

# Sisters Supporting Sisters Campus Resource Guide

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## WHO WE ARE

Founded in 1870 at Indiana Asbury (now DePauw University) in Greencastle, Ind., Kappa Alpha Theta is the first Greek-letter Fraternity known among women. In creating Kappa Alpha Theta, our founders were leading the way for women's groups and for women in higher education. Our members are women of all ages: women who attended college in nearly every US state and Canadian province, women who live all over the world, and women with varied professions, faiths, and ethnic backgrounds.

Membership in Kappa Alpha Theta leads women into a life of friends, experiences, and goals that they might not have had otherwise. Being a Theta leads a woman to personal excellence, offering her ways to become her best self. Our ritual, in fact, commands us to be nobler women, to lead ourselves to personal excellence and to lead others there as well. It commands us to set the bar high. And when Thetas model personal excellence, we not only have the chance to lead on our campuses, in our communities, and in our professions, but we also have the chance to effect real change.

## MISSION

Yesterday, today, and tomorrow, Kappa Alpha Theta exists to nurture each member throughout her college and alumna experience and to offer a lifelong opportunity for social, intellectual, and moral growth as she meets the higher and broader demands of mature life.

## VALUES

The values of Kappa Alpha Theta Fraternity are scholarship, service, leadership, personal excellence, and friendship/sisterhood.

## PURPOSE

The aim is threefold—intellectually, the highest scholarship; socially, the widest influence for good; and the Moral Code is love.

## ABOUT SISTERS SUPPORTING SISTERS

The Sisters Supporting Sisters program was created by Kappa Alpha Theta Fraternity to provide support to Thetas as well as encourage members to show care for one another's mental and emotional well-being. The Fraternity has collaborated with All-One Health to provide Talk One-to-One, a hotline, providing members with resources and support on campus. Over the last year, we have also been gathering data and information to develop a program that fits the needs of our members.

This guide will provide you with an overview of the trends within the Fraternity among undergraduate members as well as trends among college students internationally. Additionally, we will be providing information regarding behaviors you can identify that may be a symptom of an issue associated with mental health, educational materials on areas such as depression, substance abuse, sexual assault, and eating disorders, as well as a guide for developing a prevention program within your chapter and using resources on campus.

How you utilize the program is up to you. We hope that this will simply serve as a guide for you to seek out resources and develop programs for your chapter and on your college campus in the areas surrounding mental health. Our aim, as a result of this program, is to create safer environments for members, increase awareness, and strengthen our sisterhood.

## LEADERSHIP REDEFINED

A leader is not necessarily a person who holds a formal position of leadership or who is perceived as a leader by others. Rather, a leader is one who is able to affect positive change for the betterment of others, the community, and society. All people, in other words, are potential leaders.

Moreover, the process of leadership cannot be described simply in terms of the behavior of an individual; rather leadership involves collaborative relationships that lead to collective action grounded in the shared values of people who work together to affect positive change.

## LEADERSHIP AND MENTAL HEALTH

- How is leadership connected to mental health?
- What words in the definition above jump out at you?
- How can you connect leadership to affecting positive change to help others with mental health and emotional well-being?
- How can you work together to create a safe environment for your members and for one another?

Leadership and mental health are intertwined. It is not only important for chapter leaders to be emotionally well and at their best in order to create change, but leaders will need to respond and lead with care and concern for their members. There are several components involved with leading organizations and one of them is helping to lead members to collaborate to create positive change.

It's important in the moments when a leader notices a member is missing meetings or isn't following through on responsibilities, that something *more* could be going on in her life. This guide will provide you with a list of behaviors to keep your eye on and ways to connect members with resources as well as ask questions. Never *assume* there is a problem associated with a member's mental health and *never* diagnose a member with a problem (there is a reason that counselors and psychologists are licensed!). You should, however, keep your eyes open, ask questions, and provide support to your members. That, in fact, is what the Sisters Supporting Sisters program is all about!

### THIS GUIDE WILL:

- Describe mental health; provide you with statistics for college students and Thetas associated with mental health and signs and symptoms.
- Provide an overview of behaviors and situations that may be connected with mental health as well as ways to obtain and maintain a balanced lifestyle.
- List ideas for incorporating prevention and intervention into chapter activities to help shape a healthier environment.

## WHAT IS MENTAL HEALTH?

"Mental health" can sound like a scary topic, but when we talk about mental health, we're not talking about a handful of members who might have a "problem". Instead, every one of your members' mental health exists somewhere along the mental health continuum, which includes everything from adjusting to college, stress management, and relationship break-ups to thoughts of suicide. The spectrum below demonstrates visually the variation from healthy to unhealthy mental health.

Many of our members will experience a stressor or a mental health concern during college (see College Student Statistics below). Some members experience different types of stressors and handle stress in various ways. There are both healthy and unhealthy ways to deal with stress, and, in addition, members will choose to either cope or not cope with the stress they are experiencing.

### MENTAL HEALTH

"A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community."

~World Health Organization

## SIGNS/SYMPTOMS

### Changes in:

- Sleep
- Mood (sad, anxious, irritable)
- Appetite/eating habits or weight
- Energy level
- Interest/motivation
- Performance or participation in school, work, chapter activities, or relationships

### Other signs could include:

- Increased use (type, frequency or amount) of alcohol or drugs
- Unhealthy or excessive exercise, vomiting after eating, poor body image
- Arguments/fights, unusual or exaggerated reactions to events
- Thoughts of death or suicide, comments or writings about death or suicide

## COLLEGE STUDENT STATISTICS

Within the last 12 months, in an organization of 100 members:

- 34 felt "so depressed it was difficult to function"
- 57 felt overwhelming anxiety
- 2 had sex without giving their consent
- 15 used prescription pain killers, sedatives, or stimulants not prescribed to them
- 1 was diagnosed with substance abuse or addiction
- 8 seriously considered suicide
- 2 seriously considered suicide while drinking

- 1 attempted suicide one or more times
- 4 intentionally injured themselves (cutting, bruising, burning, etc.)

\*Data selected from the NCHA data set from spring 2013, total number of participants was 96,661 students from 127 different campuses.

## ON-LINE RESOURCES

Visit the website of your college/university's counseling center, where you'll likely find free, anonymous screenings for mental health concerns such as depression, anxiety, eating disorders, and alcohol use. These quick assessments ask questions about symptoms experienced and provide the test taker with referral information, if needed.

**Tip:** If you're concerned about a member, but don't know if what you're seeing is a problem, don't know how to start the conversation, or don't know what you can do to help, many campus counseling centers will confidentially talk with you about the situation, to help you figure out how you can help.

### WHAT SHOULD I DO?

The most important thing you can do for your members is to start a conversation about your concerns. (See page 11 to learn how to do this.) Although a member may notice these changes in herself, she may:

- not be aware they are symptoms of a mental health concern;
- think, or have been told by others, "it's not a big deal" or "you don't have anything to be depressed about";
- be unaware of where to find help; or
- feel too stuck, unmotivated, embarrassed or ashamed to get help on her own.

Unfortunately, only 41 percent of people struggling with mental health symptoms in past year received professional care!

When you start this conversation, you can educate your member about support and professional services she may not know about, and encourage her to take the steps she feels too unsure or nervous to take on her own. People are more likely to seek help if someone close to them suggests it. After all, being a good sister means you're willing to start this conversation, even if it feels uncomfortable. Early intervention can prevent the symptoms from becoming more serious, and can decrease the chance the member will also develop negative secondary consequences such as failing classes, withdrawing from school, losing her job, a relationship breakup, or developing an alcohol or drug problem to 'self-medicate' her symptoms.

### WHAT SHOULDN'T I DO?

- Assume the symptoms will get better with time.
- Avoid starting the conversation because you worry you might be wrong, or it might embarrass her.
- Make up reasons or excuses for her symptoms ("she's probably just drinking more because it's senior year," "she's just dieting/exercising this much because it's almost spring break").

### HOW CAN I TELL IF THE SITUATION IS SERIOUS?

If a member ever directly or indirectly talks, jokes, hints, or writes about death or suicide, take this seriously, even if she was intoxicated at the time or if it was on social media (Facebook, blogs, etc.). Seventy percent of people give some

indication before they attempt suicide; it may be a small sign, and we don't want to miss it by assuming "she didn't really mean it" or "she would never do that."

*Please Note:* For immediate danger to self and others call 911 or your campus police immediately. If the situation is not an emergency, contact your chapter advisor, campus health center, counseling center, local hospital or Dean of Students office for support and guidance.

## THETA STATISTICS

The most common problems identified by undergraduate Thetas:

- 74% – Anxiety and stress
- 45% – Negative body image
- 31% – Alcohol abuse
- 29% – Relationship problems
- 25% – Promiscuous sexual behavior
- 24% – Problematic eating
- 1% – Depression

\*Data collected on a survey conducted November 2011 by Kappa Alpha Theta Fraternity. Over 2,300 undergraduate members responded

## SIGNS OF DISTRESS

It is normal to sometimes have trouble sleeping, feel overwhelmed or sad, or experience poor concentration or worry. However, signs like these are also commonly experienced when a member experiences an emotional health difficulty. So, how do you know when a member is going through something more than normal ups and downs of college life? Think of each symptom below as creating one dot on a canvas. The more symptoms or "dots" you see, the more those dots come together to form a "picture," In this case, a picture indicating something more than everyday stress or sadness.

- Appearance: red swollen eyes, changes in hygiene, looks tired
- Mood: depressed, anxious, irritable, angry, hyperactive, "mood swings"
- Energy level: fatigue or hyperactive
- Sleep: too much or too little
- Appetite/weight: increase or decrease
- Interest and/or motivation: lower
- Libido: significant decrease or increase
- Cognition: poor concentration, indecisiveness
- Physical symptoms: headaches; nausea; vomiting; stomach or gastrointestinal upset; shortness of breath; dizziness; loss of or irregular menstrual cycle
- Suicide or homicide: directly or indirectly talk about, hint, joke, write or post ideas about death, suicide, or violence toward others
- Crying: more frequently; unusual or exaggerated reactions to a situation
- Increased use (frequency, quantity, or types) or tolerance to alcohol or drugs
- Actions which are disruptive, hostile, aggressive or violent
- Hallucinations (seeing or hearing things that others do not, such as "voices") or delusions (believing oneself has special powers, or is being persecuted by others)

Even a combination of 3 or 4 of these dots can indicate that a member is in some kind of distress. When you notice some of these signs AND her ability to fulfill her typical obligations is affected, meaning you see changes in:

- academics (grades, attendance, quality of work),
- work (performance, attendance), or
- relationships (arguments, isolating or avoiding others)

it's likely that she is experiencing moderate to severe distress and needs your help. See Section "How to Start the Conversation" to learn what to do next. DON'T WAIT TO TALK TO HER. Many mental health concerns worsen with time, secondary problems (e.g., alcohol abuse, self-injury, \*withdrawing from college) can develop, and longer or more intensive professional treatment may be necessary.

\*Depression is the most commonly cited reason college students withdraw from college.

## CHAPTER EDUCATION PROGRAMS AND PREVENTION EFFORTS

You and your chapter leadership are a critical part of making Sisters Supporting Sisters a success, as are the student leaders who are on the ground, providing support and guidance to one another. Based on a survey we conducted fall 2011, we know that Theta members are more likely to turn to one another for support and guidance and as such, it's important to provide members with the resources available to get support and assistance. There are a number of ways that you can provide support and create a culture of care within your organization.

### WHAT IS PREVENTION?

Prevention is a term used to describe efforts prior to or in response to health-related problem situations that are aimed at minimizing negative health-related consequences. Online educational programs such as GreekLifeEDU and Greek-Wise are examples of prevention. Other types of prevention might include exercising or eating well to stay healthy and prevent obesity. These are just a few examples to help you better understand what we are asking you to do.

As part of making Sisters Supporting Sisters "come alive" within your chapter, we want you to consider ways to PREVENT problematic situations from occurring. Following risk prevention policies and limiting unhealthy drinking is one way to prevent negative health-related consequences. Throughout this resource you will learn more about mental health problems and ways to keep an eye out for mental health related issues within the chapter or among members.

In this section, write down four things that your chapter can do THIS term as part of their prevention program. Some examples might include having someone from the health center come to a chapter meeting to talk about sexual assault, the definition of consent, and skills that members can learn for being aware of signs prior to a sexual assault occurring, as well as skills to intervene. Identify both the target behavior as well as what you plan to do as a part of "prevention." This can include education, hosting an alternative event to drinking, or a yoga class in the chapter. You can also apply for grants through the Kappa Alpha Theta Foundation to bring speakers or other programs to campus. Visit [www.kappaalphathetafoundation.org](http://www.kappaalphathetafoundation.org) to learn more.

Fall Quarter/Semester:

- 1.
- 2.
- 3.
- 4.

Winter/Spring Quarter/Spring Semester:

- 1.
- 2.
- 3.
- 4.

## DID YOU KNOW?

According to a survey that we conducted in fall of 2011, Theta members are more likely to turn to another Theta for support in problematic situations. That means we have a very strong sisterhood, but it also means that we must educate our members on how to respond in problematic situations. This involves situations associated with mental health, problematic eating/exercising, alcohol abuse, drug abuse, and hazing.

## MENTAL HEALTH - AREAS OF FOCUS

This section will help you better understand the interconnectedness between personal behaviors and the college environment on mental health and emotional well-being.

### ACADEMICS

College students are often the best and brightest students in their high schools, and expect to continue to excel during college. Some students may find themselves struggling with grades, and your chapter may have to make tough decisions when a member doesn't meet your academic standards. (Consult your chapter bylaws for specific scholarship requirements.)

There are many reasons why a member might earn a low GPA. It would be easy to conclude that poor grades are due to inadequate studying, too much time spent in social activities, lack of trying, or "senioritis." In fact, when your chapter investigates the member's situation, you might find behaviors such as poor attendance, over-sleeping classes, not completing coursework, or feeling too overwhelmed by the work. The member might also give you reasons such as, "I just didn't care about that class", "I couldn't concentrate in lecture", or "it started too early in the morning." Statements like these would seem to support a conclusion that the member "wasn't trying." That could be the true cause. However, you should also consider other explanations for this collection of behaviors and statements.

The early 20's are often the time when a person first experiences symptoms of a mental health concern. For example, approximately one in 10 college students will experience an episode of depression. Unfortunately, most college students aren't familiar with the symptoms of mental health issues, making them unable to recognize these concerns in themselves. It's often only after a caring person points out the collection of changes you've noticed, that a member may realize there is another explanation for her lower grades.

Not every member who earns poor grades is experiencing a mental health problem. Sometimes members really are socializing too much or need to improve their study skills. However, because the symptoms of mental health concerns are easy to mistake for "laziness", "lack of motivation", or "not caring", be sure to carefully investigate the cause of a member's low grades.

#### **Other reasons for poor grades:**

- Mood disorders (e.g., depression)
- Anxiety disorders
- Eating disorders
- Alcohol/drug use
- Life stressors (e.g., coming out, health issue, divorce, death)

**Questions to ask yourself:**

- Does this member also have changes in sleep, mood, appetite/weight, exercise, or alcohol/drug use?
- Has her participation or performance changed in any other areas of her life besides academics? (Work, relationships, chapter activities, etc.)
- Have other members noticed anything different about her?
- Are this semester's/term's low grades a significant change from her typical GPA?

**ALCOHOL AND DRUG USE**

College students are often the best and brightest students in their high schools, and expect to continue to be the best and brightest in college. At what point is a member's alcohol or drug use a problem? This can seem like a tough question to answer. Students often mistakenly believe alcohol/drug use isn't a problem unless a member is drinking/using every day, "craving" alcohol/ drugs, using/drinking alone, or experiencing withdrawal symptoms. Although these can indeed be signs of problem use, there are also many earlier signs which indicate a member's use is at a harmful or dangerous level.

**What is "at-risk" drinking/drug use?**

When a person's use increases the likelihood she'll experience a physical or mental health problem (e.g., panic attacks, depression).

**Signs that alcohol or drug use is a problem:**

- Increased tolerance (needing to drink/use more substance in order to feel the same effect)
- Two or more campus or legal consequences
- Continuing to drink/use even after campus or legal consequences, or despite concern expressed by others
- Attempting to reduce use, but unable to do so
- Use negatively impacting schoolwork (e.g., low test grade, missing class), job, relationships (e.g., arguments), or taking precedence over previously enjoyed activities

**WHAT SHOULD I DO IF I'M CONCERNED?**

If you remain silent, it will be easy for your member to continue believing that what she's doing is okay. Your silence says you feel okay with what she's doing. As long as she believes that her use is fine with those around her, she will not consider changing her use. In addition, students who drink/use drugs are often doing so in an attempt to 'self-medicate' or lessen feelings of sadness, anxiety, guilt, shame or other types of emotional pain. In other words, there is a high correlation between problematic drinking/drug use and mental health concerns; getting treatment for the underlying mental health issue may help reduce her alcohol/drug use. Share your concerns with the member. (See page 11 for tips on how to start this conversation.)

**What is common?**

- 76% of college students have never forgotten where they were or what they did while drinking
- 49% of college students "sometimes" or "most of the time" choose not to drink alcohol when they party
- 73% of female college students drank zero to four drinks the last time they partied
- 70% of female college students say they used alcohol five or fewer days in the last month.

- 92% of female college students used marijuana zero to two times in the past month

Source: NCHA-ACHA, spring 2011

## HAZING

According to Kappa Alpha Theta Fraternity, "hazing is defined as the subjection of a member or new member to any activity which endangers or reasonably may be expected to endanger the physical health or safety of a member or new member or any activity which would be expected to humiliate, embarrass, or cause personal discomfort to a member or new member, regardless of one's willingness to participate in such activity." *Kappa Alpha Theta Fraternity Bylaws*, Article I, Section 4)

### **What does this mean and what does hazing have to do with mental health?**

Acts of hazing are connected to mental health in a variety of ways. Consider academics, alcohol and drug use, stress and effects that hazing can have on psychological well-being. Any act of hazing is strictly prohibited by the Fraternity. While this is a rule (and in 41 out of 50 states, a state law), we want you to understand the dangerous effects that may be the result of hazing activities. It is important for our members to be supported, balanced, and at their best emotionally. Hazing can cause long-term detrimental effects to individuals that are hazed.

There have been recent some high-profile cases that you might want to review. To learn more about the hidden harms (psychological) of hazing, visit [www.hazingprevention.org/hazing-information/hidden-harm-of-hazing.html](http://www.hazingprevention.org/hazing-information/hidden-harm-of-hazing.html). [Hazingprevention.org](http://Hazingprevention.org) has a number of suggestions on how you can help combat hazing in your chapter or in your community.

### **Hazing incidents:**

There have been two high-profile hazing incidents in the last few years that call attention to the problems associated with hazing.

- Robert Champion, member of the Florida A&M marching band was beaten to death on November 19, 2012 during a hazing "ritual" on a bus.
- George Desdunes, sophomore at Cornell University and member of Sigma Alpha Epsilon fraternity passed away on February 25, 2011 during a hazing ritual where the new members "kidnapped" and hazed the older members.

Both incidents are tragic. While these situations are scary and very real, most don't think that such a tragedy will happen to them or their friends. As a member of Theta, we hope that you will live your values of being the "widest influence for good" and the moral code of love by stepping in and stopping hazing. We encourage you to be a hero, do something, and intervene. There are a number of resources for intervening among situations with hazing.

### **Here are some resources available for you:**

Call Fraternity headquarters at 1-800-KAO-1870 and state, "I want to report a hazing incident." The call will be directed to the executive director or director of chapter services. All calls will be handled with confidentiality.

**Call toll-free number: 1-888-NOT HAZE (1-888-668-4293)**

Report a hazing incident at your university by contacting your student affairs staff members at the university. These staff members are also available to provide you with support and resources to help create safer communities.

## HEALTH & WELLNESS

Balancing your health with your academic, family, work, and social responsibilities can really be a challenge in college! Lack of time and feeling like other tasks are more pressing often lead college students to neglect their health, putting them at increased risk for colds, sleep problems, and even depression.

How is your chapter educating your members about health and wellness? Scheduled speakers and workshops are a really great way to start because they're often free and can easily fit into existing chapter meetings. (See below for information about where to find these resources on your campus.) However, what about the day-to-day culture of your chapter; what messages are you intentionally, or unintentionally, sending your members about health and wellness? Are members encouraged or rewarded for being physically active? Do you provide exercise space in your house? Do chapter leaders model good balance and emotional coping for other members?

Are new members educated about topics such as how to eat healthy on your campus, developing self-care strategies, and managing stress?

What about when members show signs of unhealthy behaviors such as over-exercise, skipping meals, sleeping too little, or drinking too much? These can be tough situations to know how to handle, and chapter leaders may shy away from addressing them. However, remember that Thetas take care of one another, so don't let your feelings of awkwardness stop you from expressing your concern to another member. (See page 11 to learn how to start this conversation.)

### DID YOU KNOW?

Most colleges/universities offer FREE presentations on workshops on health and wellness topics that you can schedule for your chapter. Contact your campus health center, counseling center, office of women's affairs, health promotion office, alcohol/drug office, or recreational sports center.

## SEXUAL ASSAULT

One in five women will experience a sexual assault while in college. In your chapter, this would be approximately \_\_\_\_\_(fill in the blank) women. Statistics also tell us that the majority of women who are sexually assaulted will know their assaulter (e.g., friend or guy you know from work), and one, if not both the survivor and assailant, will most likely have been using alcohol or drugs at the time of the assault.

Both men and women are often unaware or simply wrong about the definition of sexual assault in your state. This can make it very difficult for a member to know when/if she has been assaulted. This uncertainty, in addition to embarrassment, self-blame, and/or fear of what others will think, make it very difficult for a member to tell someone when she's been sexually assaulted. Therefore, if you suspect or are told that a member was likely assaulted, it's very important for you to respond appropriately.

## How to respond

Believe her and tell her you believe her. Do not make statements or ask questions that could imply that you don't, such as "I know him, and I know he wouldn't do that". Take the details she gives you at face value. Don't make statements or ask questions that could imply that you think she was in any way to blame, such as, "I can't believe you were drinking so much!", "What were you wearing?", or "Did you say no?". (Remember: the absence of "no" does NOT mean "yes.")

Educate her about her choices, but do not pressure her into any one choice. Explain that she can, but does not have to, call a campus or local sexual assault crisis line, make an appointment with your campus counseling center or sexual assault crisis center counselors, call campus or local police to file a report, go to the local hospital or campus health center for collection of physical evidence, report it to your college/university's judicial office, or none of the above. Offer, but don't pressure, to go with her.

Support the decisions she makes about the above choices, and respect her wishes regarding who she does or doesn't tell, even if you disagree.

In the coming days, weeks, and months, help your member plan for how she wants to handle events in which she might see her assaulter again (e.g., party, class, at home). Don't be surprised if she continues to need support for several weeks or months.

## A BROADER PERSPECTIVE ON SEXUAL ASSAULT: "RAPE-SUPPORTIVE CULTURE"

Let's be clear: when a person is sexually assaulted, it is in no way his/her fault. Regardless of what the person was wearing, how they were dancing, whether they chose to go with the person to another room, or how much they had to drink, the blame lies entirely with the assaulter.

There are also parts of our environment or culture that gives rise to elements that can lead to sexual assault. For example, things which promote viewing women as sexual objects, or put women in less powerful circumstances may lead to sexual assault. In the college environment, some of these things include event themes that depict women as sexualized objects (e.g., "CEOs and Office Hoes") and the location of parties (at men's residences, where they have more power, such as "Do you want to go upstairs?"). Thetas can help to reduce elements of a rape-supportive culture. Create a conversation in your chapter when event themes are being decided. By agreeing to a particular theme, how are you agreeing to be portrayed?

## CIRCLE OF 6 SMARTPHONE APP

While we hope that none of our members find themselves in a situation where they need immediate assistance, there is a new smartphone app that can be downloaded for free. This app makes it quick and easy to reach your circle of 6 friends (which you will input into the app once you download it) and let them know where you are, and what you need. It takes only two touches to get help.

The app uses text messaging to contact your circle, uses GPS to locate you, connects to reputable domestic violence organizations (if needed), and asks everyone to take the pledge to stop violence before it happens via Facebook. To learn more visit [www.circleof6app.com](http://www.circleof6app.com) and "Like" their Facebook page at [www.facebook.com/circleof6](http://www.facebook.com/circleof6)

## HOW TO START A CONVERSATION

When you're concerned about a member, you may feel nervous, worried, and/or uncomfortable. However, as stressed previously, it is important for this conversation to occur despite these thoughts and feelings.

Don't forget that many college/university counseling centers can consult with you to decide when and how to help a member in distress. In addition, confidentially sharing your concerns with your campus counseling service may also help their counselors better help your member when she meets with the counselor.

### STEPS TO START THE CONVERSATION

#### **Step 1: Choose the time and place**

- Ask to talk to her in a private place (e.g., a room with a door), at a time when neither of you are in a hurry (e.g., not on your way to class). Give her your undivided attention during your time together (do not check your phone or text).
- "Hey, let's get together after dinner tonight. I want to find out what you've been up to lately."

#### **Step 2: Start by naming the signs or "dots" that have made you concerned**

- By naming the behavioral signs you/others have noticed, it will feel less judgmental or shaming, and simply a factual description of how she's doing lately.
- Notice that this approach invites your member to talk to you; it's much better than saying "you can talk to me if you need to."
- "I've noticed that you've missed some classes this week and you look really tired too, so I'm worried about you. How are you?"
- "It seems like you've been feeling sad the last three weeks and then today you started yelling at Amy, which doesn't seem like you. How are you doing?"
- "I've noticed that you haven't been participating much in chapter activities and you told me that you failed an exam last week. I don't want you think I'm judging you because I'm not. I'm just worried about you and want to check-in with you about how you're doing"
- "Lately you've been exercising for a couple of hours per day, and you even went when you were sick last week. And, you've also seemed pretty stressed out. You're my sister and I care about you. How are you?"
- "I've noticed that you've been going out more often than usual and you even came home sick for the second time in the past month last weekend. I'm worried about you. How are you doing?"

#### **Step 3: Listen and show empathy**

- Show that you want to listen by sitting in an open posture, and using steady, but gentle eye contact. (Looking around could communicate that you don't care or are uncomfortable, making it hard for the member to really talk to you.)
- Use your body language to communicate listening and understanding; nod or shake your head, allow genuine emotional reactions (e.g., surprise, sadness) to show on your face; don't have a 'blank' face.
- Don't interrupt to share situations of your own or advice. Remember, if you want her to talk to her, you have to LISTEN.
- Use open-ended questions to help her tell as much as she feels comfortable sharing.
  - "How are classes going?" NOT "Are you passing your classes?"

- Verbal ways to let her know you're listening and you care:
  - "Wow!"
  - "Really?"
  - "I see."
  - "Oh my!"

#### **Step 4: Educate and encourage the use of resources**

- Many students aren't aware of campus services that could help them; simply telling her about them could help her.
- "Did you know there's a counseling service/legal assistance/tutoring/dietitian/women's center/student advocates office/sexual health clinic on campus? I heard that it's confidential, and that they help students with situations like yours. What do you think about checking it out? I could even go there with you, if you want me to."

Sometimes students do know about campus services, but feel shy or hesitant to use them, not sure how their peers will view them or if their problem is really "bad enough" to use the service. The member may need to hear you directly tell her that you think it's "OK" or "a good idea" to use the service, or even that won't view her differently.

- "I know some friends who have gone to the counseling center and they thought it helped them. Lots of people see a counselor at some time in their lives. I won't think any less of you for going; in fact, I think it's brave to face your difficulties instead of ignoring them."

Be sure to check in with the member within the next several days to see if she decided to try using the resource. Failing to talk to her again about this conversation could unintentionally signal to her that you've forgotten, don't care, feel uncomfortable talking about it, or don't think it's that important.

- "I just wondered if you've given the counseling center anymore thought since we talked about checking it out."
- If the member is hesitant about seeing a counselor, gently inquire about her hesitation. Chances are that her hesitations are based on incorrect information you can correct, or stigma/shame, which you can begin to reduce by expressing your anti-stigma beliefs.
- *Example 1:* "Okay, so you don't think you want to make an appointment. What makes you not want to?" (I don't have insurance so I can't afford it.) "Oh, no, actually I read on their website that you don't have to have insurance, and it only costs \$10 per session...look, I'll show you (pull up website)."
- *Example 2:* "Okay, so you don't think you want to make an appointment. What makes you not want to?" (I'm not crazy; how are they going to help me?) "We both know you're not crazy. Lots of students here go to the counseling center, in fact, 3,000 different students go there every year. How are they going to help you? Well, I think spending one hour to go over there and find out what they have to offer is the way to answer that question. Worst case scenario is that you check it out and don't like it, but you and I can still go to a movie afterward. What do you think?"

You may need to have this conversation with the member a few times before she feels ready to try out the resources you tell her about. That's okay. Be persistent, but gentle. If you try to have this conversation and are met with significant resistance, no change in her willingness to consider help, and/or worsening symptoms, in the best interest of the member, you will likely need to involve others. Don't hesitate to \*confidentially consult with your campus counseling

center. Their staff can help you determine what steps you need to take, and if more significant help (e.g., contacting parents) is needed.

\*Call your campus counseling service to ask about the confidentiality laws in your state, or consult their website. In most cases, they can consult with you to help you decide how to help without contacting the member or ever telling her about their conversation with you.

## HOW TO RESPOND IN CRISIS SITUATIONS

The full copy of the Kappa Alpha Theta crisis management guidelines can be found online in the *Risk Management Handbook* in the Collegians section of [www.kappaalphatheta.org](http://www.kappaalphatheta.org) under Resources > Theta Manuals, as well as in the Officer Portal (OP) Document Library. The information below only refers to how to respond to mental health emergencies. Here are some tips on handling emergencies and some guidelines to better equip and prepare you for situations that may arise. Adequate preparation will allow you to handle crisis situations as smoothly as possible. Preparing and educating your chapter on your crisis management plan is an expectation of the risk management team (RMT). Here are a few things to consider before preparing your crisis management plan and discussing worst-case scenarios.

### **The member's safety is your first priority.**

If you are ever concerned about the safety of a member and are concerned for a member's emotional well-being, call 911 immediately. If you are concerned about the immediate safety of other members (for example, if a member is being violent), call 911 or your campus police. The safety of your members and guests should always be your first priority. Contact your chapter advisor and **college district director (CDD)** immediately after calling 911 or the campus police to notify them of the situation and for support and guidance.

### **Have emergency information for your members available.**

Ensure that each member, including new members, completes and returns an emergency contact information form. The form includes information about member medication and allergies and is found in the OP Document Library under Resources, as well as in Appendix H of the *Risk Management Handbook*. These forms must be placed in a confidential area. The forms should be taken to all major chapter functions, including, but not limited to, social events, sisterhood activities, retreats, and parents' weekends. If a member needs to go to the hospital, provide your sheet at that time if possible or immediately following to the emergency medical provider. This information may be helpful as they treat the member.

### **Develop your crisis management plan now.**

Every spring and fall, the RMT should develop and update the chapter's crisis management plan by following the guidelines included in the *Risk Management Handbook*. Consider how mental health is incorporated into your crisis management plan using the information that you have learned in this guide.

### **Educate your chapter on the crisis management plan.**

EVERY chapter member should be familiar with your chapter's crisis management plan. They should all know the CEO is in charge during emergencies and in her absence, the rank of officers responsible.

### **Remember that a crisis eats time.**

A well-planned, coordinated effort is imperative to successful management of a crisis.

Contact appropriate emergency personnel first during an emergency. Members of the RMT should all be available to assist as needed in executing the plan.

### **Be prepared to deal with the media...**

NO ONE from the chapter should speak with the media under any circumstances. If the media is contacting your chapter, refer them to Fraternity headquarters. See [Guidelines for Media Interaction](#) (located under Collegians > Risk Prevention on the Fraternity website) for more information on interacting with the media.

### **Why should our chapter have a crisis management plan?**

Most people become stressed during an emergency crisis, and having a well-developed plan will enable you to handle the situation better than if you were not prepared. Your advisors, district directors, and university officials will provide you with additional guidance and assistance during an emergency situation. Developing a crisis management plan will allow you to have a standard protocol to follow in the event of an emergency and will minimize the confusion, stress, and any additional risk to you or your chapter members. If a problem occurs, don't try to handle it all by yourself. We want you to know that you are not alone, and we are here to work with you to resolve the situation. Fraternity officers and staff are here to assist you in any way that we can.

The crisis management plan, including emergency phone numbers, should be posted in bathrooms and other high-traffic areas in the chapter facility. In the event of an emergency, the chapter CEO should contact her ABC to provide pertinent information. Collegians should never contact the parents of the injured individual.

### **Incident report**

An incident report is due within 24 hours in the event the police, fire department, or ambulance is called, or someone is taken to the hospital. By submitting the report in the OP, your ABC, risk management advisor, director of college chapters, and the Fraternity risk prevention committee chairman will be notified. In any of the above instances, an incident report should be filed no matter if the crisis management plan was enacted. The incident report form can be found in OP in the CEO's forms. An example of an uncompleted form can be found in the OP Document Library under master calendar form examples.

All crises are different and may be the result of specific situations. Here are some tips on how to handle specific emergency situations.

### **In the event of a serious illness:**

If you become aware of a member who is suffering a serious illness, address your concerns with the COO, a member on the member development committee, the operations advisor, or the ABC. They will take the appropriate steps needed to address the situation and the concerns of the chapter members for this individual.

### **In the event of a death:**

Do not announce it until you are positive all of the immediate family has been notified. University staff and your chapter advisors can assist you in this area. Do not remove any personal items from the member's room and do not allow other members to enter the room. Move the roommate(s) to another room temporarily until the situation is under control. Allow only authorized personnel to enter the room and keep the door locked. Ask the family what their wishes are in regards to the member's possessions. Understand that this is a difficult time and they may want privacy. See the Grief

and Loss section on this page to learn more about processing grief and ways to bring your chapter together in the unfortunate event of the loss of a member.

#### **If a member attempts suicide:**

In the case of a suicide attempt, call 911 immediately. Following the suicide attempt or after learning of an attempt, do not assemble members or call parents. Contact your ABC or another advisor immediately. Your ABC will then contact the director of Greek affairs, fraternity/sorority advisor, or the director of student life. Together they will decide who will handle the notification of parents. Their office will usually send a representative to speak with the chapter about their feelings and how they can support the member when she returns. You can also ask someone from the campus health center or counseling center to come and speak to your chapter.

#### **If a member is sexually assaulted or raped:**

If a member has been sexually assaulted, the first thing she should do is notify the police. She should not wash, comb, or clean any part of her body. If possible, do not let her change clothes so the hospital staff can collect evidence. Do not touch or change anything at the scene of the assault. She should be taken to the nearest hospital emergency room as soon as possible. She will need to be examined, treated for any injuries, and screened for possible sexually transmitted diseases (STDs) or pregnancy. The doctor will collect evidence using a rape kit for fibers, hairs, saliva, semen, or clothing that the attacker may have left behind.

## GRIEF AND LOSS

College is full of so many wonderful experiences. Yet, most of us also experience several “down” times during these years as well. The death of a parent or family member, a divorce in the family, or the unexpected ending of an important friendship or romantic relationship are, unfortunately, commonly experienced losses for many college students. Sorority members are often able to understand and empathize with these situations because they’ve been through similar situations themselves. In some ways, this is helpful, but in other ways, it can make helping a member more difficult.

Other kinds of losses may not be as easy to name, but are also very common, such as graduating from college; not being offered a hoped-for internship, leadership position, or job; your family moving out of your childhood home; or a significant illness diagnosis to you or someone close to you. These experiences may not be as easy for friends to understand, and therefore, the chapter may have a more difficult time knowing how to help a member. Regardless of the type of loss (i.e., death, status, home), it is common for the person to react by grieving.

#### **What is grief?**

Grief is a process of saying goodbye to, and trying to make sense of, a significant loss in our life. A member may react strongly as soon as the news is learned, or she may seem like her typical self for days or weeks before she, perhaps suddenly, begins to react to the news. Members can experience a range of reactions—shock, sadness, anger, jealousy, frustration, worry—and often go through phases of these emotions as they work through their grief.

#### **What can the chapter members do to help?**

One of the best things you can do is to ask the member if it’s okay to talk with her about it. People often tend to avoid topics of loss because they think it will make the person more upset. Don’t wait for the member to bring it up with you;

she may not start the conversation with you because she's afraid it will bring others down, or burden you. Examples of opening statements to discuss loss are:

- "I heard that your mom was diagnosed with cancer recently. I'd like to talk to you about how you're doing, if you're up for it."
- "Hey, Sarah told me that your brother died yesterday. I am so sorry, and I want to be there for you. Would you like to talk about it?"

### **What shouldn't you do?**

Rather than trying to cheer your sister up, give advice or tell her about a similar situation you were in (these attempts at helping can come across as invalidating or simplistic to her), it's better to ask her how she's feeling, then give her room to express those feelings, while using your active listening skills to provide empathy and validation. Reassuring a person who's going through a rough situation may not always be the best idea; after all, do you really know that everything will work out okay, or your reassurance may accidentally come across as brushing off her situation as not a big deal.

If you notice that your member is handling her grief with unhealthy coping, such as sleeping a lot, over-exercising, drinking/using drugs (increased frequency or quantity), express your concern to her directly. You're not doing her any favors by pretending not to notice. She's likely really hurting, and needs your support and guidance on how to cope with her feelings in more positive ways. Watching silently while she "gets it out of her system" puts her in a very risky situation that may exacerbate, rather than help, her problem.

### **Grieving Together**

In the event of the loss of a member or someone close to several people in the chapter, there may be several members grieving at once. It may be helpful to contact someone from the health center or counseling center to come over and talk with members of the chapter as a large group, small groups or to provide support one-on-one. Members can provide support to one another during this time, but it's also very helpful to have someone from the outside come and speak to chapter members as well or help them better understand the grieving process. You may want to host a memorial or a sisterhood event where members can share their feelings openly with one another, or can simply grieve together in silence.

## **APPENDIX A: WAYS TO INTERVENE**

Did you know that there are several ways to intervene in situations? It is important to **know your limits**. Sometimes this may mean getting indirect help rather than helping directly and that's okay. We want you to practice intervening and helping **safely**. We encourage you to talk with one another about ways that you would intervene in situations common among college students. Be a Theta sister, live your values, and step up!

Below is a brief table to help you better understand the different ways to intervene in problematic situations. Some situations are an emergency, while others are non-emergency situations and are not as urgent. Each problem situation you encounter is different. Review the list below to get a brief understanding of the many options for emergency and non-emergency situations with direct and indirect intervention. There are a few examples below as well.

**Emergency & direct:**

- Take her keys away, drive her home, and call a taxi for her
- Remove her from the situation
- Administer CPR

**Non-emergency & direct:**

- Talk to her directly about the problem and express your concern
- Talk to her family about the problem

**Emergency & indirect:**

- Call 911, campus police department, a chapter advisor or chapter officer for help
- Seek assistance from a campus professional
- Distract the people involved
- Ask other sisters to help you

**Non-emergency & indirect:**

- Speak to a campus professional or other administrator (campus counseling center, health center, fraternity/sorority advisor, dean of students office)
- Learn more about the problem

**Example situations...ways to intervene**

- If you think a member might have disordered eating, call your campus health center or counseling center to confidentially talk to their professionals about what resources are available and how to talk to your member about your concern. Consult with the Fraternity/Sorority Life office and your chapter advisor to get suggestions on how to help.
- If a member who has been drinking starts to walk upstairs with someone, ask another friend to walk with you over to the couple. Then ask your member to come with you to do something else such as dance, go to the bathroom, or take a photo. Distracting the member can be a helpful way to get a member out of a potentially risky situation.
- If you see signs of possible anxiety or depression in a member, visit your campus counseling center to pick up a brochure about their services; directly share your concerns with your member and give her the brochure when you encourage her to make an appointment. If a member has been sexually assaulted, first call your campus women's center, health center, or sexual assault services to find out what you should and shouldn't say; then talk to your member and use your new skills to support her.
- Visit your campus LGBT office to check out a book/DVD to learn how to support a member who's coming out.

## APPENDIX B: CHAPTER PROGRAMS FOR PREVENTION

### Tips for creating healthy environments:

- Address problems in their early stages; don't wait and see; most problems get worse, not better, with time.
- Demonstrate that your chapter encourages and respects members who seek out help; put up posters/brochures for your campus counseling center, alcohol and drug office, health center, and sexual assault services, etc.
- Post information about Sisters Supporting Sisters and Talk One-2-One around your chapter facility if applicable (bathrooms, mailroom, kitchen, exercise area, etc.).
- Include wellness information during chapter meetings, or develop a separate monthly series for wellness/personal development.
- Invite a representative from your campus counseling center to speak to your members.
- Unhealthy or increasing alcohol/drug use by members should be addressed. If you don't, other members will view her level of use as acceptable.
- Encourage members to participate in campus activities such as "Depression Awareness Month", "Fat-Talk Free Week", etc. For example, show the movie *MissRepresentation* and do an activity to reduce "fat-talk" (any self-critical statement about appearance) among members.
- RMT members and Theta leaders should be immediately trained in bystander intervention, mental health resources, and suicide prevention.
- Create a chapter culture that talks openly about mental health. Discuss counseling center services a few times during fall chapter meetings; it will be easier to refer a member (and perhaps also easier for the member to agree to go), when a situation arises later in the year.
- The new member educators should gently but firmly set expectations about words that aren't acceptable to use as a Theta, such as: "crazy," "psycho," "retarded," or "fat." Explain how these words create an environment that promotes stigma, shame, and disrespect. Explain how the words are in opposition to the values of Thetas. Gently, but firmly and consistently correct ALL members who use these words ("oh, I think you meant to say 'overweight', didn't you?").
- Carefully consider the impact of the event themes you cosponsor or attend (e.g., "CEOs and Office Hoes"). Do these themes promote positive self-esteem, positive body image, respect, and Theta values? If not, counter suggested themes with other ideas.
- Ask all members to agree that for the benefit of all members, things such as diet competitions, "thinspiration" photos, and "fat-talk" (any self-critical statement about appearance said by a member about herself, or about another member), aren't allowed. (Research does show that these things inconspicuously damage self-esteem and increase anxiety, depression, and eating disorder beliefs in the majority of women.)

## APPENDIX C: EDUCATION AND AWARENESS

Many campus offices offer FREE speakers and workshops on topics that are perfect for promoting wellness among your members. Activities to promote wellness can be easily incorporated into chapter meetings, leadership and risk prevention trainings, professional development, or academic success programs. Hopefully your chapter also has a separate wellness series. Many campus offices offer programs around the following topics which they could bring to your members:

### September:

- National Hazing Prevention Week
- National Yoga Awareness Month
- National Women's Health & Fitness Day

### October:

- National Collegiate Alcohol Awareness Week
- "Fat Talk Free Week" (reducing use of self-critical statements about body size or shape to promote positive body image)
- National Coming Out Day
- National Depression Awareness Month

### November:

- International Survivors of Suicide Day
- Great American Smokeout

### December:

- World AIDS Day

### January:

- Stalking Awareness Month

### February:

- National Eating Disorder Awareness Week
- National Heart Month

### March:

- National Nutrition Month
- Women's History Month
- Sleep Awareness Week

### April:

- Sexual Assault Awareness and Prevention Month
- Stress Awareness Month
- Alcohol Awareness Month
- Distracted Driving Awareness Month
- Sexually Transmitted Infection (STI) Awareness Month

### May:

- Mental Health Month
- National Women's Check-up Day