



Louisiana State University

Authors



PETER J. TRENTACOSTE

Executive Director of Residential Life
Louisiana State University
pjt@lsu.edu



DAVID J. NGUYEN

Dean of University College
Associate Professor of Higher Education & Student Affairs
Ohio University
nguyend4@ohio.edu

Exploring How Supporting Resident Assistants Who Experience Suicidal Ideation Influences the Career Planning of Residence Hall Directors

RESIDENCE HALL DIRECTORS FUNCTION AS FIRST RESPONDERS during times of on-campus residential crisis and also train resident assistants on crisis procedures. These directors are often relied upon to serve as intermediaries for residential students when they are impeded by long wait times to see someone in campus counseling services. In addition, they work directly with resident assistants, some of whom experience suicidal ideation and need immediate support. This qualitative study explored how supervising suicidal resident assistants shaped the career planning and attrition of residence hall directors. A basic qualitative research design was used to better understand how residence hall directors made sense of their experience. This study captured the unique experiences of six current and four former directors in one higher education institution in the United States, some of whom confirmed their career path and some of whom changed direction following the experience. Implications for practice include having a supportive and competent supervisor, offering counseling sessions for these directors, and helping them create appropriate boundaries between their personal and professional lives.

More and more college students are struggling with mental health challenges. When the American College Health Association (2019) surveyed undergraduate students during the spring of 2019, a total of 55% of respondents indicated that they felt hopeless at some time during the previous 12 months. As students arrive on campuses, higher education institutions need to be prepared to serve them beyond their academic lives. Many residential students spend less than 15% of their weekly time in academic settings but spend a great deal of time in the residence halls.

At institutions with on-campus housing options, residence hall directors (RHDs) are often relied upon to serve as intermediaries or first responders at certain crisis points. Complicating this responsibility is the need to support residential students who often experience long wait times before being able to consult with someone in campus counseling services (Hardy et al., 2011; Henriques, 2014; Lynch & Glass, 2019; Prince,

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2015; Stalker et al., 2016). While not typically trained as counselors or mental health professionals, RHDs provide support and comfort to students by listening, providing guidance, and making referrals to necessary campus supports (Collins & Hirt, 2006; Hirschy & Staten, 2021).

Numerous studies about RHDs have focused on recruitment, attrition, burnout, competencies, preparation, and supervision (e.g., Belch & Mueller, 2003; Dunkel & Schreiber, 1992; Flory, 2017; Herdlein et al., 2013; Lynch & Glass, 2019; Marshall et al., 2016; St. Onge et al., 2008; Waple, 2006). More recently, studies have examined the experience of secondary traumatic stress among student affairs professionals, resident assistants (RAs), and RHDs (Lynch & Glass, 2019). These studies have shed light on how this stress can result in staff burnout and fatigue, compromising their well-being. In the context of this study, we explore the secondary traumatic stress of RHDs working closely with RAs, some of whom are experiencing suicidal ideation, which results in emotional stress for the director and sometimes leads to their leaving the field. We have drawn from Krumboltz's (2009) Happenstance Learning Theory, which posits that

what a client or individual does is the result of learning experiences of not only planned, but also unplanned events in their life. Each one of these events can be perceived as a learning opportunity with potential for change if the individual is able to capitalise on these. (p. 135)

Using this theory as a lens, we explore the following research question: *How does working with an RA experiencing suicidal ideation shape the career planning of RHDs?*

TODAY'S RESIDENCE HALL DIRECTORS

Residence hall directors are essential staff on residential campuses (Totman, 2012) and live alongside students where they manage the day-to-day responsibilities of one or more residence halls that typically house between 100 and 1,000 students (Flory, 2017). These entry-level professionals have many responsibilities, such as offering programming, building community, enforcing campus policies, connecting students with relevant academic and social resources, and supporting both residents and student staff (Blimling, 2010; Palmer, 1995). In addition to these responsibilities, these directors function as first responders during times of on-campus residential crisis (Waple, 2006), and they train resident assistants on crisis procedures (Horvath & Stack, 2013).

Though RHD attrition has always been a considerable challenge, decreasing interest and high turnover have become more acute in recent years (Chamberlain et al., 2022); even as far back as the early 2000s, researchers examined perspectives related to the perceived decline in the number of RHD candidates (Belch & Mueller, 2003). They found that a large number of graduate students, unlike those in previous generations of staff, expressed a greater intolerance for the high expectations and reduced

quality of life associated with RHD positions. One concern related to a director's work is the stress created by the difficulty of maintaining boundaries between their personal and professional lives. RHDs often cite the difficulty of living in what some refer to as a fishbowl, which is caused by the lack of privacy that comes with living where they work (Scheuermann & Ellett, 2007). Furthermore, in the case of emergencies, these directors informally function as crisis managers and helpers, whether that crisis relates to the building or the people within it. In these situations, many student affairs professionals "are frequently placed in the roles of helpers, and many students rely on them for compassion, support, and guidance" (Reynolds, 2010, p. 410). RHDs have complicated roles that require many different interpersonal and intrapersonal skills to be successful. Because they serve on call when most campus offices are closed, RHDs also often serve as the de facto manager of multiple crisis situations, including racially motivated incidents, sexual violence, suicidal behavior, substance abuse, and natural disasters (Blimling, 2015; Lynch & Glass, 2019).

SECONDARY TRAUMA IN HIGHER EDUCATION AND RESIDENCE LIFE

Vicarious or Secondary Traumatic Stress (STS) is defined as "the stress resulting from helping or wanting to help a traumatized or suffering person" (Figley, 1999, p. 10), and symptoms often appear similar to those of the trauma experienced by the originating individual (Evans, 2020; Jenkins & Baird, 2002). Even though the *Diagnostic and Statistical Manual of Mental Disorders–V* does not explicitly name secondary traumatic stress as a diagnosis, the effects—intrusion, avoidance, negative change in cognition and mood, and change in arousal—are described in the criteria for Post-Traumatic Stress Disorder (Lynch & Glass, 2019).

Within the last decade, as the mental health of housing and residence life professionals has come into sharp focus, more studies have explored the effects of STS on individuals within a higher education context (e.g., Lynch, 2017, 2019; Lynch & Glass, 2019). Based on the experiences of 208 resident assistants, Lynch (2017) developed a scale that measures four different dimensions of STS: "changes in arousal and activity . . . negative alteration of mood or cognition . . . avoidance. . . [and] intrusive thoughts" (pp. 18–19). However, little research has been conducted on how the caregiver and support role of an RHD affects them personally and how these experiences contribute to their attrition.

Lynch (2019) found that exposure to students' trauma affected RAs themselves. Extant research has not yet extended exclusively to the RHD role and how these professionals are affected by working with an RA going through their own trauma. Within other helping professions, such as counselor education and social work, studies have shown that being repeatedly exposed to people experiencing mental health challenges can negatively affect the person trying to support the individual (Fleet & Mintz, 2013; Hydon et al., 2015). Fleet and Mintz (2013) studied the effects of client suicidal behavior on counselors and found that they had significant emotional responses to the self-harm behavior of their clients, including sadness, anxiety, shock, and anger. In addition, they found that counselors struggled through these emotions in the counseling

relationship, feeling the need to present themselves professionally and to hide their true feelings. If self-harming clients cause even well-trained counselors to struggle, minimally trained residence hall directors likely struggle more when faced with the prospect of managing the suicidal behavior of one of their resident assistants. While research has been conducted into the consequences of secondary traumatic stress as it relates to resident assistants (e.g., Lynch, 2017, 2019) and student affairs professionals as a whole (e.g., Lynch & Glass, 2019), no research has specifically examined the effect of this kind of stress on residence hall directors or the specific experience of supervising a live-in resident assistant who has displayed suicidal behavior during employment.

RESIDENCE HALL DIRECTOR CAREER PLANNING

RHDs support and supervise students, including RAs, and may feel the need to manage their own emotions in order to be able to provide appropriate support. Furthermore, as directors become involved in these challenging encounters, they may begin to wonder if they want to remain in the field. RHDs are often initially attracted to the job as a result of their own experiences with an RHD during college, an experience that is often serendipitous (Blimling, 2015). Many of these entry-level professionals don't really consider their own career progression beyond the initial entry point into the student affairs field (Silver & Jakeman, 2014), and their progression in student affairs can often be the result of an unplanned opportunity that coincides with career preparedness (Biddix, 2011). Within the student affairs literature, several studies show a progression in RHDs moving away from this job because of a desire to advance in the field, a concern about their quality of life, their difficulty handling an excessive workload or receiving inadequate supervision, the lack of opportunities for promotion, the existence of attractive alternatives, and their desire for a higher salary (Belch & Mueller, 2003; Collins & Hirt, 2006; Marshall et al., 2016; Scheuermann & Ellett, 2007). Repeated exposure to others' stress and trauma, as well as the experience of their own secondary traumatic stress, also plays a part in their planning for other careers.

RESIDENCE HALL DIRECTOR WELL-BEING

Almost all residence hall directors in U.S. higher education institutions are required to live on campus as a function of their jobs (Hirschy & Staten, 2021). Because they live where they work, the line between work and personal life is often difficult to maintain. In fact, in one study, 29% of RHDs reported that they could not differentiate when they were at work or were off duty (Asimou, 2017). While a director's position is typically listed as a 40-hour work week, staff typically work well beyond that timeframe. RHDs often work more than they are given credit for, and they struggle to maintain boundaries between their personal and professional lives (Linder, 2011). Leaders in higher education acknowledge that RHD expectations for the job can be unrealistic, the workload can be exhausting, and their well-being is often left to their own management through

the encouragement of self-care (Blimling, 2015; Graglia et al., 2021). While there are often good intentions behind encouraging RHD staff to focus on self-care and improve work/life balance, these discussions rarely lead to any discernible reduction in their stress or workload (Miller, 2016).

The COVID-19 pandemic amplified RHD workloads at a time when many other staff and faculty were able to work from home (Boettcher, 2020). Campuses across the country tried to continue prioritizing in-person student experiences, which at times were incongruent with the safety and well-being of RHD professional staff (Gansemer-Topf, 2022). While RHDs are often expected to provide 24/7 emotional support to residents, higher education institutions have paid little attention to their emotional needs (Lynch, 2022).

CONCEPTUAL FRAMEWORK

This study operationalizes Krumboltz's (2009) Happenstance Learning Theory (HLT) to explain how and why individuals follow different career paths in life and how people engage with navigating the unpredictable in life. A primary tenet of the theory is that people cannot predict the future, and their decisions about career pathways result from "countless numbers of learning experiences made available by both planned and unplanned situations in which individuals find themselves" (Krumboltz, 2009, p. 135). For many, their career path involves a level of serendipity that is often unanticipated during their formal education.

In fact, Krumboltz (2009) believes that "What-you-should-be-when-you-grow-up need not and should not be planned in advance" (p. 135) and advocates that career counselors encourage clients to develop active lifestyles that enable them to be prepared for new opportunities and take advantage of those situations to better their careers. Instead of allowing unexpected events to disrupt career plans, Krumboltz and Levin (2004) argue that individuals should make the most of unplanned events and always keep options open. In addition, they believe that luck is no accident, and individuals should take action to create their own luck when it comes to career planning (Krumboltz & Levin, 2004).

Because of the unpredictable nature of RHD work, Happenstance Learning Theory is appropriate to consider in terms of how the well-being of RHDs relates to their career choices. The relationship between RHDs and RAs is one part of this dynamic. RAs and RHDs typically have a closer relationship than do most supervisor and supervisees, and both live-in positions require unorthodox time commitments (Blimling, 2015). Most RHDs develop personal relationships with their RAs, which can position the director

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as the de facto support person for the RA. For this reason, when the director responds to an RA's personal crisis—especially in the case of an RA's suicidal ideation—they can feel overwhelmed by the responsibility. This study seeks to understand what conditions can help a residence hall director navigate this unexpected experience without causing burnout or resulting in their attrition from the role or the profession.

Suicidal behavior among college students is unfortunately on the rise (David, 2019). Taub and Thompson (2013) identified suicide as the second leading cause of death among college students. RAs can also exhibit suicidal behavior, and RHDs are often on the front lines of their support. Before 2011, higher education institutions were able to ask students who were engaging in self-harm or considering suicide to pause or end their educational experiences. That changed in 2011 when the Direct Threat standard of the ADA was modified, removing danger to self as a reason that an individual could be separated from the institution without facing a claim of discrimination (Lewis et al., 2012). While this change has likely benefited many students and their pursuit of education, one consequence is the ongoing management of suicidal RAs by RHDs, which not only requires a significant emotional and time investment by the RHD but can also lead to secondary traumatic stress.

METHODS AND DATA

In this qualitative study, we explored how six current and four former RHDs thought about career pathways after working with an RA who exhibited suicidal behavior. A qualitative approach explores “how people interpret their experiences, how they construct their worlds, and what meaning they attribute to their experiences” (Merriam, 2009, p. 5). We use a basic qualitative research study that centers “(1) how [participants] interpret their experiences, (2) how they construct their worlds, and (3) what meaning they attribute to their experiences. The overall purpose is to *understand* how people make sense of their lives and their experiences” (Merriam & Tisdell, 2016, p. 24). In the context of this study, we studied how RHDs interpreted their career planning based on how a particular happenstance moment—in this case, working with an RA experiencing suicidal ideation—influenced their career plans.

Participants

We recruited participants by making a public call through social media groups to residence life professionals and student affairs professionals. Twenty-six people expressed interest in participating. We applied the following purposeful sampling criteria to select maximum variation among information-rich cases that would support the research question guiding this study. Our criteria included (a) at least two years of experience in live-in housing and residence life responsibilities, (b) a minimum of a Master's degree in student affairs or a related field, and (c) at least one experience supervising an RA who exhibited suicidal behavior. Ten people agreed to be interviewed for this study. Table 1 (see page 95) shows individual participant demographics.

TABLE 1

Participant Demographics

Pseudonym	Sex	Ethnicity	Years in RHD role	Currently in RHD role?
Amy	Female	White	6	Yes
Eastwood	Male	Black or African American	2	Yes
Tanya	Female	White	3	No
Heather	Female	White	2	No
John	Male	White	3	No
Sarah	Female	White	3	Yes
Karen	Female	White	9	Yes
Lana	Female	Asian	6	Yes
Robin	Female	White	9	No
Mindy	Female	White	6	Yes

Data Collection

We collected study data through a one-on-one semi-structured interview lasting between 60 and 95 minutes. These interviews gave us the flexibility to adjust to each participant’s needs and uniqueness (Merriam & Tisdell, 2016). To develop the interview protocol, we used Castillo-Montoya’s (2016) four recommendations for interview protocol development:

- Phase 1: Ensuring interview questions align with research questions,
- Phase 2: Constructing an inquiry-based conversation,
- Phase 3: Receiving feedback on interview protocols,
- Phase 4: Piloting the interview protocol. (p. 812)

The interview guide focused on what types of mental health training the participant received, the specific experience of supervising an RA who was struggling with suicidal ideation, how they supported the RA during the situation and after it, career plans before and after the situation, and how this experience influenced their career plans. This last section forms the basis for this manuscript.

Even though the Diagnostic and Statistical Manual of Mental Disorders–V does not explicitly name secondary traumatic stress as a diagnosis, the effects—intrusion, avoidance, negative change in cognition and mood, and change in arousal—are described in the criteria for Post-Traumatic Stress Disorder.

Finally, we developed analytic memoranda during the interview process. During interviews, we captured key moments and points and noted any times when the participant felt uncomfortable during the interview. In particular, we created these memos to highlight when a person really enjoyed or felt uncomfortable discussing a particular aspect of the situation or their response. Analytic memos proved useful in refamiliarizing ourselves with the data before analyzing the data.

Analytic Strategy

Before beginning our data analysis, each interview was transcribed verbatim by a transcription service, and then we independently checked the transcription against the recording and reconnected with study data. After distributing interview transcripts to each participant, asking for any amendments, we debriefed thoughts, observations, and reflections as a research team.

After we completed these pre-analysis steps, we began a more systematic approach to data analysis relying on Saldaña's (2015) work for coding. We conducted first-cycle descriptive coding, which summarizes the basic topic of a data passage. In application, we read through interview transcripts and coded key points (e.g., affirmed plans, changed career plans) about how participants expressed the influence of these situations on career plans. As this process unfolded, we developed a codebook with definitions, descriptions, and examples for each code. Next, we used second-cycle pattern coding where the goal is to bundle and to link connected ideas together into larger themes (Saldaña, 2015). The findings represent the results of our first- and second-cycle coding.

Trustworthiness

In this study, we used several measures to improve trustworthiness and qualitative validity (Jones et al., 2022). First, we used member checking after interviews were transcribed. Second, we used thick, rich descriptions to the extent allowable within the journal guidelines. Third, we created analytic memos that highlighted the salient takeaways from each interview. Fourth, we collaboratively developed the codebook and reviewed each other's coding application. Any discrepancies were discussed and mediated. Finally, we considered our positionalities during study design, data collection, and the analysis and presentation of findings.

Researcher Positionality

Milner's (2007) work on researcher positionalities informed our discussion about "who can and should conduct research with and about people . . . [educational researchers] should be actively engaged, thoughtful, and forthright regarding tensions that can

surface” during projects (p. 388). The first author is a full-time professional with more than 10 years of executive experience in housing and residence life. He also holds social identities as a White, cisgender man. Prior to moving into executive roles, he served as an RHD for six years and did not have any experiences working with RAs experiencing suicidal ideation. The second author is a full-time student affairs faculty member and holds social identities as a multiracial, cisgender man. He does not have experience in residence life, but has student affairs experience in student activities, career counseling, and orientation programs. The impetus for this study comes from the first author’s interest in understanding how mental health challenges of paraprofessional staff shape the career plans of residence hall directors. As a supervisor for RHDs, he observed how these kinds of events had differential effects on the individual and how they viewed their career in student affairs.

FINDINGS

We identified examples from among the participants to illustrate how this specific kind of happenstance interaction shaped their career pathways. Rather than using quotations across multiple participants, we use narratives from individual participants to illustrate how this kind of interaction confirmed a career path, changed a career path about student affairs work, and changed a career path about positions involving crisis management.

Confirmed Career Path: Thriving on Connections

Robin’s experience as a hall director confirmed her interest in pursuing upper-level residence life roles. As she reflected on her original interest in joining the profession, she said she thrived on the “connections with students, whether that was staff, building leaders, or just getting to know residents, I really enjoyed being able to spend time in the lobby or at the front desk.” But she felt that, “based on my experience, I got really good at crisis management.”

When discussing her interactions with an RA with suicidal ideation, Robin explained that she wanted to support and to find resources for the RA. She ended up calling the police and “tracked the [RA] down on campus to the LGBTQ center.” After ensuring that the person was connected to appropriate resources, Robin met frequently with them, and it “took about a week and a half of us having almost daily hour to two-hour conversations for them to resign” as an RA. During continued dialogue with the student, she helped the RA “take a medical withdrawal from the institution for that semester.” Even after this happened, Robin connected with the student to make sure that they had found a support system outside the institution.

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Robin noted that the student started “doing pretty intensive, almost daily therapy to address the suicidal ideation.” This experience reinforced Robin’s career choice because she was able to see the value of her actions: “When an RA tells us that they can’t do something, it shouldn’t automatically be a letter in their file. It should be a minimum conversation of why, right?” This specific type of happenstance interaction with a student reinforced the importance of responding in some positive way: “Just pick up the phone and check in with somebody, or stop by their office or their room, or whatever the case may be.” These consequential interactions had a profound effect on Robin and confirmed why she chose to remain in residence life, reinforcing her career goal of advancing within the field.

Changed Career Path: Wanting to be in Student Affairs, Just Not Residence Life

Sarah is someone who appreciates her residence life experiences, but she is seeking another career. When discussing the RHD role, Sarah appreciated the supervisory part of her job because she was “able to see direct impact,” such as “more engagement on their floors, as they feel more empowered and confident in what they’re doing.” In short, Sarah enjoyed the part of her role that connected to student engagement. However, several factors reshaped her career thinking. Prior to working with this RA, two students on campus had died by suicide, which made Sarah aware of the possibility of this happening under her watch, though not necessarily among her staff.

Since she was my RA, I had a closer relationship built up. I felt more responsibility for [the RA] than some of my other students, where it feels a lot easier to refer them to on-campus counseling or emergency counselors on call.

Under the weight of this commitment, Sarah “took on a lot more responsibility than I necessarily should have or needed to,” and she wanted “to make sure that nothing I was doing would be essentially the last drop or one of my students feeling unheard or misunderstood.” When reflecting on this chance occurrence, Sarah explained that she wanted “to be someone who inspires confidence, and my staff can look to as ‘Okay, Sarah knows what she’s doing.’” However, this perceived confidence in her own ability negatively influenced her willingness to seek help from her supervisor because she wanted to be perceived as competent.

Though she felt responsible for supporting this RA, she did not feel similar kinds of support from her professional supervisor, whose interactions with her seemed impersonal. “My [previous] supervisors were a lot more reciprocal, and the transparency and the sharing and so there’s something that feels a little uncomfortable. This person feels almost like a stranger.” As she reflected on her own supervision of the RA and the supervision she received, Sarah felt discouraged. “I’ve never felt like if I were to share, my supervisor wouldn’t care,” but in this case she did. When Sarah entered the field, she saw herself in residence life or dean of students work, but this experience with a suicidal RA impacted her view of the job, and she decided that she wanted to seek a position outside of residence life. Eventually, she sought one where she could

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“see some of those direct impacts [but less] immediate interaction with students. But knowing that day in and day out the choices I was making was for the direct benefit of students.”

Changed Career Path: Disengaging from Crisis Management

When Karen began a professional role in residence life more than nine years before, she wanted to become a college president.

When I first started [what I wanted] was to be a president of a university . . . there's not a lot of female presidents. And so I said, "Great, I'm gonna make this happen. I'm gonna do this, I will run the place."

To begin her climb toward this goal, she entered higher education as a residence hall director. She enjoyed much of what was required of her in this role.

I enjoy[ed] being on call and dealing with tough situations. Like it kind of gives me a superhero complex. I feel like I showed up. I saved a life tonight. I did something amazing. And so, I enjoy that kind of aspect.

However, the experience of trying to support RAs having suicidal ideation made her feel overwhelmed. Working with RAs in these situations required her to “drop what I'm doing in my life. I've left grocery carts full of food at the grocery store when the phone rings to race back to campus.” These interactions led to lots of “unscheduled time,” with the support of an RA taking “about six months of my time.” Karen also found it difficult to process her own emotions because she didn't feel comfortable discussing the cases on campus and wanted to protect their anonymity. Consequently, she kept these interactions from co-workers who might have helped her cope or to find the kind of support she herself needed as a professional.

As these kinds of interactions unfolded, Karen found that she “disengage[d] from work more than I typically would, just because that [RA with suicidal ideation] was going to be on my mind.” She refrained from telling her supervisor what was going on because “I didn't know how to tell them . . . I would have [to] put something in a report. But I also didn't want to out the student and their situation. All of that was very draining.” Her coping mechanism was to disengage. After her first few cases, she felt more guarded in supporting students.

When staff starts to open up about something I say, okay, great. Here's what I can do by offering resources, that is the extent of what I can do. And that's a good boundary setting. . . . And then I removed myself from the situation, which is also against my nature, because I genuinely do care. I feel very guilty for doing that. And I'd never want to get back into that situation, because that was so difficult.

After this experience, she began to reconsider her career goals and what she valued in a career path and reflected on what was important to her in the next position. “[I want to] make enough money to have a home, have a life, be able to travel, have a job that I could work less than 50 hours a week, and have work/life separation.” As a consequence of not finding this kind of opportunity within residence life, she moved into student conduct work. Her happenstance interactions encouraged her to pursue new opportunities with significantly reduced chances of encountering after-hours crisis situations.

DISCUSSION

According to Krumboltz’s (2009) Happenstance Learning Theory, singular or similar repetitive kinds of interactions confirm, solidify, or change career directions of individuals. Many of the participants in this study entered the field for the same reason, but they had different reactions to the same interactions.

While crisis management has always been part of the RHD role (Flory, 2017), the situations they are involved in are increasingly more complex and emotionally taxing (Lynch, 2019). Since, the mental health concerns of undergraduate students continue to increase with each incoming class (Binkley & Fenn, 2019; Lipson et al., 2018; Prince, 2015), the crisis management challenge for RHDs continues to escalate. RHDs are often on the front lines of a crisis. When they must provide support not only to the residents but also to an RA demonstrating suicidal behavior, their efforts are complicated by the supervisor-supervisee relationship.

The emotionally challenging situation of supervising an RA who is exhibiting suicidal ideation or behavior is a chance event that unexpectedly presses the RHD into service. All 10 participants felt that they had successfully managed the situation by investing a significant amount of time and emotional labor. However, only one of the participants indicated that they would choose an adjusted career plan that would move them outside of higher education. For many of the others, the experience of providing support to an RA exhibiting suicidal behavior confirmed their desire to pursue future positions that would allow them to enhance and expand their support. As Mindy explained, supervising an RA with suicidal ideation gave her “the confidence to go out and to keep going with that dream” of being a dean of students because she realized “this is where I’m meant to be.” For others, the experience created considerable stress and caused them to consider an adjusted career path. Tanya had originally wanted to become a housing director as her long-term goal, but due to some of her experiences supervising an RA experiencing suicidal ideation, she became less sure about her future path in higher education. Though she still wants to focus on mental health issues, she wants to do this in a role that doesn’t involve crisis management.

The narratives within the findings highlight several implications for practice. Participants acknowledged the importance of having a supportive and competent supervisor, which is consistent with previous research highlighting that effective supervision can reduce the stress and attrition of RHDs.

Persistence in the face of adversity was demonstrated by all of the participants and is one of the five happenstance learning skills identified by Mitchell and colleagues (1999) that can improve career opportunities. While almost all participants indicated a desire to stay within higher education, some did adjust their path toward a job that did not involve after-hours calls and so much crisis work.

Achieving work/life balance is a significant struggle for many live-in professionals (Belch & Mueller, 2003; Belch et al., 2009; Burke et al., 2016). Secondary traumatic stress and burnout, when combined with unrealistic job expectations, are significant factors that can lead to the attrition of hall directors (Buchanan & Shupp, 2015). While some have argued that the expectations of the job have always been excessive (Blimling, 2015), the added stress of providing support to an RA experiencing suicidal ideation can make the workload unbearable. Consistently across all interviews, participants acknowledged the toll that this kind of support had on their personal well-being.

IMPLICATIONS FOR PRACTICE

The narratives within the findings highlight several implications for practice. Participants acknowledged the importance of having a supportive and competent supervisor, which is consistent with previous research highlighting that effective supervision can reduce the stress and attrition of RHDs (e.g., Belch & Mueller, 2003; Flory, 2017; St. Onge et al., 2008). While there was variation in the level of emotional support they desired from their supervisors, almost all indicated that their supervisors did at least attempt to support them. Amy's supervisor checked in on her regularly to see how she was doing, asked about her staff, and also made treats for her and her team. Even though most participants indicated that their supervisor at least attempted to support them, Mindy cautioned that it was important to go beyond telling staff "Call me if you need anything." Her supervisor did provide support to her in the moment, but Mindy was hopeful that she would simply have said, "I'll be right there." Other participants indicated that at times they would pretend they were doing well in order to avoid describing all of the intensive labor involved, thinking that the perception that they couldn't handle the stress of the job might interfere with promotional opportunities. One participant spoke about her own deteriorating mental health and how she did not feel comfortable discussing her concerns with a supervisor, as she was hoping to get a promotion and felt she had to "chin up" in order to keep moving forward.

In addition to training supervisors to be more supportive, higher education institutions could help staff cope by providing required counseling sessions for RHDs. Law enforcement officers are required to undergo counseling when they experience specific traumatic events on the job, and student affairs staff who experience trauma would also likely benefit from counseling even if it is mandated. If having a requirement is not supported by a campus's human resource department or legal team, making it strongly encouraged could be an effective recognition of the trauma staff have encountered and the care that campus leadership has for those who are affected.

Finally, helping residence hall directors set boundaries can allow them to better adjust to stressful situations. Since RHDs live where they work, it is often difficult for them to set appropriate boundaries between work and home (Blimling, 2015). They often work more than they are given credit for, and they struggle to maintain boundaries between their personal and professional lives. Initially, it is easy for new practitioners to throw themselves into work, but with each year their circumstances change: Some get married, become parents, provide care for parents, and undergo other significant life changes (Linder, 2011). It is typically during these transitions that a significant tension arises for entry-level hall directors when they need to begin to create boundaries. Staff who were unable to set boundaries with their RA staff before an RA presented with suicidal behavior were clearly at a disadvantage in this study. ■

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DISCUSSION QUESTIONS

1. The authors state that RHD “well-being is often left to their own management through the encouragement of self-care.” What responsibility do housing and residential life departments have to manage RHD workloads, if any?
2. How would you respond to an RA with suicidal ideation? Would you counsel the RA to resign? Would you find ways to support their continued employment? What kinds of protocols are needed to respond to and support RAs in crisis?
3. Imagine yourself as an RHD’s supervisor. How might you support an RHD both while and after they support an RA with suicidal ideation? As an RHD, what would support from your supervisor look like or feel like as you navigated secondary traumatic stress?
4. Participants in this study reported expending significant time and emotional labor when supporting RAs with suicidal ideation. What training might new RHDs need to support RAs through a mental health crisis?
5. The authors recommend requiring (where permitted) or strongly encouraging RHDs and other student affairs staff to participate in counseling after a traumatic event (such as supporting an RA or other student with suicidal ideation). What are the opportunities and challenges of such a policy?

Discussion questions developed by Stacey Garrett, Appalachian State University