



Maryland Collaborative Training Offerings



Chat Question

- What “supporting” audiences (RA’s, RDs, Faculty/Staff, Parents, etc.) do you **currently train** on your campus?
- Which “supporting” audiences **would you like to start training OR need a revamp** to the training currently provided to them?

Existing Training Audiences

- Faculty & Staff
- Parents & Families
- Residence Life Professional Staff
- Resident Assistants
- Accessibility Staff
- Admissions Staff



Guiding Principles/Approach

When designing a training, there are a few key things we want to make sure every participant receives:

- A better understanding of collegiate substance use in general
- Why it matters for student success
- How these concepts show up in their day-to-day work
- What they can do with this information
- The skills/resources they need to act on the training



A photograph of two women sitting together, smiling and looking at a document. The woman on the left is Black with short, curly hair, wearing a white sleeveless top. The woman on the right is Asian with long, wavy hair, wearing a dark sleeveless top. They are in a bright, indoor setting with green plants in the background. The image has a light blue overlay.

Examples



Faculty & Staff

- Connecting substance use to student performance and academics
- How addressing substance use preventatively, or by intervening early, actually makes them more successful as instructors and makes their role easier
- Red flags to look for that a student might be struggling (absenteeism, withdrawing in class, etc.)
- How to not normalize substance use in effort to relate to students, encourage incorporating substance use into class materials and examples when appropriate
- Conversation skills for intervening with a student, providing a substance use and a mental health scenario, examples are key for this audience
- Share lots of research, links to further resources, etc.



Residence Life (Professional Staff or RAs)

- Emphasize data from the MD-CAS to give an accurate picture of substance use
 - For example, most recently was able to share the MD-CAS data on student perceptions and requests for cannabis enforcement
- Discuss challenges with writing referrals for students who violate policies, opportunities for intervention
- Spend a lot of time on intervention/conversation strategies and techniques, scenarios
- Example activities include: (For RA's) we do a social norms guessing game, "Making Change" activity to practice conversation skills

Applying MI Skills: Making “Change”

- One person is the RA, one is the resident/fellow student. Other group member(s) will be an observer, and track use of the OARS by the RA.
- Observers: Using the coins provided, listen to the conversation and track the RA’s use of the OARS
- I’ll tell you when it’s time to switch!

Open-Ended Question: Nickel

Affirmation: Penny

Reflection: Dime

Summaries: Quarter (but can only get 2)

Asking a close-ended question COSTS a Nickel





Admissions Staff

- They are the first impression that many students and parents have of an institution and therefore are perhaps the most preventative audience we have!
- Things said in campus tours (or in other early communications) can really make a difference
- I highlight generational changes they might not know about when it comes to substance use and partying. Alternative social options, recovery resources, etc. can often be a missed selling point
- Research shared with them:
 - *“If results show students and potential applicants have harmful preconceived misperceptions of campus norms, the correction of these perceptions may need to begin before students set foot on campus, and perhaps even before students apply to an institution. Conceivably, social norms education may need to be incorporated as part of the recruitment process in order to dispel misperceptions before students arrive on campus and have anchored on their preconceived misperceptions.”* (Gold and Nguyen, 2009)



Logistics

Most trainings can be in person or a webinar format

Each training usually is customized to some degree, and (with your permission), I try to use your MD-CAS data

Length of time: the more, the better!

- I would plan for 90 minutes for most groups (Exceptions: Residence Life trainings typically 2-2.5 hours, Parents & Families typically 1 hour)
- More time allows for more practice and skill application, which is generally what audiences say they want more of

Lead time for requesting a training

- Existing training, 3-4 weeks is typically sufficient
- New training, 1.5 months is ideal to allow me time to really delve into the literature, learn the audience's needs, develop new activities, etc.





Questions?
