least one year of college as live-in staff for the residence halls. These students are trained to provide mentorship and academic support, promote social justice, help solve personal problems and roommate conflicts, and ensure compliance with university and residence hall policies as well as the safety of the residence hall overall. The resident advisor role presents a dynamic challenge for interested students looking to gain leadership skills and campus involvement.

Notably, resident advisors face a significant challenge in talking with their residents about alcohol consumption. At many universities, the majority of on-campus residents are under the legal drinking age, which makes drinking in the dorms not only risky but also illegal. Resident advisors, who are students as well, may have had previous experiences drinking underage or may currently drink underage. These experiences complicate the ways they talk to residents about drinking. Universities generally implement policies regarding alcohol consumption on campus that resident advisors are expected to follow, but these policies often contradict peer norms regarding drinking, resulting in a potentially difficult and contradictory

conversation for resident advisors. Resident advisors have to negotiate these two levels of norms in their conversations with residents. Within the context of United States colleges and universities, where the drinking age is relatively high (compared to other countries) and the pressures or expectations to drink can be perceived as intense, the potential for harm and significant problems for both students and the institution make effective conversations about drinking important. The need to effectively address harmful and excessive drinking often falls on resident advisors, who have a closer relationship with other students and have more potential to effect change.

This project examines resident advisors' talk about drinking with their residents, as well as the larger institutional contexts that influence how these conversations take place. Using qualitative interviews with nine current resident advisors at a large university, I discovered that resident advisors draw on discourses of safety and carefully use personal narratives in order to navigate talk about drinking with their residents. How talk about alcohol is managed is also influenced by resident advisors' views of their role, as well as institutional rules and job expectations about policy enforcement around drinking. Previous research has explored the impacts of drinking on college campuses (including both students and communities), as well as the resident advisor role and tensions in student-staff jobs. However, research has not adequately explored exactly how these two areas intersect and how they influence each other. This project seeks to provide insight into how actual conversations about college drinking take place and to illuminate potential possibilities to improve training and policies regarding campus drinking and resident advisor expectations.

Drinking on College Campuses

Underage drinking and excessive alcohol consumption is a common problem on college campuses in the United States. Transitioning to college often marks freedom, and many conceptions of the “college experience” include excessive drinking, resulting in expectations that most, if not all, college students drink alcohol. In order to understand the potential impact of conversations about drinking between resident advisor and their residents, it is important to understand the role of campus culture and social networks on college student drinking.

Boekeloo, Bush, and Novik (2009), using a Web-based survey of mostly freshmen residents in residence halls, found that most incoming freshmen experienced secondhand effects from their peers' drinking habits. These effects included vomit in public spaces (such as bathrooms and hallways), vandalism, interrupted sleep, assault, harassment, and rape, among others. Although all of these effects were problematic (and some of them severe), residents reasoned that these secondhand effects were part of the college experience (Boekeloo et al., 2009) and accepted this as a natural part of their first year of college. Their study points to the normalization and acceptance of underage drinking in college; although the impacts of drinking on students' quality of life are significant, they are not recognized negatively or directly challenged. Instead, the consequences of drinking are framed as a part of the college atmosphere, an outlook that perpetuates the expectations of drinking in college.

Due to the impact that drinking has on residents, universities typically provide education and set forth policies in order to mitigate detrimental effects of drinking. Demers, Beauregard, and Gliksman (2013) surveyed college students' drinking habits and found that although students perceived intervention from higher education institutions negatively, such regulations affected students' drinking habits. Health promotion education regarding drinking was not widespread on

the campus studied, but messages and education about how to drink safely influenced students.

In a study of fraternity members' views on excessive drinking, Cho et al. (2010) also discovered control as an important defining characteristic of established fraternity members, who understood that university policies helped to control the risks of drinking. This theme carried over into their desired response to drinking from the university; the members requested education that emphasized controlled drinking and recognized the need for more comprehensive regulation of alcohol in fraternities. The studies from Demers et al. (2013) and Cho et al. (2010) both show that university intervention in student drinking through policy implementation has an effect on students' perceptions of drinking and has the potential to change the campus drinking culture. Although it may not be well received, students understand the intentions of university policies in creating safer campus environments. Resources provided by the universities also enable students to be more educated about their decisions to drink, the impact of those decisions, and possible outcomes of drinking. The presence of university intervention in college student drinking habits, while not always received positively, helps to keep students safe; however, the influence of other peers must also be considered for its significant effect on college drinking.

Peer Influence on Drinking Norms

Community factors. Drinking occurs within a community, and research indicates that peers, parents, and community norms all intersect to influence the drinking habits of adolescents. Interestingly, each source of influence has a different effect (Song, Smiler, Wagoner, & Wolfson, 2012). For instance, adolescents who have already decided to drink are not as influenced by parents and community norms as they are by friend norms (Song et al., 2012); however, one way that community norms are more influential is in relation to perceived consequences for drinking underage. In a study of middle- and high-school students, Lipperman-Kreda, Grube, and Paschall

(2010) found that higher levels of perceived enforcement and community norms that are less accepting of underage drinking led to personal beliefs in adolescents that are less supportive of drinking, and therefore resulted in less underage alcohol use. When communities were perceived to be more disapproving of underage drinking, perceived police enforcement also increased, and adolescents perceived higher potential harms (Lipperman-Kreda, Grube, & Paschall, 2010).

Although participants in this study were younger than college students, the impact of perceived (and feared) loss of community status and formal consequences may persist past adolescence, suggesting that policies and enforcement may matter in college communities too.

A college student's placement within their personal relationship network presents an additional community factor that affects drinking risks. Barnett, Ott, and Clark (2014) used social network theory to investigate how relationship networks affect students' levels of drinking, since first year peer groups are especially important and influential at the beginning of college. They found that students who were more central and held more importance in their social networks had more heavy drinking days and reported more alcohol problems (Barnett, Ott, & Clark, 2014), possibly due to more intense pressure from a greater number of people in their network. This is important because students who are central and hold more importance in their network can influence other group members to engage in similar behaviors in an attempt to secure acceptance. Additionally, students who show high betweenness "reflect the extent to which an individual mediates other relationships... [and] effectively connect others in a network" (Barnett, Ott, & Clark, 2014, p. 981). These students may be more susceptible to peer norms since they are connected to more people and face pressure to maintain relationships between others. Women with high betweenness also showed more alcohol problems, which supports this connection between social location and risk and emphasizes that women in

particular may face unique risks due to their location and role in their social network. In a college setting, especially during the first year, a student's development of their social network and their role within this network effectively change their risks and pressures to drink, especially when the purpose of drinking is to maintain or develop relationships. Therefore, interference in how a student creates and navigates their social network may be an effective way to influence drinking habits.

Peer intentions. Social networks are important because they link students to one another, but the intentions that emerge within a group of students have a more significant effect on group members. Previte, Fry, Drennan, and Hasan (2015) found that peer intentions shape group-drinking behavior, so that when groups collectively decide to drink moderately, they are more likely to achieve that goal. This is especially relevant among groups of women, who are even more influential in affecting the drinking habits of their friends. Use of this kind of "group think" influence may enact effective change in drinking habits among large groups of people through the use of social influence. Popularity status also affects the influence of peer norms and the likelihood that someone will follow these norms. In a study by Teunissen et al. (2014), adolescents were instructed to use a simulated chat room to discuss drinking norms with their peers. When a peer who was perceived to be more popular than the test subject presented drinking norms, these norms were more influential. Although this study did not examine how peers of an equal status influenced each other, it showed that perceived popularity impacted the likelihood of someone emulating the habits presented to them. Additionally, in the same study researchers found that regardless of social status, peers who were exposed to anti-alcohol norms thought more negatively about heavy drinker behaviors (Teunissen et al., 2014). The presence and regular use of anti-alcohol norms by peers may then lead to more moderate and responsible

drinking habits, especially as they become more common and popular among peers. This also shows that while social status may be a factor in a message's influence, even those peers who are not regarded highly can have an effect and influence on the drinking norms and perceptions of the people around them.

Aside from norms regarding amount or frequency of drinking, peers also influence each other through protective strategies and risk mitigation (Lewis et al., 2015). Excessive drinking can have negative effects on the body and the safety of the drinker. As people drink more, their coordination becomes impaired and their inhibitions lower, and they may take risks that they normally would avoid. Research with college-aged students indicates these risks may be physical or sexual, depending on the person and the setting. However, peers often employ protective strategies to prevent negative consequences for impaired peers. Lewis et al. (2015) found that friends influence each other's drinking through protective behavioral strategies, which are used to reduce or limit alcohol consumption and related consequences. Most prevalent in this study were serious harm reduction strategies, such as having a designated driver, which are intended to prevent dire consequences. Respondents also used limiting/stopping strategies and manner of drinking strategies to regulate how much they and their friends drank, as well as consumption habits such as drinking slowly rather than drinking quickly. Through the use of such strategies, peers help ensure safety and create norms that reduce drinking and risk-taking while under the influence.

Additionally, peers may intervene when they see another student "at risk" from the consequences of drinking, depending on their relationship. Menegatos, Lederman, and Hess (2010) found that the likelihood of a friend to intervene in drinking situations depends on the closeness of their relationship to the people involved. When presented with the dilemma of

letting a friend who had been drinking leave a party with a stranger, respondents indicated that most of the time they would intervene and check on the person to make sure they can make this decision for themselves. However, the extent to which the respondents would attempt to prevent the friend from leaving depended on the closeness of their relationship. The sense of trust formulated in close relationships tempers drinking habits in general and ensures the safety of others during drinking outings or while under the influence. The importance of community awareness and support is also evident in this study; a feeling of closeness within a community and among community members contributes to greater safety because people are more inclined to look out for each other. Group accountability in settings where excessive drinking is commonplace may result in safer drinking habits, especially when strong connections and concern for community members are a factor.

Although peer influence has a notable effect on student drinking, these social norms alone cannot account for decision-making behaviors. Champion, Lewis, and Myers (2015) point out that health beliefs also affect whether people decide to drink or not. When students believe that the negative impacts of alcohol can happen to them and believe in the benefits of moderate drinking, they are more likely to adjust their behavior and drink less. Additionally, a student's belief about how much others drink influences their own drinking decisions. Essentially, Champion, Lewis, and Myers (2015) found that students compare perceived social norms with their personal health beliefs and make decisions about their actions based on how these two factors align. For example, a student who believes that their friends drink a lot of alcohol regularly and who also believes that negative effects of drinking won't happen to them may be more inclined to drink (and to drink excessively) based on the intersections of their beliefs with their perception of their friends' actions. Peer influence on drinking behavior is not simplistic

and linear (others drink, so I should drink), but instead is mediated through personal, previously established beliefs about healthy decision-making. Intervention in personal beliefs about healthy decisions and risks may encourage students to rethink their drinking habits; additionally, challenging students' perception of other drinking habits may also affect individual risk assessments and may decrease the pressure or desire to drink.

Misperception of drinking habits. Despite the ways that peers can positively influence drinking habits by protecting each other and encouraging safer drinking, peers still often misperceive the drinking habits of those around them. Overall, college students tend to overestimate drinking norms and rates for other students, believing that they have more drinks and go out more frequently than they actually do (Page & O'Hegarty, 2006). Greek systems provide an especially salient example of this: Those involved in Greek life are expected to have much higher drinking rates than students who are not a part of Greek life at their university (Page & O'Hegarty, 2006). The perception that college students drink frequently and in large quantities may lead other students to raise their expectations for their own drinking habits to match their peers, resulting in high-risk drinking habits and negative consequences for other university students. College students who experience depressive symptoms are even more at risk of this distorted perception, as these students also perceive that their peers drink more than they do (Linden & Lau-Barraco, 2013). Additionally, these students believe that their peers approve of excessive drinking (Linden & Lau-Barraco, 2013), which may lead them to rationalize and pursue more dangerous drinking habits. These misperceptions can be damaging, since mixing alcohol with mental health issues, especially depression, may make the problem worse; this is especially concerning if the student begins using alcohol as a coping mechanism to deal with depression.

Misperception of drinking habits has even been noted between resident advisors and students. King (2007) conducted a survey of residents and resident advisors at four universities in the Northeast region of the United States regarding self-reported drinking and perceptions of others' drinking habits and attitudes. The results of this study showed that while students self-reported drinking at higher levels than resident advisors and had more liberal attitudes towards alcohol use, resident advisors had a relatively accurate perception of residents self-reported drinking habits. Resident advisors reported slightly higher drinking rates than were actually reported by students, but their estimations were much closer to reality than the estimations of their residents. Resident participants perceived that resident advisors drank more than they actually reported, potentially due to their own attitudes towards drinking. These misperceptions create a cycle where students believe that other people drink more, so they raise their consumption habits, which continues to influence increases in drinking rates. Their perception that even resident advisors, who are seen as authority figures, drink more than they actually do may continue to fuel the normalization of excessive drinking rates. Better understanding how resident advisors talk to residents about drinking may help to provide accurate education to students and may help prevent negative consequences of excessive drinking on college campuses.

Residence Halls and Drinking

College towns in general experience the effects of excessive drinking and partying by students, but residence halls specifically face these problems in on-campus settings. Many residence halls are comprised mainly of first-year students, although this may differ depending on the university's policies and location. Some universities require students to live on campus for a certain period of time, ranging from one year to the student's entire time at the university. A

live-on requirement for first-year students, combined with their distorted perceptions of college drinking through the media and other peers, may create an environment where many individuals with similar stereotypical views on excessive drinking influence and encourage one another's habits. Students in residence halls live extremely close together, often with roommates, in a hall housing a variety of students with unique backgrounds, personalities, and habits. Demers et al. (2013) conducted a survey of college students at a university in Canada and found college students' place of residence to be an important factor for drinking: On-campus residents were more likely to drink than their off-campus counterparts. This may be because on-campus residents live close together, and therefore have more access to other peers. This access may result in higher drinking levels since students don't have to travel far to be with peers, and this proximity to friends may encourage higher drinking rates. Involvement in on-campus activities also increased students' rates of drinking because living near involvement events makes it easier to drink and participate. On the other hand, off-campus residents may have to commute to and from campus, so they have to maintain higher levels of sobriety in order to get home safely after campus events. Off-campus residents may also live with family and commute to the university, which likely results in more moderate drinking habits. The convenience and proximity of the residence halls may encourage students to drink more since they do not have to consider traveling to campus and can make fewer efforts to see their friends.

According to a web-based survey of residents in halls containing mostly freshmen, students living in the residence halls frequently rationalize drinking and experiencing negative secondhand effects as part of the college experience (Boekeloo et al., 2009), effectively excusing their peers who drink too much. Boekeloo et al. (2009) also found that most residents perceived that resident advisors and campus security were not adequately enforcing rules regarding

drinking in the residence halls. This perception of a lack of policy enforcement may further lead residents to drink more often and in higher quantities since they believe that there will be no consequences. Residents may also engage in more risky drinking habits because they think that they will not get caught and that they can get away with it. This leads to a burden not only on other residents, but on residence hall staff as well, who have to deal with secondhand effects such as interrupted sleep, vandalism, and assault or harassment.

Rubington (1990) studied the culture of drinking in residence halls and specifically focused on the relationships between residents and resident advisors. Through interviews with current resident advisors and a residence hall director, he noticed that the community of the residence hall was a unique one in which resident advisors effectively taught underage residents how to break drinking policies. Resident advisors did so as a way to ensure resident discretion and to avoid conflict with their residents. They often encouraged residents to take their drinking “off the floor” so that other people had to deal with enforcing the policies if residents were caught drinking. This study reveals that residence halls are a unique setting regarding drinking and that although there are policies against it, drinking does occur in these halls. Resident advisors, as staff in the residence halls, have to come up with creative ways to deal with drinking in this location.

Resident Advisor Roles

Job requirements. As staff in the residence halls, resident advisors play a complex role in campus culture and on-campus living. They are both employees of the university and students, which puts them in an interesting position in regards to enforcing policy and making connections with incoming residents. Much of the complexity of the resident advisor role comes from the actual job requirements. Manata, DeAngelis, Paik, and Miller (2017) outlined numerous job

requirements of resident advisors across eleven competency areas. These competency areas included managing conflict, maintaining physical safety, forming relationships and connecting with residents and campus resources, providing encouragement and support, role modeling, and managing time. The more specific requirements studied had to do with individual interactions: resident advisors are expected to listen to and get to know their residents, connect residents to campus resources (including counseling), manage conflicts between residents and between resident advisors, and make rounds of safety inspections and remind residents of safety regulations. Resident advisors have many different responsibilities, covering a wide range of relational and institutional obligations. While community building responsibilities, such as getting to know residents and connecting them to on-campus involvement opportunities, are vitally important, recent events have triggered an increase in the role of resident advisors as safety officers. Following an increase in federal regulations such as the Clery Act, Title IX, and the Violence Against Women Act, campus authorities have modified resident advisors' responsibilities regarding the safety of the residence hall and those who live there (Papandrea, 2015). In their role as "campus security officers" according to the Clery Act, resident advisors are required to report any crimes that they witness or hear about, further complicating how they can connect with their residents. While resident advisors still have to get to know their residents personally, reporting requirements complicate this process and cause concern that events or thoughts disclosed to resident advisors might have to be shared with others.

Role conflicts. The complexity of the resident advisor role can lead to role conflicts. Everett and Loftus (2011) conducted surveys and face-to-face interviews with resident advisors and found that resident advisors must balance their roles as friends and as rule enforcers, and they do so to varying degrees of comfort and success. Resident advisors expressed a need to

create relationships with their residents but faced challenges because of their age, class year, and role as a superior in the residence hall. Most resident advisors reported that they had some difficulty in taking disciplinary action against residents because of their competing desires to build relationships and enact their role as a staff member in charge of enforcing university rules and policies. This study importantly showed that the organizational structure of the resident advisor job and the multiple roles that resident advisors play cause conflict with residents. The ways resident advisors manage this conflict influences their success in connecting with their residents. Similarly, Colvin (2007) found that peer mentors in academic classrooms faced challenges of impression management, especially concerning power and control. While resident advisors are not peer mentors in this same academic sense, they have similar responsibilities and face similar challenges. The peer mentor respondents in Colvin's (2007) study reported that they had trouble integrating themselves into their student groups because these students perceived the mentor as someone who held significant power, making the students uncomfortable when communicating with their mentor. The dual roles that resident advisors enact as both a peer and a superior result in a lack of clarity regarding when to enact each role and how to distinguish between or balance the two in interactions with students. The challenges that arise from these dual roles complicate everyday communication between students and peer mentors. Although resident advisors' roles are clearer, they face similar challenges when attempting to negotiate how they use their power when interacting with students.

Due to their unique situation, resident advisors face certain barriers to their success in building community and enforcing safety in the residence halls. Resident advisors are particularly vulnerable to burnout due to the overlapping and complicated nature of their jobs (Paladino, Murray, Newgent, & Gohn, 2005). Surveys administered to resident advisor staffs at

two universities revealed that certain factors increase this risk; notably, resident advisors who were male or identified as people of color experienced higher predicted rates of burnout than other resident advisors (Paladino et al., 2005, p. 25). The location and size of the university, as well as the hall arrangement, may also place additional stresses on resident advisors; due to the layout of the campus and the residence hall, they may face challenges in seeing their residents often enough or having too many residents to oversee. These complicated intersections of resident advisors' jobs make building effective community challenging. Resident advisors with a better understanding of the challenges and expectations are more successful going into the position (Longwell-Grice & Kerr, 2013) because they are better prepared to handle the complications and stressors of the job. Resident advisors who are more flexible and easily able to adapt to the needs of their hall, campus, and residents are also more likely to be successful. Overall, Longwell-Grice and Kerr (2013) showed that the resident advisor role is fluid and requires significant adaptation on a day-to-day basis.

Research Questions

Although previous research has explored the impacts of drinking in college settings and the influence of peer norms on drinking and other habits, there are a few gaps that should be further addressed. Many of the previous studies are quantitative in nature and focus on assessing college drinking habits and peers' ability to influence each other. However, a qualitative approach contributes to a better understanding of the challenges of negotiating alcohol norms, especially in such complicated settings as university residence halls. Further research on how the negotiation of college drinking culture unfolds should focus on interpersonal and individual interactions. Specifically, focusing on the residence hall as a common location of this conflict and negotiation will allow us to understand more about how American college students' drinking

habits develop. We should focus on resident advisors' communication with their residents because previous research has not adequately explored this specific location. It is necessary to understand how resident advisors manage residents who don't follow the suggested avoidance norms explored by Rubington (1990). While there has been previous research regarding how resident advisors attempt to preemptively manage resident drinking behavior, a better understanding about what resident advisors do when they are forced to confront residents who break university policies would be useful. We need to understand how resident advisors feel about these interactions and how they manage these personal feelings regarding their professional role as enforcers of university policies in their own homes. Such research would illuminate how resident advisors manage the actual interactions in which they enforce policy and would elucidate ways to improve these interactions.

Research Question 1: How do resident advisors navigate conversations about drinking with their residents?

Previous literature also has not adequately addressed how resident advisors respond to resident narrations of drinking events or experiences. Since resident advisors are required to establish personal relationships with their residents as a part of their role, they often become privy to information about resident drinking both in and outside the residence hall. When residents begin to tell stories about past drinking experiences, especially when those stories take place on or near campus, they place resident advisors in a position where they must navigate their personal and professional relationships with the student. A better understanding of how resident advisors manage and respond to these situations is essential to understanding how resident advisors do their job in everyday interactions. Similar to this, previous literature has not addressed the specific discourses that resident advisors draw on to respond to resident narrations

of drinking experiences. Although Longwell-Grice and Kerr (2013) explored how resident advisors frame their roles more generally, it is necessary to look specifically at what previous discourses resident advisors utilize in moments of role conflict. These discourses may reveal how resident advisors view their role in these instances, as well as how resident advisors orient to their positions outside of more clear-cut interactions with policy violations.

Research Question 2: How do resident advisors view their role when faced with discussions about drinking?

Research Question 3: What discourses do resident advisors use when talking about drinking with residents?

Finally, previous research has not explored resident advisors' use of personal opinions and experiences with drinking in conversation with their residents. Many people share personal opinions, thoughts, and experiences as a part of relationship building. However, in the context of a resident and resident advisor relationship, these personal revelations become more complicated, especially regarding issues such as underage drinking. Some resident advisors may choose to reveal personal opinions, both positive and negative, about drinking to set the tone for how they enact their role in the residence hall. This disclosure may also serve as an important part of relationship building so that residents are aware of their resident advisor's perspectives and can either avoid or address these opinions as a way to get to know their resident advisor. Resident advisors may also use personal narratives to connect with or caution their residents. Connection and relationship building may result from a common understanding of the occurrence of underage drinking on campus, despite the presence of university policies prohibiting this. Additionally, resident advisors may use personal experiences with drinking to caution residents against specific behaviors and to influence them to take different actions. More

research into how resident advisors use personal narratives in connecting with and influencing their residents' actions and orientations to drinking is necessary to elucidate how these exchanges take place and what purpose they may serve for universities attempting to control resident drinking.

Research Question 4: How do resident advisors use personal narratives to talk to residents about drinking?

Chapter Two: Methods

Rationale

Lindlof and Taylor (2011) point out that one of the major purposes of qualitative interviewing is to “[understand] the social actor’s experience and perspective through stories, accounts, and explanations” (p. 173). This aligns with the purpose of this study: To understand the everyday ways that resident advisors talk about drinking with their residents in order to develop a greater depth of understanding about this issue and more effective solutions to underage drinking in on-campus residence halls. Although university officials are aware of drinking on campus and resident advisors are charged with restricting drinking, the actual methods that resident advisors use in order to enforce policy and maintain friendships warrant further research focused on understanding on-the-job experiences. Interviewing is useful in accomplishing this task because it is often used as a way to explore people’s explanations for their actions (Lindlof & Taylor, 2011, p. 174).

Specifically, I chose to use respondent interviews, since these types of interviews “are conducted to find out how people express their views, how they construe their actions, how they conceptualize their life world, and so forth” (Lindlof & Taylor, 2011, p. 179). My goal was to understand the individualized experiences of resident advisors and to analyze patterns of interaction and tactics used by different people. Although resident advisors are often thought of as a fairly homogenous group, I was interested in each individual’s views, actions, and rationalizations for how they interact with their residents. Respondent interviews allowed me to understand how the views of individual resident advisors influence their actions and interactions with residents regarding complicated topics such as drinking.

Institutional Context

I conducted my study at a large, public university in the Southwest region of the United States. The institution is predominately and historically white, and a slight majority of the students are from in state. This university requires that first-year students live in on-campus housing. Residence hall room arrangements vary from double or single rooms with a community bathroom to suite style apartments housing up to five students each. Additionally, each residence hall on campus has a theme or focus, ranging from the arts to social justice and inclusivity. In order to support students in residence halls, the university employs about 200 resident advisors who are upperclassmen. Resident advisors attend a two-week training at the beginning of the year to learn about university and department policies, as well as skills such as motivational interviewing and conflict resolution. Throughout the year, resident advisors are charged with creating a community within their residence halls through minor programming and “Buff Chats,” which are intentional, one-on-one conversations with each resident. These conversations are meant to help new students connect with the university and to allow resident advisors to identify ways to support each resident. Additionally, resident advisors serve in an on-call rotation once or twice a week, where two resident advisors from each hall are the primary overnight emergency contact for residents. On-call emergency response includes regular building rounds, maintenance reports, quiet hours monitoring, and response to higher-level incidents such as medical transports or welfare checks.

Although the campus is not completely dry, most of the on-campus residents are under 21 years of age and are legally unable to consume alcohol. Any residents older than 21 are allowed to consume alcohol in their private spaces, but residence hall policies strictly regulate how and where this can happen, and the number of residents legally allowed to consume alcohol is low.

Despite the fact that underage alcohol consumption is both illegal and against university policies, both residents and university officials understand that student drinking occurs and have tailored their approach to accommodate this reality. Resident advisor training emphasizes teaching residents safe drinking habits, although resident advisors are still expected to document underage drinking when they witness it. When resident advisors do identify alcohol or intoxicated residents, they are required to ask the resident to dispose of the alcohol and to document everything that happened in their interaction. If residents appear to be excessively intoxicated or if there are any concerns, resident advisors are directed to call for a medical evaluation. However, these decisions and conversations are not always as easy as they seem, which I explored in my research.

My knowledge regarding the institution and role requirements of resident advisors comes from personal experience. I have been employed as a resident advisor at this institution for the past two years, including one year as a Senior Resident Advisor in charge of supervising the staff in one hall on central campus. Therefore, I have insight into the expectations of resident advisors at this institution, as well as overarching goals, programs, and expectations of departments on campus. This personal experience allowed me to recruit participants for this study and gave me an understanding of the context that resident advisors operate within. Additionally, I was an on-campus resident at this institution, so I have had personal exposure to first-year student culture and experiences.

Participants

Participants in this study were currently employed resident advisors. I selected these participants because they are in the best position to describe how they talk about drinking with their residents since they are currently facing these problems. I included new resident advisors,

who have been employed for less than a year, and mentor resident advisors, who have been employed in this position for a year or more. This allowed for a range of participant experience with implementing university policy. I interviewed nine resident advisors in order to get an adequate sample of resident advisors' experiences within the limited time available for my study; of these nine, seven were new resident advisors and two were mentor resident advisors.

Participants range in age from eighteen to twenty-two and included five female resident advisors and four male resident advisors. The resident advisor population generally reflects the demographics of the university overall, although there are slightly more people of color employed as resident advisors than are represented in overall campus statistics. Six of the resident advisors I interviewed were White, one was Latino, one was Asian, and one was Ethiopian. Nearly all of the resident advisors lived and worked in buildings on the central part of campus, although one resident advisor worked in a building on south campus.

Table 1

Participant information

Participant name	Type of resident advisor	Gender	Race/Ethnicity	Location on campus
Ash	Mentor	Female	Ethiopian-American	Central
Caroline	New	Female	White	Central
James	New	Male	White	Central
Brad	New	Male	Asian-American	Central
Iris	New	Female	White	Central
Jose	New	Male	Latino	Central

Haley	Mentor	Female	White	Central
Kyle	New	Male	White	Central
Sally	New	Female	White	South

Snowball sampling was used to recruit participants for this study. First, I distributed my recruitment email (Appendix B) to resident advisors that I know personally to see if they were willing to participate in my study. Second, I asked those initial contacts to share my email with other resident advisors. I also gave interview participants an option to refer resident advisors to me at the time of our interview, and reached out to those referrals through email addresses provided by my interview participants. In each case potential participants contacted me directly to set up interviews.

Procedures

I conducted individual, face-to-face interviews with each participant recruited for my study that lasted 45 minutes to an hour. I gave each interview subject the opportunity to choose where they wanted to conduct their interview in order to make them feel as comfortable as possible. These interviews all took place in empty offices in each subject's residence hall, where the door was closed and the room was removed from any residents or other staff who may have overheard. Interviews were semi-structured; I had a list of guiding questions for each topic, but also asked clarifying or in depth questions in each interview as necessary based on the direction and content of the conversation. As much as possible, I let the resident advisors direct the conversation and determine how they wanted to structure their responses to my question.

An interview schedule (Appendix C) was utilized in order to guide the participants' responses and ensure that data was relatively consistent across participants. My interview

questions addressed how resident advisors confront residents who have broken drinking policies, how they react when residents disclose drinking habits, and how they disclose personal experiences with drinking to their residents, if at all. Participants were asked about their personal identity, the resident advisor role, training and policy, campus culture, resident interactions, and personal drinking habits. I also asked about floor dynamics and resident networks to understand how norms and networking influence perceptions of drinking and, subsequently, resident advisor approaches to this issue.

Each interview was audio-recorded and transcribed in order to preserve the subject's own recounting of their experiences and to ease analysis. I distributed an informed consent form prior to the interview and gave participants the option to provide either written or oral consent to take part in the study. Participants were also allowed to refuse to answer a question and to end the interview at any time. During transcription of the interviews, identifying information was changed or removed, including names of people and residence halls. This information was replaced with pseudonyms in order to preserve the privacy of the participants.

Analysis

Open coding of the transcripts collected was used to organize participant responses and to highlight portions that pertained most directly to the research questions. The research questions addressed how resident advisors navigate conversations about drinking with their residents (RQ1), how resident advisors view their role when faced with discussions about drinking (RQ2), what discourses resident advisors use when talking about drinking with residents (RQ3), and how resident advisors use personal narratives to talk to residents about drinking (RQ4). Based on these research questions and participant responses, four themes regarding resident advisors' talk

about drinking were created, including resident advisors' view of their role, discourses of safety, use of personal narratives, and policy influence.

Table 2

Themes from open coding of data

Resident advisors' view of their role	Discourses of safety	Use of personal narratives	Policy influence
<ul style="list-style-type: none"> - Need for fluidity - Tailor approaches to each resident - View role as a parent 	<ul style="list-style-type: none"> - "Safety first" approach in conversation - Safety as a main concern during contact with intoxicated students - Safety in terms of sexual assault risks 	<ul style="list-style-type: none"> - Fear of risking employment and staff cohesion - Allude to personal experiences - Reveal depending on situation - Use as a way to provide advice - Avoid to maintain standing with residents 	<ul style="list-style-type: none"> - Use policy as a benchmark for decision-making - Sets a standard for determining safety and risk

The table above was assembled after the completion of open coding focusing on narrative analysis and thematic coding. These themes encompassed 14 more specific topics. In regards to resident advisors' view of their role, topics included the need for fluidity and adaptation in the

role, the need to tailor approaches to conversations about drinking based on each individual resident, and the popular view of the role as that of a second parent to students.

Additionally, participant responses in this study revealed that discourses of safety were heavily used when talking to residents about drinking in various situations. Resident advisors reported taking a “safety first” approach to their conversations and also reported safety as a main concern during contact with intoxicated residents. For female resident advisors, discourses of safety were especially important due to experiences of sexual assault that primarily affect female residents.

The third theme was that resident advisors used personal narratives when talking about drinking with residents, although the ways that these narratives were used varied between participants. A primary concern was the fear of facing terminated employment, job action, or difficulties with staff cohesion due to conversations about resident advisors personal experiences with drinking. In light of this, resident advisors allude to personal experiences without sharing specific details, although this also depends on the context of the situation in which the resident advisors is talking about drinking. Resident advisors also use their personal narrative to provide advice to residents about ways to deal with drinking; however, some resident advisors choose to avoid conversations about their personal experience in order to maintain standing and respect with their students.

Finally, the institutional policies that govern resident advisors and residents of on-campus residence halls influence how conversations about drinking take place. Resident advisors often use these policies as a benchmark for their decision-making, especially during contact with intoxicated residents or those who have broken residence hall policies and are in possession of alcohol. Policies also set a standard for determining safety and risk of intoxicated residents that

influence how resident advisors interact with intoxicated students and the focus of following conversations.

Analysis of the data collected in this project provides deeper insight into how resident advisors talk about drinking with their residents through various tactics in everyday conversations. Certain limitations or concerns for resident advisors were also identified through their narratives, which reveal the context in which these conversations take place. The data and narratives explored in this study address the complicated nature of talking about drinking with residents and highlight challenges that these resident advisors face in interpersonal interactions.

Chapter Three: Findings

This findings chapter is organized around themes identified in the interviews through open coding rather than the research questions outlined in the first chapter because this organization helps to better represent key aspects of the data. However, the themes address the research questions raised and provide insight into the ways that resident advisors talk to residents about drinking (RQ1), how resident advisors' view of their role influences this talk (RQ2), as well as the discourses resident advisors draw from and the how personal narrative is deployed in these conversations (RQ3 and RQ4). Over the course of my research and data analysis, I identified four distinct themes regarding how resident advisors talk to their residents about drinking. First, resident advisors hold and express varying views of their role, especially in terms of the depth of their relationships with residents; although this theme is not directly expressed in resident advisors' conversations with their residents, it is an important influence on how the conversation takes place. In actual conversations, resident advisors reported frequently drawing on discourses of safety in order to justify and enact their roles, which is another theme that I will address. Resident advisors also have to reconcile their personal experiences with their current roles as resident advisors to younger students, especially in terms of past experiences with drinking. Finally, resident advisors felt that their job is both enabled and constrained by the Residence Life policies and protocols that they are required to follow. I have drawn heavily on the resident advisors' own ideas and thoughts, as expressed in my interviews with them, as a way to elucidate the complications of discussing and addressing underage drinking by residents on campus.

Resident Advisors' Views of Their Role: "My role is the multi-hats role"

A key component of this study was investigating how resident advisors view their role in order to understand how that may shape their interactions with residents, especially interactions about alcohol and drinking. Past research on the resident advisor role highlights the challenge resident advisors face being both a friend and a rule enforcer (Everett & Loftus, 2011). It seemed likely that this challenge was particularly relevant in how RAs approach talking with residents about drinking, as the overall frame attributed to the resident advisor role can shape every aspect of their job. Although some frames or conceptions of the role were similar across multiple resident advisors, each individual had their own perspective about their job and their own rationalizations for why they approached their role in a certain way.

Resident advisors tended to view their role as a fluid one and understood that they had to adapt to the needs of their residents. Due to this fluidity, many resident advisors described how they move back and forth between being a friend and an authority figure to their residents as the situation allows. Many established boundaries to their friendships with their residents as a way to manage this tension, which is something that Ash, a second-year resident advisor, confirmed. She told me that she presents herself as "someone to come to when you need help and advice but not to tell late night dirty stories. I don't need to know that, there's a line and I'm not going to encourage that behavior." Although she strives to support her residents and clearly established to me that her priority is to make sure her residents know she is loyal to them and that someone cares about them, there is a limit to how deep her relationship with her residents can go. Ash makes herself available to support her residents while clearly drawing the line between her friendship and her duties as a resident advisor. She expressed to me that this allows her to have more stable relationships with her residents, since the expectations and boundaries are clear.

Additionally, a number of resident advisors expressed that they make conscious choices and tailor how they enact their role to each individual resident. While they may have an ideal approach about how to interact with their residents, these desired relationships are not always possible. Individual residents often have their own ideal relationship with their resident advisor and may not need as much support as initially anticipated. Therefore, resident advisors have to adapt to the needs of their residents while still establishing their role on the floor. Haley, a mentor resident advisor in a dorm that mainly houses engineering students, shared:

My role is very much the multi hats role. For some people I am literally one step away from being their mom, I'm not their mom, but they're needing that much support. Some residents I'm [a] friend... so I'm able to joke around and have fun, we're very much at a friend level of telling stuff but also have that level of respect that if you do stuff I will write you up. And for others I'm [a] resource; if I need you I'll come, I know you're available but I'm not gonna want to talk to you otherwise.

In Haley's experience, each resident has different needs in terms of their desired relationship with their resident advisor. For those residents who are more independent and have no desire to establish a relationship, Haley establishes her authority as a resident advisor and her ability to be a resource but lets the residents find their own way. With other residents, Haley has to establish this same authority but is also able to forge deeper connections. These varying relationships influence whether or not drinking is discussed and in what way. Having a closer relationship with residents requires that there be a line past which the resident advisor role is emphasized over friendship, making discussions about drinking more challenging. However, for residents with little to no relationship with their resident advisor or who need more support, discussions

about drinking can be more straightforward because they don't challenge a more personal relationship between the two.

Like Haley, many resident advisors conceive of their role as that of a second parent to their residents in one way or another. This view often comes primarily from the residents themselves, who alter cast resident advisors in a parental role by asking for help or advice and depend on the resident advisors' guidance to solve problems. On some occasions, residents will refer to their resident advisor as "mom" or "dad," conveying their perception of resident advisors as caring authority figures, while also establishing a frame for interactions to take place. Resident advisors, in turn, are aware of this perception and use these titles to their advantage in order to do their outlined job. James, a male resident advisor, reported that his residents call him "dad" and said: "I don't feel like a parental figure but I can see that my residents look up to me and [come] to me with personal issues." He enacts typical characteristics of a parent, providing "snacks or Gatorade" and giving residents advice and support, although he personally doesn't identify as a parent to them. In this way, he is able to establish and maintain his authority in the hall while also allowing for space to cultivate more personal relationships. One female resident advisor, Iris, also used her perception as a motherly figure to her residents and the power of the word "disappointing" in order to reprimand her floor when they were making too much noise after quiet hours. She said it was "more of like a mom kind of thing," where she was able to correct her resident's behavior and establish her authority without directly threatening the entirety of their relationship by enacting a more motherly role. These parental frames allow for resident advisors to give advice more effectively than from a friend standpoint, since parental figures have power and authority inherently attached to them.

These different perspectives of the role position resident advisors to have conversations about drinking in different ways. Accepting the fluidity of the role prepares resident advisors to transition between relationship maintenance and policy enforcement or advice giving as necessary, a task that is made easier when resident advisors clearly outline the boundaries of this fluidity with residents. This preparedness may also apply to residents; when they are aware of their resident advisor's requirement to talk with them about drinking outside of a friendship frame, they may be more open and accepting of this shift as it happens. Embracing and enacting a more parental role to residents also positions resident advisors more authoritatively, allowing them to transition from lighthearted conversation to serious concerns about drinking more smoothly, since they have already established themselves as an authority figure that enforces limitations on behavior and activity.

Discourse of Safety in Talk about Drinking: “They know I want to make sure their safety comes first”

Resident advisors frequently draw on discourses of safety in order to justify their role and to assist in policy enforcement, especially in regards to alcohol and drinking in the residence halls. Part of this comes from the actual policies they have to enforce, where the intention of the policy is to keep residents as safe as possible. However, resident advisors also enact safety discourses as a way to mediate the frustration that can be caused by documenting drinking and to assist in maintaining relationships with residents, even when they are being documented or confronted about underage drinking.

Most resident advisors take a “safety first” perspective and frame their conversations about drinking primarily around advice and concern for resident safety. Brad recounted to me that he has “had more conversations on limits than just ‘don’t do it’ because [he] would rather

have kids recognize when they're in a bad place versus knowing nothing." As a first year resident advisor, he recognized that it would be more challenging to encourage sobriety among his residents than it would be to ensure that if his residents chose to drink, they would know how to be safe in those situations. By placing the emphasis on safety and limiting drinking, Brad opened a conversation about drinking habits that is accessible and applicable for his residents, because it prepares them for future experiences and doesn't challenge their decisions to drink. Ash told me that her personal philosophy was that "you'd rather have a person who's alive and mad at you than a person who is dead," so while she often gives her residents advice about safe drinking, she has also made clear to them that she will call for a medical evaluation on them and document underage drinking if necessary. With this framework, Ash acknowledged that her residents may choose to drink and places the majority of her concern on their safety, as opposed to trying to change their decisions or prevent them from drinking. By expressing her primary concern for their safety, Ash is able to follow policy and document situations when necessary while also validating her residents' choices and leaving them an option to come talk to Ash if they have any problems. She does not directly condone drinking, which reflects policy, but she also maintains respect and a connection with her residents through her concern about their safety and her willingness to address the issue directly in conversations with them.

When a resident is overly intoxicated, safety is often the main concern for resident advisors, whose policy dictates that they should immediately call medical personnel if a resident is suspected of drinking too much. After ensuring the safety of the resident through a medical clearance or transport to the hospital or a detox, a deeper discussion of drinking with the resident often follows at a later time through both official and unofficial means. However, the main priority during an incident is to preserve the resident's safety so that policy can be discussed

once the resident is in a better place. James recounted an incident where he prioritized resident safety even over policy when a resident was found hanging out of a window:

I was like, “let’s get you in and make sure you’re fine before we talk about anything”... we had contacted him earlier for noise and then an hour and a half later he was taken to the hospital... [I had to] get him off the window and then [I] asked how much he had to drink and made sure he’s breathing and assisted him to the ground. One RA was like, “you shouldn’t have touched him” but the kid couldn’t walk. I didn’t want him to get a concussion and he said he’d had a beer but I saw an empty Burnett’s bottle and he wasn’t even in his own room. All the people in that room had left except for one person who called [the resident advisors] and I was like “that’s really shitty of your friends.” They didn’t think he was that bad but he couldn’t speak or walk and was dry heaving.

In this incident, James’ first motivation was to get the student into a safe place and to assess the situation before trying to determine policy steps. Although the university’s policy states that resident advisors should avoid touching residents at all times (as James’ fellow resident advisor points out), the need to ensure the safety of the resident outweighed the applicability of that policy in this situation. Additionally, although James noted the presence of an empty alcohol bottle, he didn’t bring this up in terms of policy; instead, he addressed this as a clue revealing the resident’s current state of intoxication, and he used this information to keep the resident safe by calling up for a medical transport. After the resident was with medics and was in a safer situation, James continued with documenting the policy violation, but only after ensuring the safety of the situation. This prioritization by resident advisors allows them to do their jobs (such as documenting situations and writing reports) while maintaining respect and concern for the resident’s overall wellbeing. In James’ case, it would have been difficult to effectively discuss

drinking habits and the negative effects of alcohol while the resident was in a dangerous situation; therefore, by ensuring resident safety first, resident advisors can have more effective conversations about drinking at a later time that are founded on their initial concern and care for the resident, as opposed to an initial concern for documentation.

For female resident advisors, the motivation to frame drinking in terms of safety has an additional layer of importance due to the risk of sexual assault that may be associated with partying and drinking alcohol. Although women face the same risks of bodily harm and bad decision making as men when they choose to drink, women tend to face an additional risk of sexual assault because of the locations where drinking takes place, the people they are around, and the reduction in awareness that often accompanies intoxication. Therefore, female resident advisors framed the importance of safety while drinking as connected to avoiding or reducing the possibility of sexual assault for their residents. When addressing incidents involving alcohol, female resident advisors expressed concern about an “OVA situation,” which is the phrase Sally used to describe the requirement for resident advisors to report assaults, including sexual assault, to the campus' Victim Advocacy Office, referred to as OVA. Sally is a first-year resident advisor, and handling difficult situations like sexual assault is not easy. Bringing up this difficult topic often challenges relationships and is based on a sense of trust; therefore, concern about sexual assault, especially when talking with female residents, is magnified when the requirement to report is taken into account. Iris expanded on this concern as well:

Twice now I've had residents come back that I've had to report stuff up on so... that always gets really difficult, especially when they've been drinking, because if we're reporting up and talking about it then all of a sudden alcohol becomes a much bigger deal. Whereas before they were just going out to have fun with friends and now... it's

like “oh my god I’ve been drinking what am I supposed to do, am I gonna get in trouble?” That becomes a whole new level of anxiety for them, so I would say those situations become way more uncomfortable to have to talk about directly.

Difficult situations such as sexual assault are further complicated when drinking is a factor; as Iris recounted, many residents are concerned about getting in trouble for underage drinking on top of their concerns about assault. Resident advisors face a difficult balance between validating and acknowledging the resident’s experience and fulfilling reporting requirements, while also addressing drinking and the role it may play in the current situation. Additionally, this story speaks to the ways that the issues of drinking and sexual assault are often intertwined. In situations where resident advisors have to address lower level drinking violations such as possession of alcohol, it is possible to simply address a resident’s drinking habits independently of other problems or consequences. However, when a significant crime such as assault or medical transport is experienced, the conversation becomes more challenging and, as Iris described, uncomfortable for both the resident and the resident advisor. These conversations may challenge relationships and trust between resident advisors and their residents, affecting further conversations on this or similar topics. By framing conversations about sexual assault and drinking in terms of safety, it is possible to reduce the amount of shame or judgment that women may feel when talking about sexual assault, especially when the experience is combined with drinking. “Safety” shifts the focus to the resident as a person and evaluates their decisions based on personal wellbeing instead of addressing societal or personal standards and expectations, which may be different.

Utilizing discourses of safety in conversation with residents is one way that resident advisors navigate balancing policy enforcement, community building and relationship

maintenance, and reporting requirements. These discourses are especially relevant when drinking, and its related consequences, are addressed. Resident advisors use safety as a way to prioritize their decision making in situations where residents are over intoxicated and as a way to maintain relationships with residents. Additionally, female resident advisors often emphasize the importance of safety and safe drinking habits to their female residents due to their concerns about sexual assault and harassment. Overall, discourses of safety allow resident advisors to fulfill their job requirements, including policy enforcement and mandatory reporting, while maintaining relationships with residents. These tactics allow for smoother transitions between friendship and the resident advisor role for both resident advisors and their residents.

Personal Narratives in Talk about Drinking: “I was a freshman too”

Since currently employed resident advisors are upperclassmen, most of them have already spent at least a year living in the residence halls at the university. This means that they have personal insight into the freshman year experience, including how new students view the residence hall, academics, and the social scene at this university. Additionally, many resident advisors also have experience with underage drinking, and some even admitted that they drank in the residence halls during their time here as well. Although they may have had experiences that are similar to their current residents, resident advisors are careful in their use of personal narratives on this topic within their job.

One reason that resident advisors often do not want to talk about their own experiences with residents is because they have the perception that revealing such information could put their employment at risk. They worry that if reports of their past alcohol use or their conduct get back to their supervisor, they may face job action or be removed from their job. Resident advisors are also concerned about facing job action due to covering up drinking by residents. Ash reflected on

this concern while we were discussing her conversations about drinking at the beginning of the year:

A lot of [resident advisors] would say to tell [residents] to not make it obvious, [but] to me something about that didn't feel right. I feel like it'll get me in trouble, so I recognize the culture and expectations of drinking, getting crazy, getting wild... and I don't want to shame them, so what I said was "I know you're going to drink but I don't want you to get in trouble. If you're gonna drink, drink off campus, get lit, get turned, [and] come some safe..." [because] I'm here to uphold the policy of the residential hall.

Here, Ash reflected on the presence of a culture of heavy drinking, but made the clear distinction that her approach to the issue closely followed policy. She expressed to me that she needed the financial help that comes with being a resident advisor in order to stay in college; therefore, she is more concerned about following policy and keeping her job. Ash instructed her residents to drink off campus and away from the residence hall in order to avoid having to document or otherwise confront them about drinking, which she felt might put her job at risk. By advising them on how to drink safely away from the hall and avoiding any conversation about her own drinking experiences, Ash felt that she was protecting her employment as a resident advisor while also protecting the safety of her residents and their right to make their own choices regarding drinking.

Caroline, a first-year resident advisor, expressed that she decided not to talk about alcohol with her residents partly because it wasn't within policy to do so, but also because "[she] would feel bad if [she] did it and other RAs didn't, like there shouldn't be a 'cool RA'." On top of the desire to follow policy and keep her job, Caroline also was concerned about other resident advisors in her building and was aware of the ways that her conversations may impact how other

resident advisors are able to do their jobs. This desire to maintain a consistent staff approach to alcohol consumption translated into her conversations with her residents and heightened her concern and awareness around talking about drinking with them. She approached this concern by “talking around” the issue and replacing words signaling alcohol consumption with less threatening terms; for example, she told me that she will “usually just switch the word to ‘oh so you were drinking orange juice’.” This way, Caroline is able to move away from the topic of drinking and maintain her status as an authority figure by avoiding deeper discussions around drinking.

In order to deal with fears and concerns about keeping their jobs, resident advisors allude to personal experiences without revealing details when talking about drinking with residents. This is often done through vague statements that empathize with the resident, such as “I’ve been there before,” without going into details that may be seen as encouraging or validating underage drinking. Iris explained how she uses this approach with her residents:

You’re supposed to be the role model and be like “you shouldn’t drink until you’re twenty one” but I was a freshman too and I remember going out with my friends... I’ve never said like, “when I was eighteen I went to a party and I got so drunk,” I’ve never shared stories like that. I’ve said, “I understand where you’re coming from... I understand you’re upset”... I don’t think that I [have] really gotten comfortable enough or felt it was appropriate to share specific details like “oh yeah, when I was in Cancun as a sophomore my friend drank so many tequila sunrises that I threw up when she threw up.”

Iris uses her personal experiences to understand and empathize with her residents, but avoids sharing extensive details about her own experiences. She points out that part of this is an issue of

comfort; she doesn't feel close enough with most of her residents to justify sharing past details in this way. Additionally, she acknowledges that over-sharing about her own drinking experiences, especially when she was underage, may be seen as inappropriate for someone in her position. Due to these factors, she chooses to keep personal details about her drinking experiences private, although she draws on these experiences internally when talking with residents. Alluding to personal experience with drinking without directly stating these experiences allows resident advisors to maintain their position of authority, while also signaling a similarity with the student that allows for connection and understanding.

As with many other aspects of their role, a resident advisor's decision to reveal personal experiences with drinking depends on the location of the conversation, as well as the individual's personal perspective and comfort with their role. Most importantly, they consider their relationship with the resident and the context of the conversation when deciding when and how to talk about their own experiences with alcohol. Kyle, a male resident advisor, asserted that he refuses to share personal stories and prefers to "keep everything separate from them" in order to maintain authority on the floor and during incidents. However, other resident advisors expressed that they were more inclined to reveal their personal experiences to residents with whom they had an established and trusting relationship. In Sally's opinion:

[I don't talk about personal experiences] when I'm talking to them as a group because part of me feels like that could put me in a compromising position, but if I am speaking one on one, and I feel like I know our rapport, then I will use a personal experience.

In her perception, talking about personal experiences with alcohol in a group of residents presents a high risk. It is hard to decipher how each resident perceives the story, and also presents the risk that one or multiple people could interpret Sally's sharing differently and report

it to a hall director or other supervisor as inappropriate. However, in individual conversations, there is more space to clarify and contextualize the sharing of personal experiences; additionally, this individual interaction may provide more of an impact on the resident and may result in a bigger influence over their alcohol consumption habits. As I have discussed previously, the decision about when and how to talk about drinking depends on each resident advisors' perception of their relationship with their residents, both individually and as a floor.

When resident advisors do talk about their personal experiences with drinking, it is usually in order to impart advice on their residents or to empathize with them. James was a vocal advocate for sharing personal experiences with alcohol and drugs with his residents as a way to both connect with them, humanize him, and to help them navigate their newfound independence:

I like to be there for giving them tips and my own stories, like, "this is what I did so maybe you can try something," because one thing for one person doesn't work for the next... That helps a lot using my own stories about being in trouble or seeing other people in trouble [and] making sure [my residents] know they're not bad or terrible but this happens... There are times when [I've] been on call when people ask if they're gonna be in trouble [and] I talk about getting written up and I think in those situations confronting drinking helps to diffuse the situation because they're able to relate to you and... they see us as humans.

Although James was the only resident advisor I talked to who was this open with his residents, his perspective reflects others in that his purpose is to provide advice and guidance for residents when they face difficult situations. However, in his opinion, this advice is best received by being upfront and open about personal experiences with being documented for policy violations or other situations. James emphasized to me that he does not glorify or encourage drinking, but that

he is realistic about the experience of drinking and attempts to use his own experiences to connect with residents and to reassure them that they can move on from alcohol violations.

On the other hand, some resident advisors avoid personal conversations when possible in order to maintain respect and standing with their residents. Resident advisors who do not have personal experiences with drinking often choose to avoid conversations about that aspect of their personal lives. Two of the resident advisors that I talked with chose not to drink alcohol at all, and they take different approaches to reconciling this personal choice with the lifestyles of their residents. Haley chooses to abstain from drinking and expressed concern about how the conversations with residents would unfold if she were upfront about her decision not to drink:

I try not to make a statement unless they're asking cause I don't want [them] to be like "well she doesn't drink so she doesn't understand." I want to have that conversation but if they ask my own experience I'm not gonna make up an experience for them, I'll be like "well I don't drink... but this is what happened for the [many] other residents who I know are in this boat."

Although Haley avoids initiating conversations about her personal drinking experiences (or lack thereof), she is still open to answering questions from her residents and has found a way to connect with and support them despite her lack of immediate personal experience. Instead, she chooses to share stories and experiences from people that she knows or previous residents as a way to connect with her current residents while staying truthful to her beliefs. She presents herself as an authority figure and someone who can provide advice, while also maintaining relationships with her residents and making them aware that not everyone on the campus chooses to drink. Haley validates the experiences of residents who choose to drink and simultaneously provides space for residents to explore or pursue a sober lifestyle or one without alcohol. Ash

takes a somewhat similar approach, since she also chooses to avoid drinking. She told me that she “[tries] to show them that you don’t have to drink to get lit” and tells them that she goes out to parties but is able to stay sober as well. Ash’s goal is to provide a role model to her residents to show them that alcohol is not necessary in order to have fun; she hosts dance parties in her room and is vocal about her personal experiences as a way to encourage and support sobriety and safe drinking habits.

Drawing on Institutional Rules and Discourses: “We have our scripted conversations from ResLife”

Residence hall policies, laid out for both residents and resident advisors, distinctly shape how resident advisors are able to talk about drinking. Almost all resident advisors reported that they addressed baseline information about residence hall drinking policies at the beginning of the year as a part of their initial mandatory meetings with their residents. This set the tone for the floor by providing expectations around drinking and giving resident advisors purpose and validation for addressing intoxicated residents as the year progressed. Jose referred to this as “our scripted conversations from ResLife,” referring to the office that oversees resident advisors and residence halls and the script that is distributed at initial hall meetings addressing hall policies. In addition to the required information, some resident advisors also laid out their personal perspectives and approaches to drinking in the hall. Kyle told his residents that “if you’re gonna be stupid, don’t be stupid publically,” effectively advising his residents to stay out of sight if they chose to break residence hall policies. Sally also addressed drinking at the beginning of the year, offering herself as a resource and providing advice for how to drink safely. This initial meeting provided an opportunity to set ground rules with residents, both required by

the university and specific to the floor, and gave residents an idea of how their resident advisor wanted to approach conversations about drinking throughout the year.

Beyond these initial conversations, resident advisors often use policy as a benchmark for their decision-making. They combined policy requirements with personal experiences in order to make decisions about how to handle situations with intoxicated residents. However, this negotiation is not always easy or simple, as Iris explained:

I think when I'm in those situations [where a resident is intoxicated] and I'm looking at them and its just like my handbook says I need to call [medics] because you're throwing up, but I know you're not drunk enough to have alcohol poisoning [or] go to the hospital. Like, they're still having a conversation explaining what happened that night and you're just standing there and you're like "god I'm so sorry like I have to do this." So I feel like that definitely plays a role where there's a policy somewhere that says you have to do it but then when you're actually looking at them and interacting with them it just sucks to know that like hypothetically if they were to go to bed they'd be fine the next morning.

Although Iris' personal experiences told her in some situations that the resident in question didn't need to go to the hospital, the residence hall policy she is required to follow has a different standard for this determination. Iris' reliance on policy reflects a personal desire to keep her job by following the institution's required standards, even when those decisions are difficult. Other resident advisors also expressed that although policy is not always what is "best" for a resident, they still followed these guidelines in emergency response situations, albeit sometimes begrudgingly, even when personal experiences contradicted their policy guidelines. Jose explained this well:

Of course, I've called up as the book details because that's important but at the same time maybe it's just better to let them sleep it off and have a conversation the next day...

sometimes writing people up is not the correct way to handle a situation and then also a lot of times there's not much to write up because you can't and that might discourage them next time from actually talking to you which is what you don't want to do.

Jose expressed to me an internal conflict that many other resident advisors discussed. Although past experiences with drinking or intoxication, whether personal or through friends, make some resident advisors confident that their residents are "fine," policy takes a different, more preventative approach. If residents are observed to be under the influence, resident advisors are supposed to call for a medical evaluation. However, as Jose describes, sometimes it is hard to tell whether the resident is drunk enough to warrant this call. Oftentimes resident advisors express a personal opinion that they could just "sleep it off," but they still call medical personnel as policy dictates. James echoed this conflict and reasoned that although he doesn't agree with a lot of policy, "at the end of the day that's what I have to follow cause that's my job." In cases like this, resident advisors often have to put aside their personal opinions in favor of following the policy that both they and the residents are bound to.

Although this internal conflict can be challenging, it also sets a helpful standard for resident advisors for determining if a resident is "too drunk" for them to let go. In some cases, this even provided comfort to the resident advisor, as Iris reflected:

This sounds twisted but I'm more comfortable talking about [high level incidents like emergency transports] because I know the help is right there. We're all supporting, it's gonna be a big support system [for the resident], and also like... there's also gonna be

support beyond that versus having to go to ARC [the Addiction Recovery Center] where you're in this sterile room the whole time and no one really cares you're in there.

When residents are clearly so intoxicated that medical attention is needed, resident advisors reported feeling more comfortable about following policy, as well as about the success of follow-up after the incident. The intensity of the situation made resident advisors more comfortable in making difficult decisions like calling for medical help, and this confidence often carried over into their follow-up conversations with the residents.

Resident advisors must navigate both personal and professional relationships with their residents, a task that is structured and influenced by institutional job requirements and federal regulations. The influence of institutional requirements is especially salient when resident advisors address underage drinking in the residence halls; despite personal beliefs and experiences, resident advisors often resort to following previously established policies. These policies influence when and how conversations about drinking take place, and allow for resident advisors to fall back on outlined courses of action even when their personal opinions and experiences may have led them to make a different choice. Although institutional requirements can be restraining, they also enable resident advisors to structure their conversations about drinking around following policy as opposed to personal judgments about residents' decisions to drink.

Chapter Four: Discussion

Talking about underage drinking in a college setting, where alcohol consumption can seem commonplace, is a significant challenge facing resident advisors. Although first-year students often expect and rationalize drinking in a university setting, the impacts of drinking on both community and individual health are often negative (Boekeloo, Bush, & Novik, 2009). Social networks, intentionality, and other community or peer factors influence the perception of drinking in a community, as well as whether or not a person will choose to drink (Barnett, Ott, & Clark, 2014; Previte, Fry, Drennan, & Hasan, 2015; Song, Smiler, Wagoner, & Wolfson, 2012). Universities are often aware of the power of community influence, and many have developed trainings and programs that draw on these factors in order to encourage safer drinking habits on and near campus; resident advisors, who oversee a number of residents and enforce university and residence hall policies, are one way these institutions use community influences to alter perspectives on drinking. However, since resident advisors are students as well, they often face challenges in balancing their mentorship and policy enforcement requirements and their personal relationships with residents. This challenge is especially salient when resident advisors talk about drinking with their residents.

In my research, I discovered that resident advisors' perspective on their role and their relationship with residents were primary factors that influenced how they talked about drinking. Resident advisor views of their role ranged from the resident advisor as a friend to the resident advisor as a parental figure. Building off of these views, resident advisors commonly invoked discourses of safety when discussing drinking with residents in order to enact their role as a resident advisor while maintaining a balance in their relationship with the resident. Resident advisors also used personal narratives when talking about drinking, although how they were used

varied. Some resident advisors preferred complete transparency and openly shared personal experiences with drinking, while others vaguely alluded to these experiences in order to establish a connection with the resident without revealing too much. Finally, the overarching influence of university and residence life policies and procedures shaped how resident advisors were able to talk about drinking. These policies both enabled and constrained conversations while also providing procedures that resident advisors could “fall back” on when they were unsure of how to approach a situation.

Implications of Findings

Resident advisor roles conflict with resident relationships. Resident advisors inhabit a unique place where they are both students and official staff members of the university, a conflict that they have to balance daily. Everett and Loftus (2011) found that resident advisors face difficulties in balancing their roles as friends and as rule enforcers in the residence halls, which may also contribute to the challenges they expressed in taking disciplinary actions against their residents. The resident advisors in this study reflected similar concerns and challenges, noting that each resident has different needs and desired relationships with their resident advisor. These variations contribute to the already existing challenge of managing personal identities that Everett and Loftus (2011) noted, such as class year and age. Resident advisors in this study stated that they often draw distinct lines between their friendship with their residents and their role as a resident advisor as a way to manage this conflict.

Additionally, previous research regarding peer mentors in academic classrooms found that older student mentors had trouble integrating themselves into study groups because of perceptions of power and discomfort (Colvin, 2007). Although some resident advisors expressed that they kept distance in their relationship with residents, other resident advisors seem to

contradict this finding by forming close personal friendships with residents. However, in these relationships the resident advisor deliberately minimizes the presence of their power and authority in favor of forming a personal bond. This decision sometimes leads to further challenges when the resident advisor faced a situation where they had to utilize their authority. Although Colvin's (2007) research is applicable in that it is challenging for peer mentors to integrate themselves into a group, resident advisors in my research discussed specific ways that they manage this challenge, both successfully and unsuccessfully.

Discourses of safety reflect the importance of peer networks. In this study, resident advisors reported using discourses of safety frequently when talking to residents about drinking. The use of this specific discourse plays into the importance of peer networks and peer influence on decision-making and drinking norms. A study by Previte, Fry, Drennan, and Hasan (2015) found that peer intentions had a significant influence on group drinking rates; moderate drinking was more likely to be achieved when a whole group committed to the same goal. Similarly, Lewis et al. (2015) found that friends often use protective behavioral strategies in order to reduce negative consequences from drinking. Resident advisors attempt to leverage both of these tactics by prioritizing safe and moderate drinking in both individual and group conversations. They plant the idea of the importance of both safety and peer accountability, which may translate into residents being more aware of their and others' drinking habits.

Additionally, Teunissen et al. (2014) found that peers who were perceived to be popular were more influential in terms of encouraging certain drinking norms. Although 'popular' may be a subjective term and may not always apply to resident advisors, their presence and influence on residents is important nonetheless. Therefore, resident advisors may be an important source

for encouraging safer drinking norms since they are, in one way or another, relatively popular within their communities and peer groups.

Job definitions constrict how resident advisors talk with residents. Conversations about drinking with residents are influenced and restricted by the definitions and expectations of the resident advisor job. Manata, DeAngelis, Paik, and Miller (2017) outlined numerous job requirements for resident advisors across eleven competency areas, highlighting the complicated nature of the resident advisor position. Resident advisors in this study echoed these challenges; although many participants emphasized that their first priority was connection with their residents, they discussed the ways that this goal was complicated by reporting requirements and policy enforcement. As Papandrea (2015) pointed out, resident advisors' roles as Clery Act "campus security officers" and their requirements to report any crimes that they witness or hear about have increased significantly. These reporting requirements influence how resident advisors are able to talk about issues like drinking, since drinking is often connected to crimes such as physical and sexual assault. Resident advisors in this study reported that their requirements to "call up" and report crimes or policy violations often make it difficult to balance relationships with residents.

Resident advisors who enter the position with a better understanding of the expectations and challenges of the job are more successful at navigating these complications (Longwell-Grice & Kerr, 2013). Many resident advisors in this study expressed a desire for better training about how to approach residents and how to have effective conversations about drinking, skills that they reported were lacking in their previous job training. The lack of training about alcohol policy and how to effectively talk about it are aspects of the job that limited how resident advisors held conversations about drinking with residents. Although not necessarily a part of the

job description itself, comprehensive training on the specific aspects of the resident advisor position would set up future resident advisors to be more successful in initiating conversations about drinking with their residents.

Limitations

Although this study provides valuable insight into resident advisors' discussions of drinking with their residents, there are some limitations that should be considered when interpreting results. First, this study was conducted at a single, public university. Colleges and universities in other locations, or private institutions, may face different challenges and perspectives on underage drinking depending on the campus culture and policies. Additionally, a relatively small number of resident advisors were interviewed from this institution, and most were interviewed from one area of campus. Interviews provide in-depth responses, but these results are not necessarily generalizable to the entire campus or to other universities. Local influences of culture and policy, as well as individual perspectives, continue to have an effect on how resident advisors in unique locations approach this topic.

The lack of variation in research participants' identities should also be considered when interpreting the results of this study. The majority of resident advisors interviewed were white students who expressed different concerns than students of color who were interviewed. This is primarily due to the fact that white students responded to requests for interviews at a higher rate than students of color. Additionally, only one resident advisor interviewed disclosed to me that they were gay; all others were straight. Resident advisors with different identities may express additional concerns and unique perspectives when addressing the issue of drinking with their residents.

Finally, my position as a current resident advisor at the institution where I conducted my research may also factor into my data and interpretation of participant's responses. While my personal experience helped provide background knowledge about policies that resident advisors work under and gave me access into the resident advisor community, this likely shaped how I made sense of resident advisors' narratives, talk, and perspectives regarding their role.

Participants may not have explained their experiences in as much detail as they would have with a researcher who was not a part of their community; since I am also a resident advisor, they may have assumed that I understood what they were talking about, and so held back on more detailed accounts of their experiences.

Future Research

This project focused mainly on resident advisors' overall approaches to discussing drinking with residents, but there are specific factors influencing this process that should be researched more fully. Further understanding of how gendered communication affects resident advisors' approach to their jobs is needed, especially in relation to gendered experiences of sexual assault. Male and female resident advisors may take different approaches to both preventative and supportive conversations regarding alcohol and the associated risks of harm, and a greater understanding of how and why this happens will help to improve training on the topic so that more similar conversations are conducted despite the gender differences of resident advisors. In this study, every female resident advisor interviewed brought up the risks of sexual assault and rape when their residents went out drinking; however, only one male resident advisor brought up concerns about this issue. Male resident advisors did not seem to actively consider the possibility of sexual assault and its correlation with drinking. This is problematic because it means that female residents are having a different kind of conversation with their resident

advisors (and, as a result, may have a different outlook on drinking) than male residents, who don't seem to acknowledge the presence and problem of sexual assault. In order to increase student safety and gender equity on college campuses both male and female resident advisors should understand and address sexual assault and gendered risks associated with drinking when talking to residents. Due to this difference, it may also be worthwhile to conduct research into how residents view their conversations with resident advisors regarding various topics from drinking to sexual assault. Understanding how residents interpret and implement information gained from these conversations may contribute to a better understanding of residence hall dynamics and would hopefully lead to more effective training and conversations for both residents and resident advisors.

Additionally, resident advisors who identify outside of a gender binary may have unique approaches to this issue and should be acknowledged. Further research may also want to explore the experiences of resident advisors with minority identities, including students of color and LGBTQ+ students, with a special consideration to how these experiences intersect with approaches to talk about drinking. The unique social locations and financial or personal situations of people from varying identities may affect how the resident advisor job is interpreted and implemented, especially in relation to job requirements such as mandatory reporting. Students of color who need the financial support of the resident advisor position may be more inclined to accurately follow policy than students who are not as concerned with the loss of financial support. Additionally, students whose identities fall outside the perceived norm may have more at stake in terms of emotional wellbeing and safety when challenging others' actions or opinions, including drinking habits. As many universities strive to increase inclusivity and

diversity on campus, this will become even more important for successful implementation of policies, programs, and other initiatives.

Future studies could also explore how to train and prepare resident advisors, or other higher education professionals, for the realities of on-the-job experiences. Especially with unpredictable jobs such as residence life, training should strive to be as realistic as possible, and yet remain accessible to the population that they wish to educate. Multiple resident advisors in this study felt that they were not properly prepared for how to have conversations about alcohol; therefore, conversations varied in depth, length, and attentiveness between different resident advisors. Increased research into the everyday realities of student staff and other campus populations would help to make policy more accurate and, in turn, create more cohesion in the university overall. Student staff should be a main focus in this research since their dual roles as both paraprofessionals and members of the campus community place them in interesting locations and present unique challenges. Continued expansion of student development theories as they apply to student staff trainings and roles is important to ensure more effective and successful positions.

Similar to research into student staff training programs, additional research could examine the materials available to help resident advisors enforce policy and educate residents. In my research, many resident advisors mentioned the use of bulletin boards as places to provide information and advice on safe drinking habits to residents, as well as campus resources, in a more passive manner. Additional materials, such as handouts or hall decorations, may be used for educational and community development purposes. More research is needed to determine the most effective way to use these kinds of passive materials to support safe drinking and adherence to policy.

Conclusion

This project has illuminated how resident advisors to talk about drinking with their residents, a topic that they are required to address but that is nonetheless difficult to discuss. Resident advisors at a public university in the southwestern part of the United States expressed various views of their role, ranging from mentor to parent, and pointed out the importance of safety discourse in enforcing policy and connecting with students. Personal narratives regarding underage drinking were deployed in different ways by resident advisors, depending on their relationship with residents and the location and context of their conversations on the topic. Although this study is not comprehensive, it gives a good sense of how resident advisors navigate their challenging position on campus and how they establish relationships with their residents while maintaining authority. Future research should continue to investigate how individual identities, experiences, and locations shape and influence this important campus role. With a better understanding of resident advisors' experiences, policies and practices can be strengthened in order to improve the on-campus living experience for both student staff and new students. Additionally, more attention to campus drinking culture and the ways that this actually plays out can help higher education institutions more effectively address underage drinking and safe drinking practices.

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Appendix A



Institutional Review Board
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APPROVAL

30-Nov-2017

Dear Alyssa Stephens,
 On **30-Nov-2017** the IRB reviewed the following protocol:

Type of Submission:	Initial Application
Review Category:	Expedited- Category 7
Title:	Resident advisors' negotiation of resident drinking norms
Investigator	Stephens, Alyssa
Protocol #:	17-0643
Funding:	None
Documents Approved:	17-0643 Protocol (30Nov17); 17-0643 Consent Form (30Nov17); Recruitment email; Interview guide;
Documents Reviewed:	Protocol; HRP-211: FORM - Initial Application v8;

The IRB approved the protocol from **30-Nov-2017** to **29-Nov-2018** inclusive.

Before **30-Oct-2018**, you are to submit a Continuing Review and required attachments to request continuing approval or closure. This protocol will expire if continuing review approval is not granted before **29-Nov-2018**.

Click the link to find the approved documents for this protocol: [Summary Page](#) Use copies of these documents to conduct your research.

In conducting this protocol you must follow the requirements listed in the [INVESTIGATOR MANUAL \(HRP-103\)](#).

Sincerely,
 Douglas Grafel
 IRB Admin Review Coordinator
 Institutional Review Board

Appendix B

Recruitment email

- This will be sent to connections in my network of resident advisors and resident advisors referred to me by interview subjects.

Dear {resident advisor's name}:

I am writing to let you know about an opportunity to participate in a research study about resident advisors' communication with residents. This study is being conducted as part of my Honors thesis research project. The purpose of this research is to understand how resident advisors talk with their residents about drinking and how they influence drinking norms.

I am contacting you about this study because you are currently employed as a resident advisor at CU Boulder. This study asks that you participate in a recorded interview lasting approximately forty-five (45) minutes at a time and location convenient to both you and the researcher. Participation is completely voluntary.

If you are interested in participating, or would like additional information, you may contact the researcher by email at Alyssa.Stephens@colorado.edu or by phone at (303) 906-9408.

Please consider forwarding this message to other resident advisors you feel would be interested in participating as well.

Thank you for your consideration.

Sincerely,
Alyssa Stephens
Primary Investigator

IRB Protocol Number: 17-0643

Appendix C

Interview Schedule

Intro: I just want to remind you that the purpose of this study is to look at communication processes. You do not need to provide identifying information of your residents or other people. If you do, the names and identifying information of these people will be changed.

Personal identity

1. Tell me about yourself.
 - a. Where are you from?
 - b. What brought you to CU?
 - c. How long have you been an RA?
 - d. Did you have any prior peer mentor or leadership experience?
 - e. Why did you want to become an RA?

RA role

2. How do you think about your role as an RA?
3. How do you view your relationship with your residents?
 - a. Are you a mentor? A friend? Another relationship?

Resident interactions

4. Tell me about talking to your residents about drinking.
 - a. How often do you talk to your residents about drinking?
 - b. Why do you think residents do or don't talk to you about drinking?
5. What do you do when a resident talks to you about drinking?
 - c. How do you feel when this happens? Why?
6. Have there been any big incidents in your hall regarding alcohol?
 - d. How did you handle this?
7. Tell me about a time when you contacted hall residents for breaking alcohol policy.
 - e. How did you talk to them?
 - f. Did you follow up with them after?
 - g. Did you follow policy or did you deal with it another way? Other examples or comparisons?
8. How has your experience been in balancing different aspects of your relationship with your residents?

Campus culture- I know we've talked about drinking in your hall and with your residents, but I am interested in how this plays out within a larger campus context.

9. What do you think the campus culture around drinking is like?
 - h. Where and how often do students drink?
 - i. How many students drink?

- j. For what reasons do students drink?
10. How do you see this play out on your floor/hall?
- a. What do residents think the campus drinking culture is like?
 - b. What do you think residents know about policy? How do they feel about it?
 - c. How do residents view their own drinking? How do they view drinking by others in the hall?

Personal drinking

11. How do you view underage drinking?
- d. How does your experience shape the way you approach this?
 - e. Do you communicate your personal opinions to your residents? Why?
 - f. How much do you share with residents?
 - g. Have you ever felt conflict about this?

Training and policy

12. Tell me about training you received regarding drinking in the residence halls.
- a. What do you remember about campus policies around drinking?
 - b. Was this training realistic?
 - c. Were you taught how to talk with residents about drinking?
 - d. How does this training reflect or contradict your on-the-job experiences with drinking?

Offer option for subject to volunteer other thoughts/stories/information.