



A Prosocial Behavior/Bystander Intervention Program

FACILITATOR GUIDE

5th Edition



Presented by:
The University of Arizona C.A.T.S. Life Skills Program
in Partnership with the NCAA





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“Courage is the first of human qualities because it is the quality which guarantees all others.”

—Winston Churchill

Section A

INTRODUCTION

The University of Arizona C.A.T.S. Life Skills Program, along with national leading experts, has developed a new initiative for students called **Step UP!** Be a Leader, Make a Difference. **Step UP!** is a prosocial behavior and bystander intervention program that educates students to be proactive in helping others. **Teaching people about the determinants of prosocial behavior makes them more aware of why they sometimes don't help. As a result they are more likely to help in the future.**

The goals of **Step UP!** are to:

- *Raise awareness of helping behaviors.*
- *Increase motivation to help.*
- *Develop skills and confidence when responding to problems or concerns.*
- *Ensure the well-being of oneself and others.*

Most problematic behaviors on college campuses involve bystanders. **Step UP!** training provides a framework explaining the bystander effect, reviews relevant research and teaches skills for intervening successfully using the 5 Decision-Making Steps and the S.E.E. Model (Safe; Early; Effective). A survey at three universities (University of Arizona, University of California, Riverside and University of Virginia), revealed that students and athletes are encountering multiple situations where bystander intervention would be appropriate including, among other things, alcohol abuse, hazing, sexual assault/relationship abuse and discrimination. Almost 90% stated a problem could have been avoided with intervention and up to 85% indicated they would like to learn skills to intervene!

Although research exists with regard to bystander behavior in general, there had not been an interdisciplinary, comprehensive bystander intervention program for NCAA member institutions. We considered the implications for creating such a program and were excited by the possibilities. It is our sincere hope that this training will help students learn strategies and techniques to intervene both directly and indirectly in both emergency and non-emergency situations. Doing so can lead to fewer problems as well as improve campus climate and student life. This guide is not meant to cover all possible scenarios or variables, nor is it meant to train students or others as counselors.

It is imperative that the students feel free to have an open, honest, and non-judgmental discussion about the material presented and to consider their ability to make a significant difference. It is also vital for students AND facilitators to set aside any biases, history, or preconceived notions before beginning the training and to continue identifying any that may arise during the training.

GENERAL SUGGESTIONS

1. It is important that you be acquainted with the material and the videos before you begin. The pilot study, pre/post-tests and program evaluation, along with other resources, are on the **Step UP!** website (www.stepupprogram.org) under Facilitators/Resource Library.
2. Group members should feel comfortable and safe with each other. Consider doing an icebreaker before you begin the training if you are presenting the training for a group of students that do not know one another (See Appendix A, Activities).
3. Challenge your students to think critically and openly about the material presented. Allow each **Step UP!** participant to be a critical evaluator and to express thoughts and feelings. For those of you presenting to specific demographics (athletes, fraternities and sororities, RAs, etc.), feel free to insert slides, graphics, data, etc., which are specific to that group.
4. Although bystander intervention can occur in everyday, public situations, please note to the group that the focus of this training is primarily for students to intervene with other students. Also consider reviewing basic counseling techniques with students.
5. Be flexible enough to take discussion in different directions – see where students lead you.
6. Be prepared for emotional responses and reactions. Refer to the Resources at the end of each topic if referral to a professional is necessary. Include other resources or information as appropriate.
7. If you choose to do active role-plays, give thought to the setup and possible props. Try to get as many students involved as possible.
8. Feel free to discuss any current events that may apply or to interject your own stories and experiences to emphasize a point. Stories make the material come to life and make it easier for the students to remember. *CAUTION: While we encourage you to share stories and experiences that may stimulate and add to the discussion, be careful not to allow your role or input as a facilitator to overpower or detract from student discussion and/or comfort levels. Also be sure to protect individuals' privacy as you share your stories.*
9. When you create scenarios, make them intentionally ambiguous to be as realistic as possible and open for interpretation.
10. If you have an audience response system, you can add “clicker” questions. If not, you can do pen and paper “snowball” questions or ask for a “show of hands.”



FACILITATION HINTS SPECIFIC TO STEP UP!

1. Facilitator behavior is critical to success. Be engaging and non-threatening/non-“expert” so students don’t feel threatened or faced with resisting authority.

a) **Critical Task:** avoid arousing defensiveness and blocking change. The presentation format is based on the work of:

1. **Stages of Change** (Procheska and DiClemente): Different change stages require different approaches.
2. **Social Norms** (Perkins and Berkowitz): When we correct misperceptions, healthy behaviors increase.
3. **Cognitive Dissonance** (Festinger): Disconfirming information leads to cognitive dissonance (e.g., values and behaviors are not aligned).
4. **Motivational Interviewing** (Miller and Rollnick): Change is facilitated when people can explore and resolve ambivalence.
5. **Prosocial Behavior**
(Rokeach): Media/educational presentations can create cognitive dissonance and internal confrontations, leading to behavior change.
(Dovidio): Bystanders who are well trained are more likely to help safely and effectively.

b) **Other Recommended Skills:**

- Be a facilitator, not a presenter.
- Let the information speak for itself.
- Minimize defensiveness.
- Know how to deal with challenging audience members.

2. Advance organizer – give students a framework to start thinking about the content of the presentation.

3. Clicker questions/Snowball activity – collects information anonymously to allow for open discussion. Trains students to actively participate and represents all perspectives.

4. Use a cuing statement (such as “Remember how you filled out the survey?”) – create confrontation between students’ beliefs/behaviors and the data/theory we are presenting in such a way that the confrontation takes place in the privacy of their own minds.

5. Open-ended questions – give students the opportunity to say as much as they want without being put “on the spot” to compromise their privacy by revealing personal information or giving a “wrong” answer.

6. Use examples that:

- draw on students’ everyday experiences
- show how our biology, culture and media all work together to create and sustain misperceptions and inhibit intervention
- give clear explanations for how everyone, without exception, is subject to misperceptions, so that when students are shown their own misperceptions, they can accept them without losing face or feeling stupid.

7. Closing slides – “tells them what you’ve told them” without directly challenging them to admit publicly that the material made sense to them or might affect their choices.

Adapted by Susie Bruce, University of Virginia, from The Small Group Norms-Challenging Program Facilitator Training by Jeanne Far and John Miller, Washington State University

STEP UP! TRAINING: MAXIMIZING EFFECTIVENESS

A. Things to Consider:

- Number of participants
- Number of scenarios and how to facilitate
- Day and time of training
- Format (*in class, at orientation, in workshops, in leadership groups, at retreats, etc.*)
- Mandatory vs. voluntary
- Use of peer educators
- Use campus wide for sustainability
- Engage from top down and bottom up
- Use additional media as appropriate
- Keep the conversation going
- Make it your own!
- **Biggest challenge:** Time (*be aware of pace and flow and audience fatigue*)
- **Biggest tip:** Be familiar with the material

B. Applying to Different Topics

- Topic specific trainings can be found on the **Step UP!** website: www.stepupprogram.org
- Best to do after initial training
- Educate about topic, then facilitate scenarios and apply **Step UP!** strategies
- Review warning signs, action steps and resources
- Can follow up in leadership groups or workshops
- Collaborate with others on campus in areas of expertise and to co-present

C. Marketing Ideas

- Pens
- T-shirts
- Posters
- Clappers
- Water bottles
- Buttons
- Lip balm
- Stickers
- Bags
- Lanyards
- Magnets
- Videos
- Social Media



STEP UP! PRESENTATION OUTLINE

Presentation Outline

*Times are approximate and contingent on your particular time frame for training.

Part One (45-60 min.)

Introduction/Overview/Snowball/TodayShow (10 min.)

The 5 Decision-Making Steps

Include the barriers to each step and strategies to overcome those barriers. (30-45 min.)

1. Notice the event
2. Interpret the event as a problem
3. Assume personal responsibility
4. Know how to help
5. Implement the help – **Step UP!**

Other Factors that Affect Helping (10 min.)

1. Perspective taking
2. Obedience to authority/perceived authority
3. Social and cultural identifiers

Strategies for Effective Helping (10 min.)

1. The SEE Model: Safe, Early, Effective
2. Emergencies and non-emergencies
3. 5-Point formula
4. Value-based decisions
5. Intervention styles

Part Two (30-45 min.)

Overview/Ground Rules (e.g., being respectful/non-judgmental; confidentiality, etc.)

Before You Begin

Scenarios

Note: It will be up to you to determine how many scenarios to debrief. You can determine that ahead of time or have your group decide via a clicker question.

1. There are many ways to facilitate the scenarios. See the PowerPoint or this guide for some ideas.
2. Discuss questions, considerations, action steps and resources.

Summary (5 min.)

Administer Post Test (5 min.)

End of Initial Training

***Topic specific trainings are meant to be done with students who have completed the initial training. They go more in depth and educate on that topic and then you can facilitate the scenarios. Make sure to discuss the warning signs, action steps and resources to help as well as the **Step UP!** bystander strategies discussed in the initial training. (You can briefly review the 5 steps, perspective taking, obedience to authority and social and cultural identifiers if needed.)

STEP UP! TRAINING CHECKLIST

Prior to the training

- Work with co-presenters to divide up presentation
- Confirm dates, location, time, etc.
- Ask about any individual/group issues of which you should be aware
- Arrange for IT to be there if needed
- Test clickers/videos/sound

What to bring to the training

- Sign in sheet if taking role/emails for evaluation follow up
- Paper/pencils for snowball survey (if using)
- Laptop/projector/extension cords
- Clickers/receiver/remote
- Marketing items
- Guides, worksheets or handouts as needed

After the training

- Administer post-test if you have done a pre-test
- Collect clickers
- If using clickers, save session for demographic data
- Conduct evaluation of training





PowerPoint Presentation

Section B



STEP UP! BYSTANDER INTERVENTION FACILITATOR TRAINING PROGRAM

01

Step UP! will give you the skills, confidence, and motivation to intervene

Outline program

- Bystander Effect/why people don't **Step UP!** and intervene
- 5 stages necessary to move from passivity to be an active bystander
- Discuss other factors that affect helping.
- Discuss how to create a culture of respect, accountability and shared responsibility.
- Applicable to any problematic situation

NOTE: Videos in this presentation are embedded in the PPT available on the website.



TODAY SHOW VIDEO

02

You can explain that this is from the Today Show. The scenario is a man is trying to take a 7-year-old girl somewhere against her will. They are in an area with lots of people and she yells loudly “Someone help me — You’re not my dad!” Many of the reasons why people don’t help are in this video.

Or you can ask: If you saw a little girl being pulled down the street yelling, “Someone help me. You’re not my dad” — raise your hand if you think you would help. Most people will raise their hand. Say: the fact is, people don’t help as often as we think.

After video ASK:

How many of you have been in a problematic situation where you could have intervened but didn’t and then later on said, “If only I would have.... done something, said something, talked to someone....”

Did your conscience “nag” you afterwards?



03

This program is about 2 things - Individual leadership and shared responsibility.

Each Individual needs to make positive, informed decisions.

We are part of a larger community and need to look out for each other.
We're trying to create the culture we want to be part of – one person,
one decision at a time.

To summarize the program in 2 words: Do something.

NOTE: “Do something” will appear when you click.



04

Snowball Survey

- Ask students to complete the survey, but do NOT put their names on the survey. You can also ask them to complete the survey before the session.
- When everyone is done, ask them to crumple up the paper into a ball and throw it, pick up another “snow ball” and throw it.
- Repeat at least 3 times.
- Call “time” and make sure everyone has a snowball.
- Open the paper up.
- For the next few questions, ask students to respond based on what is on their sheet of paper.
- If they got their own paper, don’t mention it. No one will know!

I have witnessed a situation, at least once, where someone's health and safety were in danger.

- Drinking too much
- Hazing
- Sexual Assault/Domestic Violence/Harassment
- Discrimination (racial, sexual orientation, etc.)
- Anger/Physical confrontation
- None of the above

05

These bullet points will appear one at a time

- Ask for a show of hands for each item, based on what is checked on the “snowball survey” each student is holding.
- Generally, few if any students checked “none of the above” — comment that this shows how this training is relevant to the group.

Summarize results

(Ex. “Almost everyone has had the experience of seeing someone’s health and safety in danger because of drinking too much and many of the people in the room have witnessed other situations as well.”)



Could a problem have been avoided if someone intervened?

06

Central question: Could a problem have been avoided if someone intervened?

Ask for responses to Question 2 on the sheet (If someone intervenes in a problem situation, usually a negative outcome can be avoided.).

- Raise your hand if the paper you are holding checked agree or strongly agree.
- Raise your hand if your paper says neutral.
- Raise your hand if your paper says disagree or strongly disagree.

Why might people disagree? Be neutral? Agree?

Responses may include:

- Yes, things got worse and someone could have made a difference early on
- No, if someone wants to [insert self destructive behavior here] they will do it
- Acknowledge the second point but highlight the first.



Whose responsibility is it to Step UP?

07

Ask for responses to Question 3 on the sheet

(It is my responsibility to intervene when I notice a problem situation.)

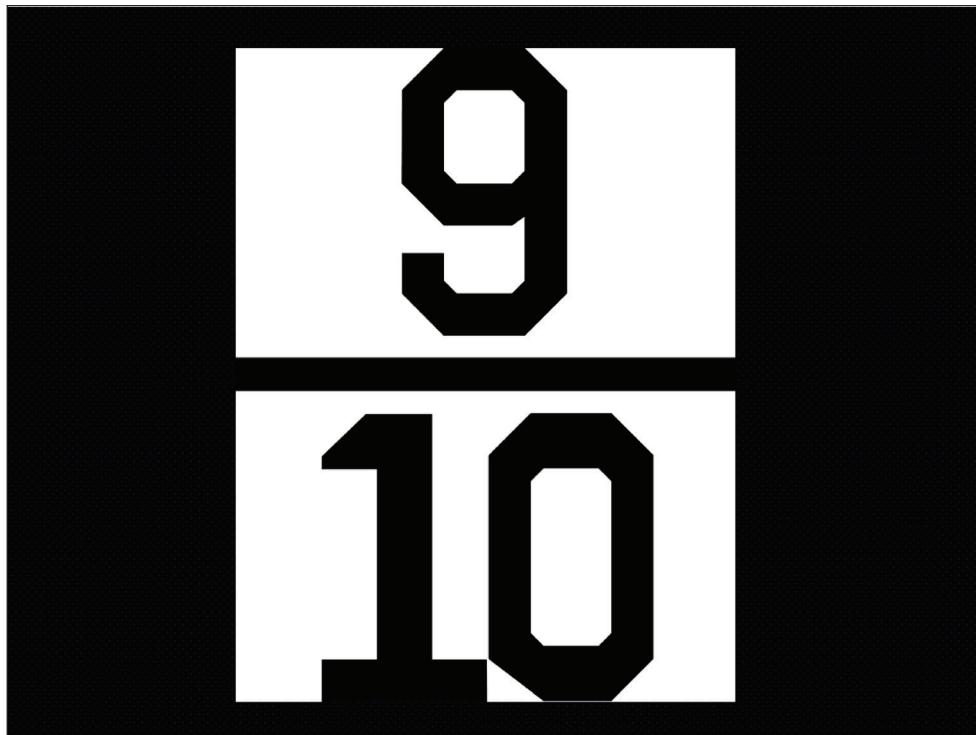
- Raise your hand if the paper you are holding checked agree or strongly agree.
- Raise your hand if your paper says neutral.
- Raise your hand if your paper says disagree or strongly disagree.

Ask for responses to Question 4 on the sheet (Most students believe it is their responsibility to intervene when they notice a problem situation.)

- Raise your hand if the paper you are holding checked agree or strongly agree.
- Raise your hand if your paper says neutral.
- Raise your hand if your paper says disagree or strongly disagree.

Is there any discrepancy?

What might be the reasons?



08

In an NCAA-sponsored study at the University of Arizona, the University of Virginia and University of California at Riverside, 88% of student participants said they believed a problem could be avoided if someone intervened.

Rhetorical question to transition to next slide:

**If most people agree that problems could be avoided,
why do these problems persist?**

Fact



09

Here's what we know for sure:

Many problems happen with other people around.

We also know:

- Peer-to-peer intervention is most important.
- You're on the front lines.
- You will be faced with a situation where your action can make a difference.

Variables

- Individual
- Situational
- Victim



10

In any situation, there are factors that influence if someone will provide help.

Individual variables are things like: knowledge/skills, confidence, sense of social responsibility.

Situational variables are things like: severity of need, number of other bystanders present, cost of helping.

Victim variables – are things like: appearance of victim, friendship with victim, perceived deservedness, whether they accept help, etc.

Ask which one they think is the best predictor for helping?

Answer: Situational variables are better predictors of Prosocial Behavior than are dispositional. (Dovidio, et. al)

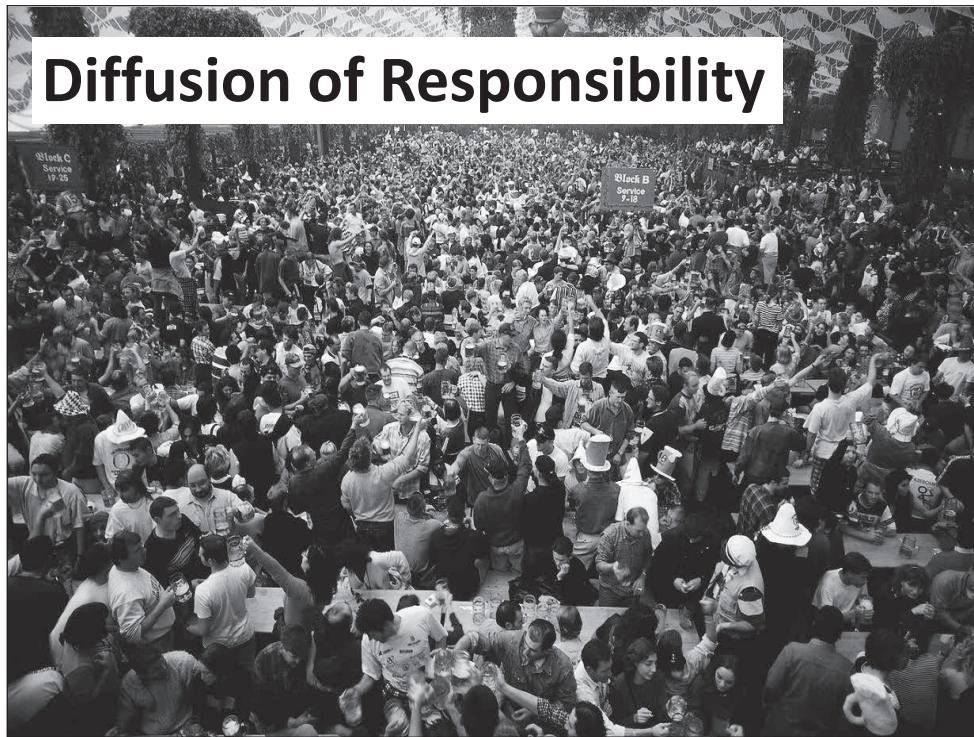
THE BYSTANDER EFFECT

**People are less likely to help
when they are in a group than
when they are alone**

11

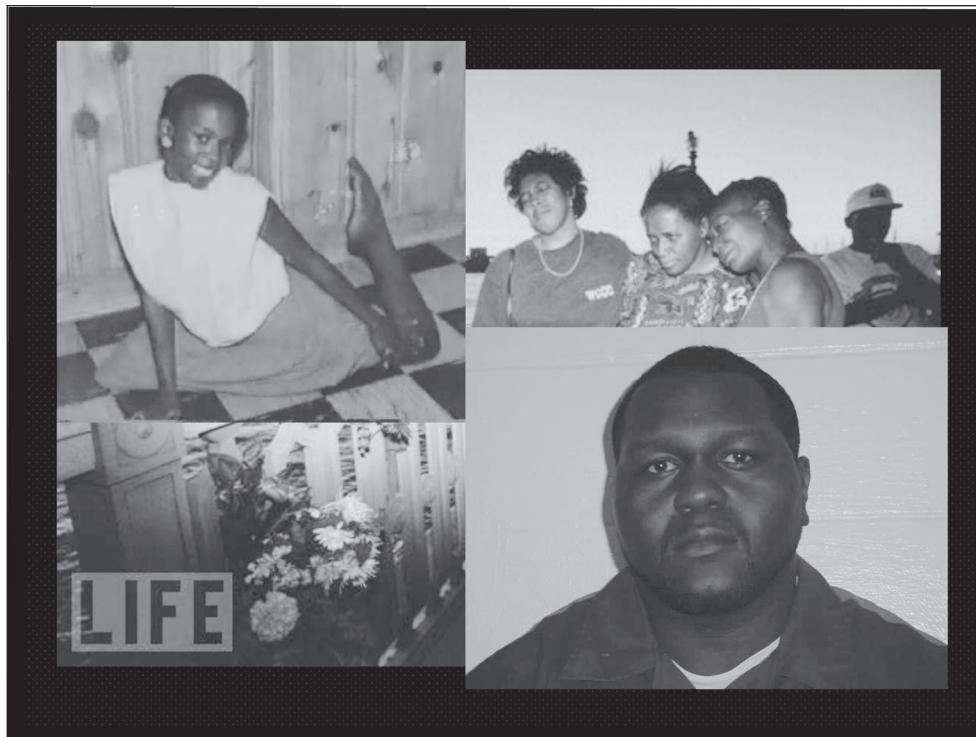
- Though most people believe that intervention is effective and necessary, there are barriers to action.
- The Bystander Effect is the tendency for people NOT to Step UP in situations when others are present.
- Research has shown that 80% of people help when they are the lone bystander while only 20% of people are likely to help when other bystanders are present.
- Psychologists have researched why this occurs...

Diffusion of Responsibility



12

- Each bystander's responsibility to intervene decreases as the number of witnesses increases.
- Bystanders may be concerned, but they sincerely believe that someone else will help because that person is more qualified.
- They believe someone else has better training, someone else is in charge, someone else knows the victim or is better equipped to handle the situation.



13

Provide background on the video shown on the next slide.

A young woman, Deletha Word (photo top left), was driving over a bridge in Detroit in bumper-to-bumper traffic with a police station on the other side of the bridge. She inadvertently rear ends this man's (photo on bottom right) car. He goes into a rage and attacks her and then gets a car jack and keeps attacking her. She has no escape but to jump into the river below but she doesn't know how to swim and drowns.

NOTE: Click to show images of Word and her attacker.

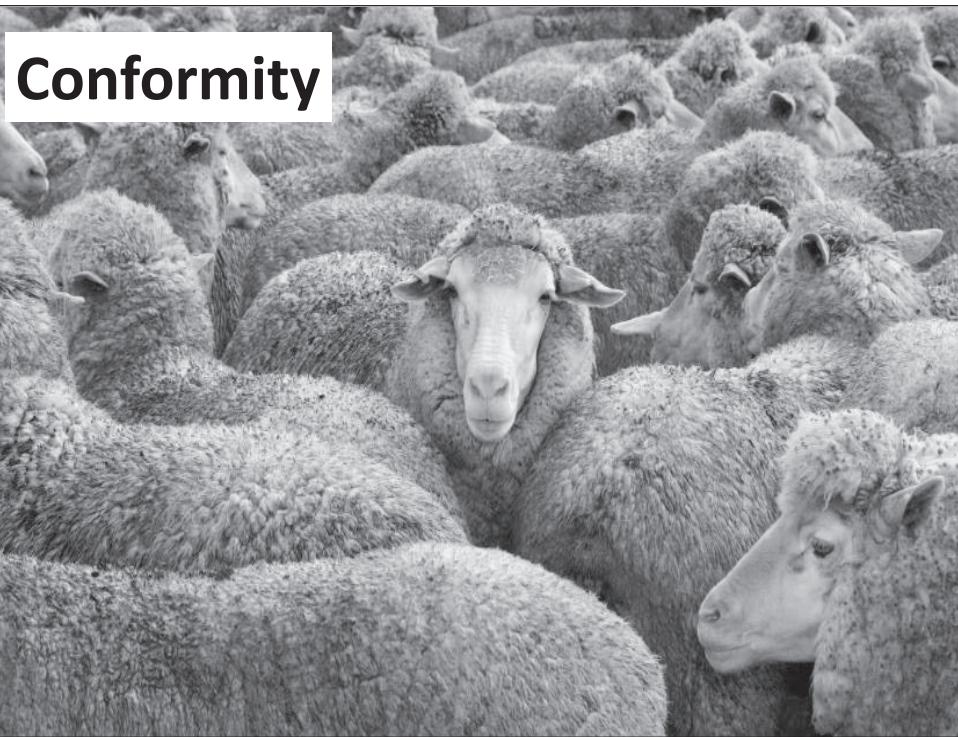


JOHN DARLEY VIDEO

14

NOTE: John Darley is one of the co-developers of bystander effect theory and is interviewed in this clip.

The theory states that if someone else on the bridge would have been the first to take action, he would have also helped. His inaction haunts him.



15

Conformity – The process by which people's beliefs or behaviors are influenced by others, via subtle, even unconscious, processes or by direct and overt peer pressure. It is a group behavior. Factors such as group size, cohesion, status, prior commitment and public opinion all help to determine the level of conformity an individual will reflect toward his group.

We have had students reference feeling like being “sheep” – just going along with what everyone else was doing.

For many it is about preserving relationships. It could be that individuals do not express their concern or speak up because they don't know how to **BOTH**:

- a). interrupt/stop a situation and
- b). keep their relationship with their teammates, friends or family members.



CONFORMITY VIDEO

16

This video shows college students who give in to peer pressure and replicate Solomon Asch's research on conformity. Notice in the video how the students frequently look to the leader for help – discuss how teammates often look to captains for help/guidance/direction. Or if you are presenting to coaches, how their captains and leaders look to THEM.

Discuss how hard it was for these students in the video to stand their ground in a silly experiment where they don't even know anyone – compared to being out with peers, friends or teammates – and how it is much more difficult in those situations.

Sixty percent of the students in the video succumbed to the group's pressure in the line experiment!

A clicker question/show of hands is good here – how many of you have given in to group pressure and wish you hadn't?

Pluralistic Ignorance is a component of conformity and key to social norms marketing campaigns (to correct misperceptions)

- When all bystanders assume that no one else is upset or concerned, no one acts.
- People underestimate the extent of peer discomfort and refrain from addressing their own discomfort with the behavior.
- This is one example of how looking to others can give false information.

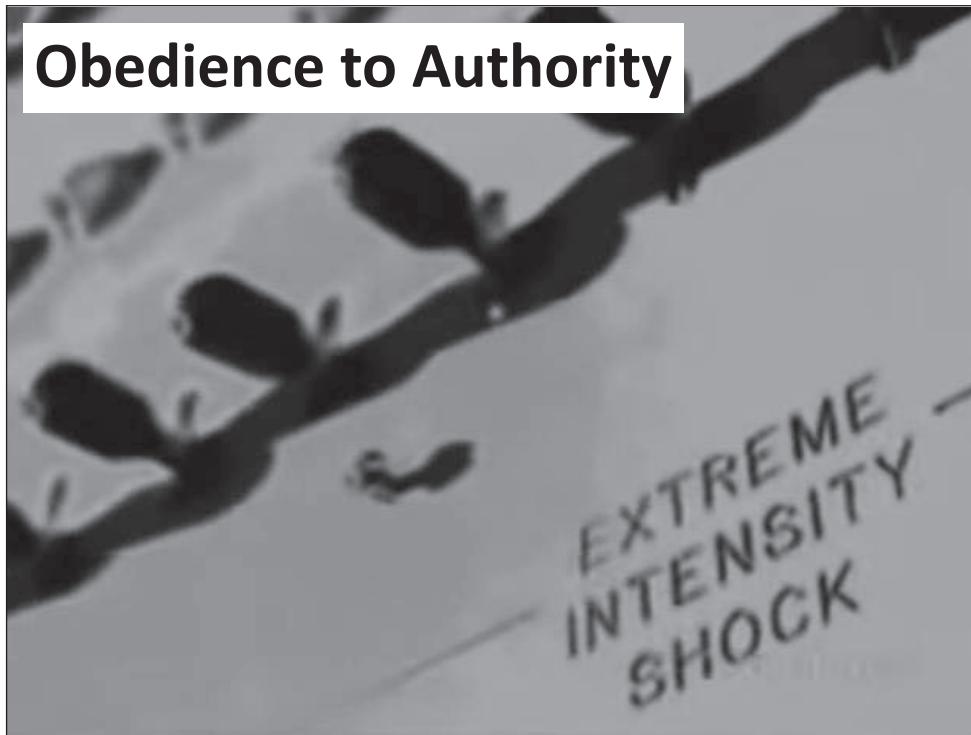
Ambiguity

YES
 NO
 MAYBE

17

- You don't know if a situation is a problem or not
- It's unclear if a problem is an emergency.

ASK: How do you resolve ambiguity? Check in with others, investigate



18

Obedience to Authority

- Ex. The groundbreaking Milgram Experiment in 1964 demonstrated the tremendous pressure that a person in authority, in this case a research coordinator, exerts over others.
- NOTE: you don't need to provide great detail on the experiment although there is more info in the appendices.

ASK: How could this principle apply in your lives?

- Supervisory positions and power with RAs
- Captain/coaches in team sports; chapter presidents in greek life
- Upperclass over 1st years/freshmen or new members of a group
- Seemingly benign behaviors that some dismiss as "not really hazing" can create an environment that escalates to dangerous hazing behaviors.



**“All evil
starts with 15 volts.”**

Philip Zimbardo

19

Psychologist Philip Zimbardo was discussing the Milgram experiment and the idea of good vs. evil. No one thought it was a problem at 15 volts but that gradually turned into 150, 250, ultimately 450 volts.

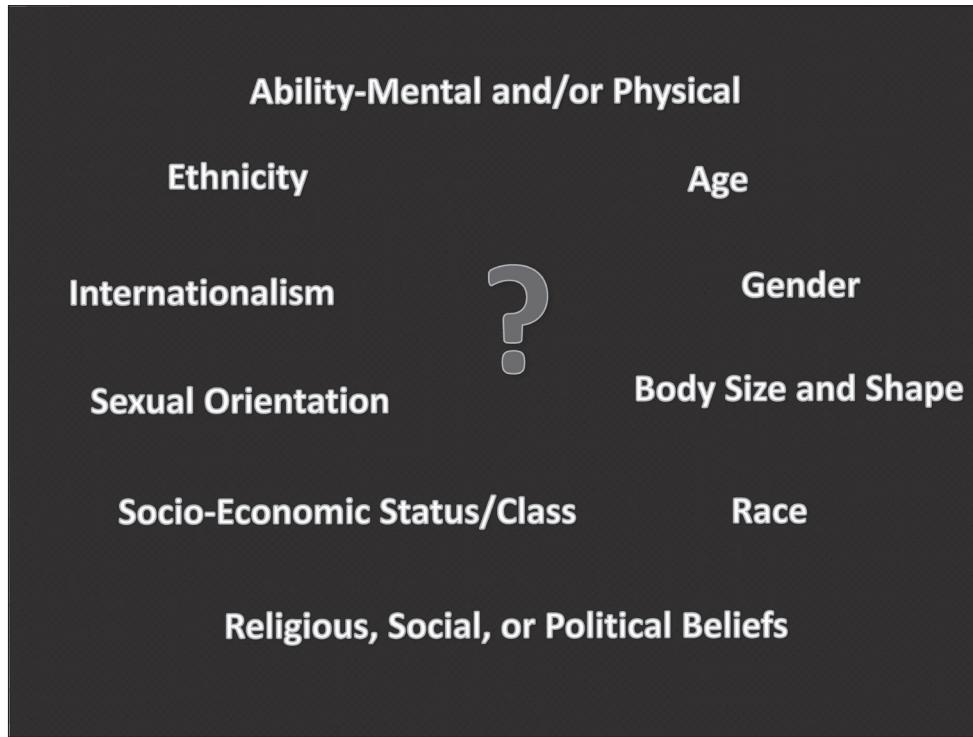
The point is that all problems start small and points to the importance of doing something **EARLY**.

Social and Cultural Identifiers



20

What are other things that affect whether or not we will help?



21

**These are many of the main social identifiers.
Can you think of any others?**

ASK: How can these affect whether or not you will help?

**Which situations are you most comfortable/least
comfortable intervening?**



DOMESTIC VIOLENCE VIDEO

22

NOTE: This video clip shows two staged situations filmed in public locations. First, a woman is hit and verbally abused by her “boyfriend” and many people come to her aid. In the second situation, a male is abused by his presumed girlfriend, but this time, no one helps him and one bystander even smacks him on the head.

You should provide brief background on the video content prior to showing (i.e., that this clip shows brief, staged verbal and physical abuse) to warn audience members.



What surprised you?

What do you think you would have done?

23

- Focus on the discussion, not on the “right answer”.
- What are the barriers to action? What might motivate someone to act?



From Passive to Active: *5 Steps to Intervention*

24

- While most people have the best intentions, they don't often act!
- **Step UP!** seeks to reduce barriers and help people become more active and engaged bystanders
- 5 steps before they can intervene.
- We'll walk through and explain each step.

The Step UP! Model

1. Notice the event

2. Interpret it as a problem

3. Assume personal responsibility

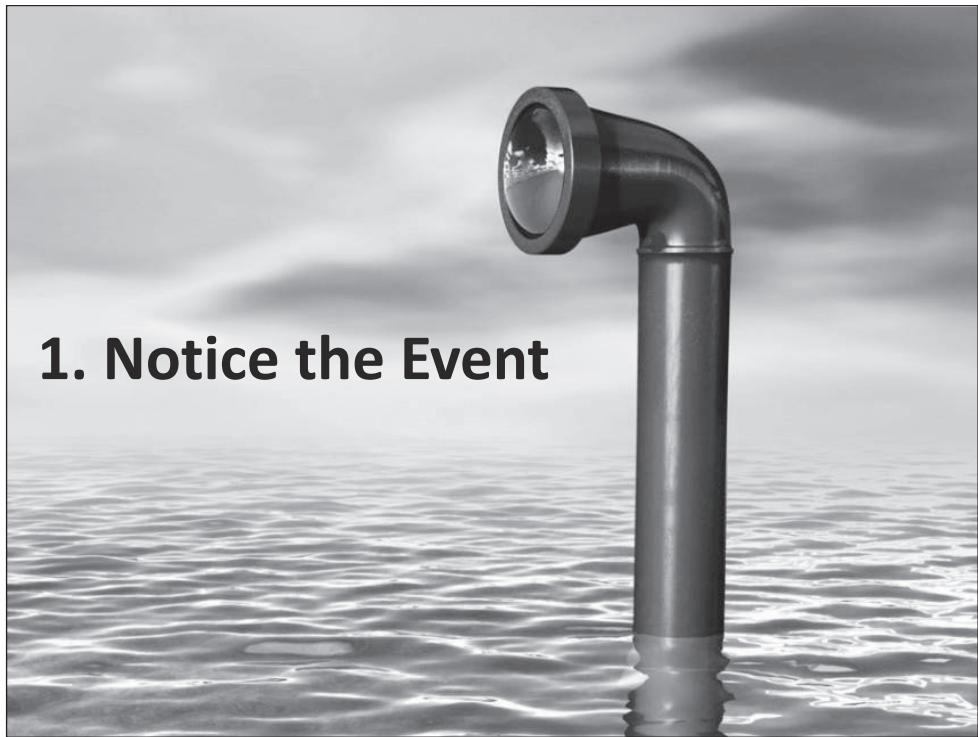
4. Know how to help

5. Implement the help - Step UP!

Latane and Darley

25

- For each decision-making step, we will be discussing strategies to get better at it.
- Failure at any one of these steps will result in no help being offered.



26

- To notice an event
 - Be aware of your surroundings.
 - Look for red flags.
- Observe others' reactions - does anyone appear uncomfortable?
- Willful blindness – sometimes we choose to look away, or keep our headphones in, focus on our phones, etc. Sometimes we will even completely ignore a problem.
- Can include seeing things on Facebook, YikYak, Twitter, Instagram, etc.
 - does not have to literally be face-to-face.

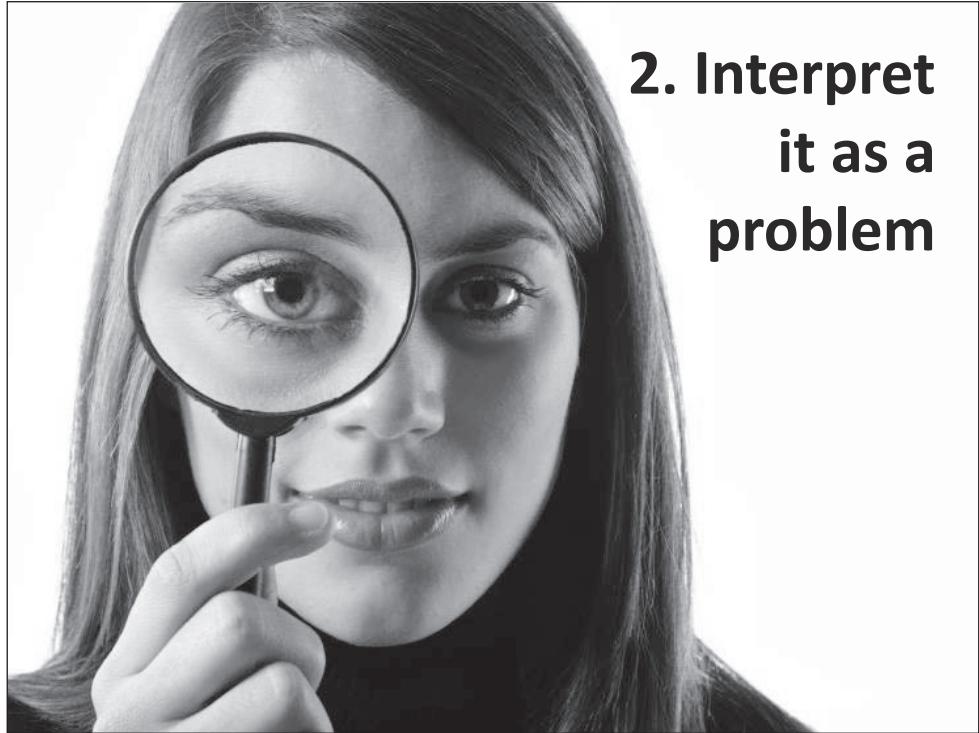


AWARENESS VIDEO

27

NOTE: this is a video that many students will *think* they have seen because of the opening question to track how many passes the team in white shirts makes. BUT, few will have seen this version of the video or notice the change in the screen or the player leaving the game.

ASK: How does this relate to Step 1: Notice the event?
When you think you know what's happening in a potentially problematic situation, be sure to check for other possibilities.



2. Interpret it as a problem

28

- If you don't see an event as problematic, you'll just mentally "keep going."
- Often, you need to find out more information to make an accurate assessment.
- Investigate ambiguity – do I have a clear understanding of what is really going on here?
- Look deeper even if others appear unconcerned.
- Perspective taking – imagine how the other person thinks and feels.
- Does the situation need an immediate response?

Have the strength to take a stand.

Refer back to the Today Show video when the two guys appeared to check in with each other – then went to "save the girl."

3. Assume Personal Responsibility

If not you, then who?

29

- Acknowledge that if you don't **Step UP!**, no one else might.
- Say you'll help – **OUT LOUD**. Verbalizing your intentions makes follow through more likely.
- Take a small step outside your comfort zone – you don't need to make a scene or embarrass others. Do whatever you can to help (directly or indirectly).
- Enlist others to **Step UP!** – I'll do A, you do B.
- **BE THE FIRST!**

BYSTANDERS LIFTING CAR VIDEO

30

Contrast the previous examples from this one taken from the news.

Watch the man in the green shirt. Great example of a positive and successful bystander intervention where a motorcyclist crashes under the car and is stuck there. Notice when the man in green shows others what to do (lift the car) and how everyone then goes into action. This is a good example of engaging others that we talked about a little earlier.
BE THE FIRST!

Note: This is mostly a silent video.



4. Know How to Help

31

- Increase skills and knowledge – (toolbox means getting trained on different topics using different intervention skills and methods)
- Identify the appropriate and most effective tools and resources – know the experts who are available to help you.
- Understand **DIRECT** and **INDIRECT** ways of helping. Emphasize that helping does not need to be direct. Being an active bystander often means getting the right people to help – you don't have to do it all yourself!
- Tell the right people, call 911 in an emergency or utilize a resource like the Counseling Center, to be an active bystander.
- Realize the Importance of practicing intervention steps – which we will do later in the presentation.



SNACK MAN VIDEO

32

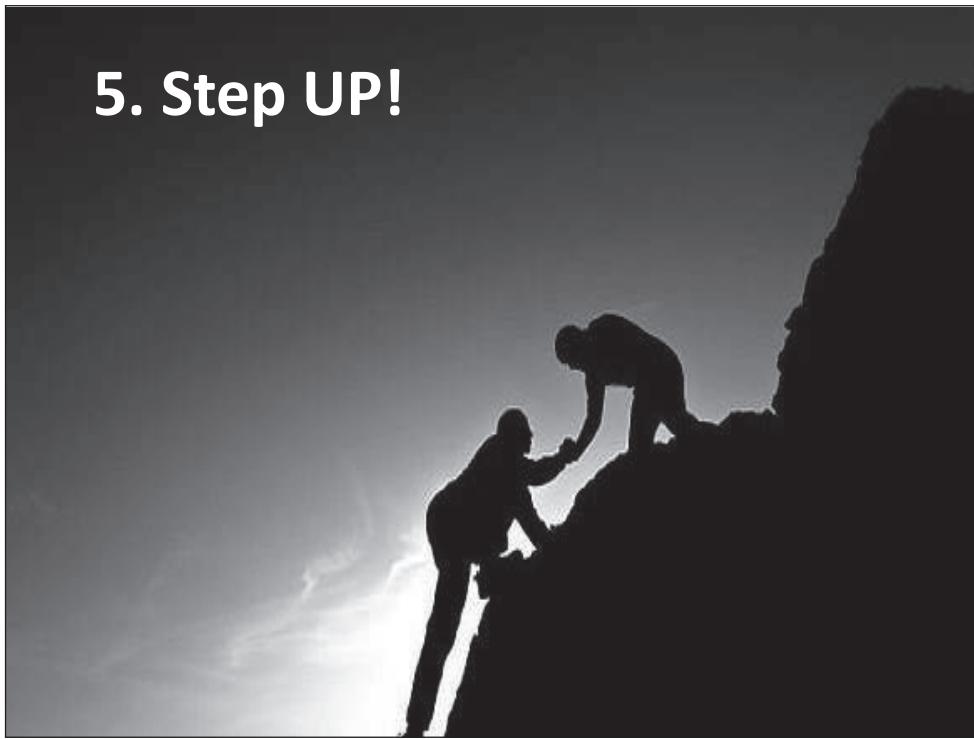
NOTE: the video shows two people in a fight on a subway train and a man eating chips walks over and stands between them.

**What do you think?
We do not advocate getting into the middle of a fight**

Ask participants to notice three things in the video (and see afterward if they got all three.) Here's what they should notice:

1. Snack man does not escalate situation – just stands in between without saying a word.
2. The woman then gets involved.
3. The other person is videotaping.

5. Step UP!

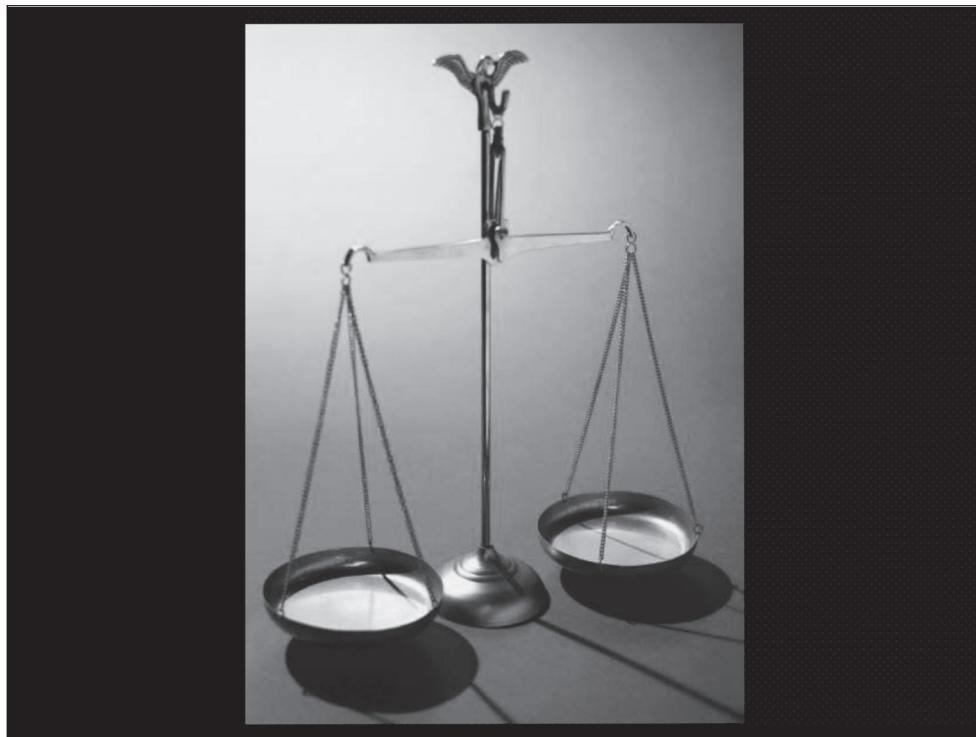


33

The fifth and final stage is implementing the help (lend a helping hand).

- If a person is able to do the necessary things in the previous four stages, they are ABLE to effectively implement the help.

But you still need to make sure it is **SAFE** (for you and for the other person/people) to intervene – carefully assess the situation and know your limits.



34

People often weigh the cost-benefit of helping.

ASK – what could be the COSTS of intervening?

Possible answers:

- Lose face within your group.
- What if you're wrong and the situation really isn't a problem?
- What if no one backs you up?
- Many times fear will inhibit a person from helping: fear of retaliation, fear of going against a group; fear help won't be effective; fear of getting involved, fear of getting in trouble, etc.

ASK: What might be the costs of NOT helping?

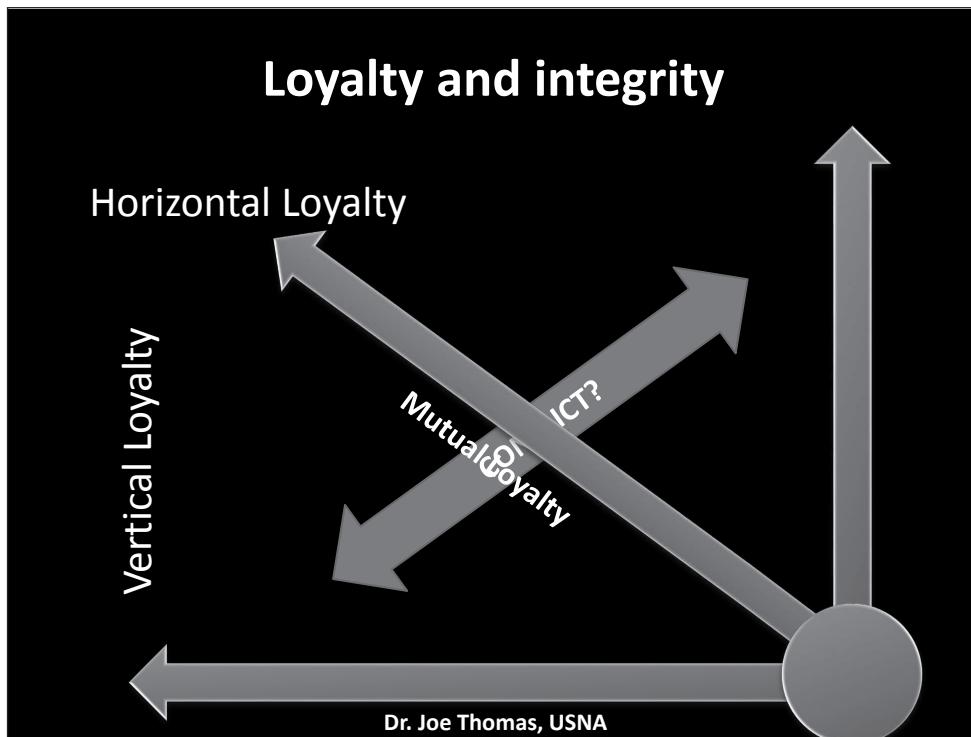
Possible answers:

- Nothing
- Physical injury
- Problem keeps getting worse and hard to help
- Death from alcohol overdose

And those are the five stages that Latene and Darlye identified people go through to move from passive to active bystanders.

How do you tip the scales toward intervention?

Be the first to **Step UP!** even in a small way. This can give strength and permission to others.



35

From Dr. Joe Thomas, Director of Leadership at the Naval Academy.

Sometimes people will say they didn't want to "snitch" on a teammate, chapter member or friend. They justify inaction in the name of "loyalty."

CLICK: Integrity – simply defined here as right vs wrong.

Many times people will just justify inaction in the name of loyalty.

- **Horizontal Loyalty** – loyalty to those that have similar "rank" as you – teammates, peers, friends
- **Vertical Loyalty** – loyalty to a cause, purpose, mission, STANDARD

CLICK some may see a conflict but

CLICK in fact having vertical loyalty includes both mutual loyalty and integrity



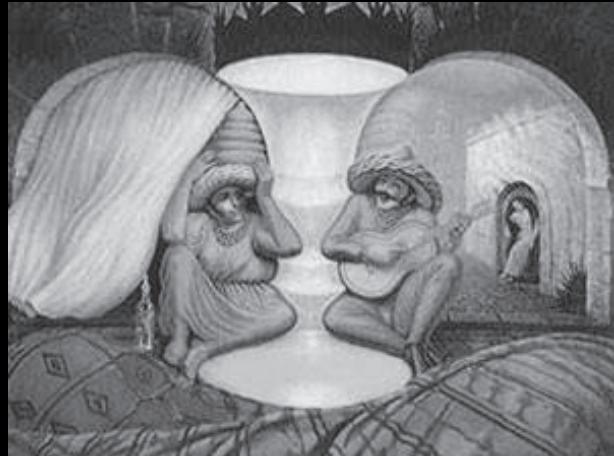
36

3 other things we will be discussing that can increase helping; Perspective Taking; Value-Based Decisions and Intervention Styles.

The first is Perspective Taking.

You don't know what's beneath the surface. You may know only a very small piece about someone's background or life experience.

What do you see?



37

ASK: What do you see?

If you see participants showing others how to see the three people hidden in the older couple's faces (one is in his ear), comment on this phenomenon. (Ex: Some of you are saying "I don't get it. Where's the third person?" and others of you are helping your friends "see" it. That's how you can resolve ambiguity. Ask if others see what you see and point out what's troubling to you.)

Apply that notion to two friends talking about a mutual friend.

- One friend says she is concerned because of what happened at the party last night and the second says I'm not worried.
- They may have both been at the same party but be working off different information.
- Or, they could have the same information but not be attuned to the mutual friend's perspective.

This also applies to the general idea of empathy, compassion, understanding and perspective taking. In our pilot study, 54% of students reported seeing someone's health and safety in danger because of discrimination. We may not all agree or see things the same way but if we take the time and make the effort there can be more understanding and less judgment. See study on empathy out of Michigan on the website.

Bottom line: better perspective taking skills can lead to better, more effective interventions.



38

Be Kind. Step UP! program

"Everyone you meet is fighting a battle you know nothing about.
Be kind. Always".

The smallest act of kindness can make a big difference.



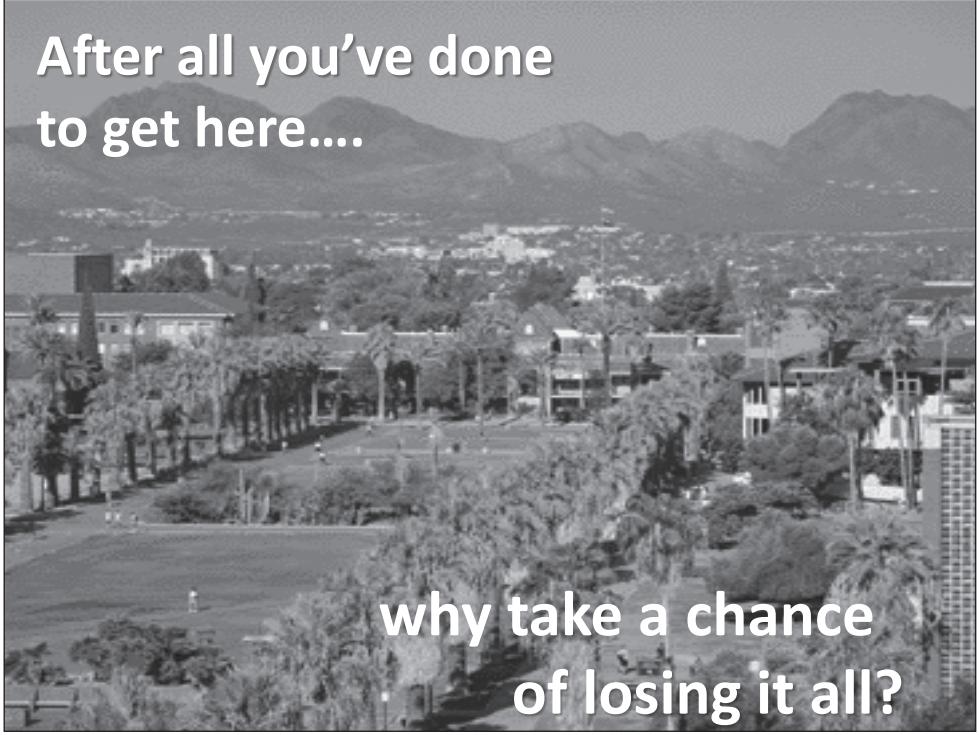
39

Discuss the importance of having actions be aligned with values (integrity).

CLICK for image of mouse with helmet

It is easy to sometimes get caught up in the moment – where something feels right, or justified or “fun”. But if, as a bystander, you see something headed in the wrong direction, remind them of their values, goals, and/or of possible consequences and do your best to get them out of the situation.

Stop and think about what is at stake.



**After all you've done
to get here....**

**why take a chance
of losing it all?**

40

Think of possible consequences.

Why risk losing it all or for yourself or a teammate/friend?

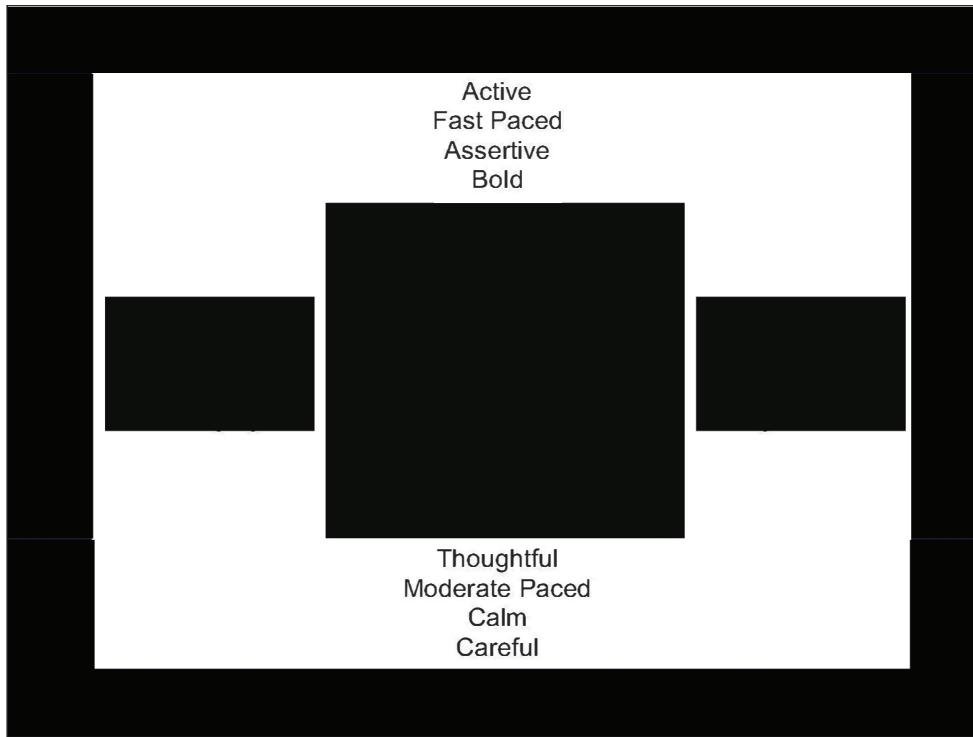
CLICK to see same message with a picture from athletics.
Feel free to use pictures from your own campus and different groups.



41

Adapted from the DiSC Behavioral Assessment.

- People are different (chess analogy). It is important to know your style but also to consider the style of those with whom you intervene.
- Remind students that they are a blend of all four styles but that most people have tendencies and preferences.
- The style you prefer will depend on the situation and your role.
- There are strengths and weaknesses to all styles and we need all styles!

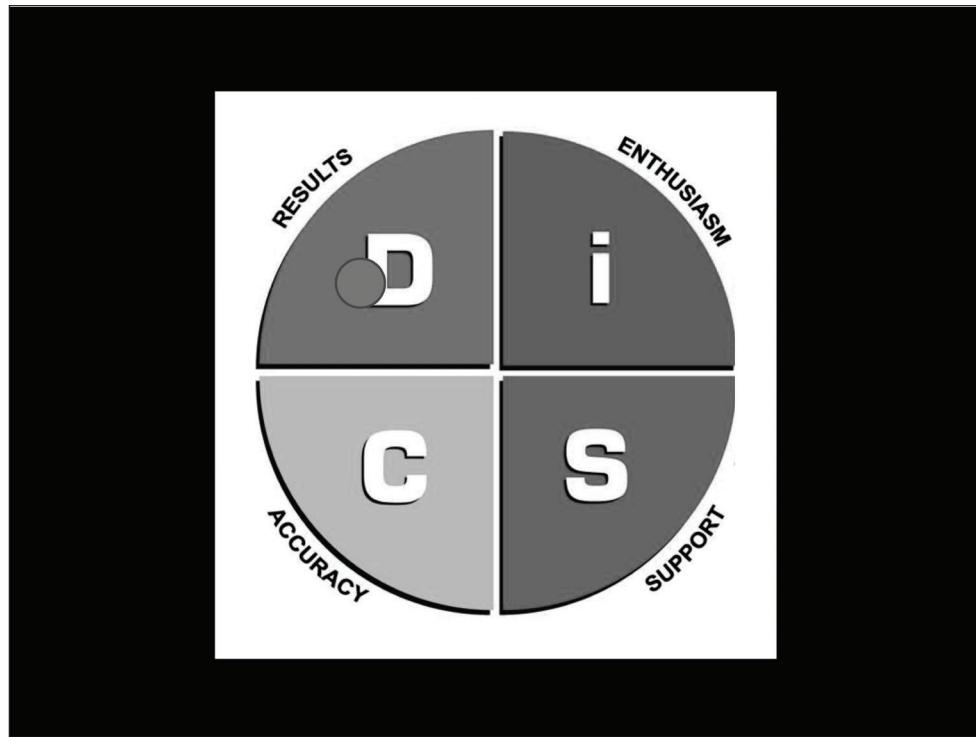


42

You can have participants get up and move for this or say seated - depends on numbers and room set up.

Have them self identify – first have them choose top (Active, Etc.) or bottom (Thoughtful, etc.), then right (accepting, etc.) or left (questioning, etc.).

From there you should have some D's i's S's and C's.



43

Reminder that you can move between styles depending on the situation and your role.

DOMINANCE		INFLUENCE	
Control, Decisive, Direct, Accept Challenges, Strong willed Take action, Commanding <u>Approach:</u> <i>Results oriented</i>		Social, Optimistic, Convincing, Energizing, Expressive, Ideas, Outgoing, Enthusiastic <u>Approach:</u> <i>People oriented</i>	
CONSCIENTIOUS		STEADINESS	
Analytical, Orderly, Accurate, Deliberate, Systematic, Plan Ahead <u>Approach:</u> <i>Detail/Quality oriented</i>		Stable, cooperative, predictable consistent, supportive, inclusive good listener, empathetic <u>Approach:</u> <i>Team/Process oriented</i>	

44

Reiterate that your style can change depending on situation and role – these are the descriptors for each style. Some may say they are “in between” but ask them **IN GENERAL** which describes you more? Briefly go through each style and description. See the handout in the guide that discusses strengths and weaknesses for each style. Starts on page 78.

D – Dominance – Shark

i – Influence – Fox

S – Steadiness – Teddy Bear

C – Conscientious – Turtle



45

What is the first word you think of when you think of an owl? WISE!

Owls will consider all variables and make the wisest choices and most effective interventions.



DRUNK WOMAN VIDEO

46

Facilitate in DiSC groups

Provide brief background on the video content prior to showing (i.e., that this clip shows brief, staged situation of a man trying to take advantage of a drunk woman) to warn audience members.

You can stop the video at a certain point (before we see a second man intervene) and **ASK** – what would you do?

Have groups discuss what they would do then report out to the larger group. See what each “style” would do and facilitate accordingly.

More Strategies



47

NOTE: this is a transition slide while everyone goes back to their original seats

The S.E.E. Model

Safe
Early
Effective



48

SEE the path to helping and ask yourself

- Is it SAFE?
- Is it EARLY?
- Is it EFFECTIVE?

SAFE Responding

- Choose a course of action that best ensures the safety of those involved.
- Focus on being a lifeguard, not a superhero.
- **Ex.** Lifeguards will often throw a floatation device to a person drowning to avoid swimming up and getting pulled under themselves.
- You don't have training to intervene in more complex situations – leave that to professionals and focus on getting a lifeline to your friends.
- Note that there are different ways of helping, some of which are more hands-off.

When students witnessed harassment but did not intervene, the reasons were related to safety:

- #1 - Fear of retaliation
- #2 - Felt that my involvement could put my safety at risk

EARLY Intervention

- Intervening before a situation becomes a problem, crisis or disaster.
- Easier to address an issue in the early stages than later when things have escalated.

EFFECTIVE Helping

- Implement specific helping skills depending on the situation.
 - Avoid harmful helping.
- Ex.** Trying to give food and water to a person who is passed out is dangerous and can make a situation worse.

Emergencies

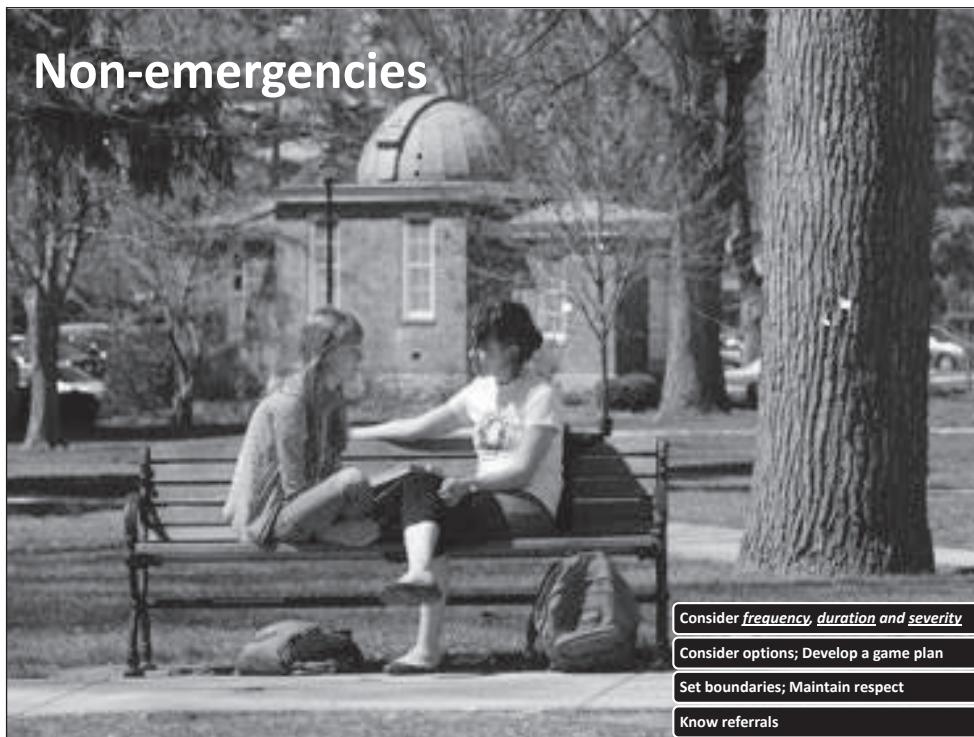


- Stay calm
- Gather info
- Consider options
- Don't become enmeshed
- Know your limits

49

- Stay calm.
- Gather information.
- Consider options.
- Don't get enmeshed.
- Know your limits.

Non-emergencies



50

- Consider frequency, duration, and/or severity of the problem.
- Consider your options and develop a game plan.
- Set boundaries and maintain respect.
- Know campus referrals.

On Teams/In groups



Create agreed upon standards
Make it relevant to group goals.
Create strength in numbers
Have an expectation to intervene.

51

- Create standards IN ADVANCE that everyone agrees on.
- Relate the standards to your group's goals.
- Create strength in numbers.
- Have a group expectation to intervene.

When Emotions are High



Ensure safety

Address emotions first, then address conflict

Help people save face and calm down

52

High emotions make a situation more challenging.

- Ensure your safety first – jeopardizing your own safety is never a good choice.
- The reason people are upset doesn't matter as much as helping people feel that they are being heard. Trying to sort out who said what or who did what is NOT productive. Instead focus on how people are feeling (hurt, angry, depressed, etc.)
- Find ways to help people save face and calm down.
- Enlist others to help separate those involved.
- Use humor without belittling or patronizing.

SNACK MAN INTERVIEW

53

NOTE: in this interview with Anderson Cooper, “snack man” (Charles Sonder) describes his thought process on how and why he intervened.

You may choose to stop and ask the audience what they think about his choices and if they would do the same.

Friends Helping Friends

I care

I see

I feel

I wonder

I will



Adapted from the BACCHUS Initiatives of
NASPA's Certified Peer Educator Training

54

- Has anyone here tried to have a one-on-one conversation with a friend when you were concerned for them?
- Was that an easy conversation?
- It is easier to talk about and much harder to do!

This model provides a great example of Direct Non-Emergency intervention.

- See sample script in Strategies for Effective Helping.
- You will get a chance to practice this during scenario work.

**Simply understanding
bystander intervention
makes you more likely
to intervene.**

55

- Know that not everyone intervenes
- Know that barriers like pluralistic ignorance, diffusion of responsibility, ambiguity, a lack of perspective and obedience to authority contribute to lack of intervening
- Know that there are distinct stages that a person must move through from passive to active bystander

All of these things will make it more likely that you will intervene.

TRANSITION: Next few slides focus on skill development for intervention.

Scenario

During the past hour at a party, you notice that your friend Chris has been talking to one of your housemates, Sam. They seem to be having a good time but it is clear that Chris has had too much to drink. You later overhear Sam say, “I’m just going to get Chris ‘one more.’” Then you see Sam put an arm around Chris and start to lead Chris upstairs.

- **What issues are ambiguous in this scenario?**
- **What are some direct and indirect ways to help?**

56

- Ambiguities include Sam’s motives (either getting “one more drink” and then cutting Chris off OR one more drink to get Chris more intoxicated)
- Is Sam intoxicated?
- Is Sam aware of Chris’ level of intoxication?
- When they are going upstairs, is Sam putting Chris somewhere safe OR is Sam taking advantage of the situation?
- Is something consensual happening? Is Chris able to give a clear, sober “yes?”
- What are your assumptions about Chris’ and Sam’s gender?

Who is most at risk?

1. The drunk person (Chris)
2. Sam, who is trying to get Chris upstairs
3. The person who bought the alcohol
4. You, if you get involved

57

- What do we mean by “at risk?” Explore the ambiguity of the questions and the situation.
- Focus on discussion more than getting the “right” answer.
- Acknowledge the risk of intervening, but also push back on assumption of personal risk.

The screenshot shows the homepage of the Step UP! website. At the top, there's a navigation bar with links to HOME, ABOUT, FACILITATORS, STUDENTS, TOPICS, PRESS ROOM, and CONTACT, along with social media icons for Facebook and a search icon. The main header features the "STEP UP!" logo with the tagline "Be a Leader. Make a Difference!". Below the header, a large black and white photograph of a person wearing a hoodie, looking down and to the side, serves as the background for the main content area. A text overlay on the left side of the photo reads: "Have you ever been concerned about a situation and wanted to help... but didn't?". In the center, the bold text "YOU'RE NOT ALONE" is displayed. To the right of the text, a paragraph explains the bystander effect and the creation of the program. Below this, there are two buttons: "LEARN MORE" and "TOPICS". The "TOPICS" button is highlighted with a light blue background. At the bottom of the main content area, there's a section titled "TOPICS" with a link to "all topics >". This section contains five small images with corresponding labels: "ACADEMICS" (a person sitting at a desk), "ALCOHOL AND ALCOHOL POISONING" (a bottle of alcohol), "ANGER" (a person looking intensely at the camera), "DEPRESSION" (a person sitting alone), and "DISCRIMINATION" (a hand with the word "HATE" written on it). Below this, the website URL "www.stepupprogram.org" is prominently displayed in white text against a black background.

58

Website has LOTS of great information and resources!

“Like” us on Facebook!



59

- The number one reason students say they intervene is because it is the right thing to do.
- If we use that guide as our moral compass we can be strong in our defining moments.
- It is sometimes very difficult to **Step UP!** It takes **COURAGE**, but we only need to move outside our comfort zones a tiny bit to begin to make a difference.
- This is just a starting point.
- There is no easy fix or cookie cutter answers.
- Issues are complex and complicated
- You are all in a position of influence and have an opportunity to make a difference.
- You become stronger, better, and more confident each time you **Step UP!**
- Never fear the result of your best effort.



Each of us CAN make a difference

60

EVERYONE can Step UP!

- You are the catalysts for change and you set the example.
- Leadership must come from the student community.
- Note the analogy to the ripple effect in the water - one person who is willing to **Step UP!** encourages another to **Step UP!** (and so on) - the influence and change can be significant and even life-changing.

Are your actions matching your values?

Are you a person who helps?

OPTIONAL ACTIVITY: Discuss the circle of concern and the circle of influence (Covey 1990).

- Imagine a circle within a circle.
- The inner circle is your circle of influence and the outer circle is your circle of concern. In your circle of concern are the things which you are concerned about but you cannot influence. How much time do you spend there?
- Yet there are many things which you are concerned about which you can influence. How much time do you spend on those things – the things that you can impact?
- Whom and what will you influence?



UNIVERSITY OF ARIZONA VIDEO

61

This video was done with students, professors and others across campus. Feel free to create your own.

Reviews 5 steps again and many points made in the training

You got my back? I got your back!

STEP UP! TRAINING GUARDRAILS

While **Step UP!** is customizable, there are elements that must be in your training program. We ask that **Step UP!** be the name of your program and that you use the **Step UP!** logo (can add school name). The following components are considered mandatory components:

- **Introduction** – snowball survey; write down a time when you could have but did not intervene; or, stand up/raise your hand if you think you would intervene, etc.
- **Barriers** – Reasons people don't intervene
 - Bystander Effect – Diffusion of responsibility
 - Conformity
 - Ambiguity
 - Obedience to authority
 - Social and cultural identifiers
- **The 5 Steps** – Going from passive to active
 - Notice the event
 - Interpret it as a problem
 - Assume personal responsibility
 - Know how to help
 - Implement the help – **Step UP!**
- **Perspective Taking**
- **The S.E.E. Model** – Safe, Early, Effective intervention
 - Intervention strategies
 - Direct/indirect helping
 - Emergency/non-emergency
 - On teams/In groups
 - When emotions are high
 - Friends helping friends
 - Intervention styles—broad strokes
- **Scenarios** – Devise and apply **Step UP!** strategies

safe•early•effective safe•early•effective safe•early•effective safe•early•effective safe•early•effective



safe•early•effective safe•early•effective safe•early•effective safe•early•effective safe•early•effective



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Strategies for Effective Helping

Section C

STRATEGIES FOR EFFECTIVE HELPING

FOCUS ON S.E.E. – SAFE, EARLY, EFFECTIVE

The S.E.E. Model

SAFE Responding

Decide a course of action that best ensures the safety of those involved. Maintain mutual respect and mutual purpose.

EARLY Intervention

Understand the importance of intervening early - before it becomes a problem, crisis or disaster.

EFFECTIVE Helping

Develop specific helping skills and ways to avoid harmful helping.

Emergency Helping – General Strategies

Emergency situations unfold quickly and often require immediate helping responses.

(Also see specific Action Steps in Scenarios.)

Carefully assess the entire situation/circumstances before making any decisions or taking any action.

Consider both DIRECT and INDIRECT ways to intervene.

Direct: You take responsibility as the primary helper.

Indirect: You request that someone else take responsibility as the primary helper (e.g., the police, emergency medical trained or EMT personnel, athletic administrators, etc.).

Whatever response you choose, remember the following in an emergency/crisis:

- Calm the person.
- Gather information.
- Look at options.
- Provide support.
- Know appropriate referrals.
- Do not become enmeshed.
- Look for the best exit strategies (getting out of the situation) for those involved.
- Be clear and direct with all of your requests.
- Make **safe** choices; consider the level of risk in choosing an action for intervening.
- Understand boundaries and limits - don't be a hero. Remember verbal fights can quickly turn into physical fights. **It is often better to WALK AWAY.**
- Intervene **early** – before a problem becomes a crisis or disaster.
- Choose the most **effective** ways of helping for that particular situation. Be sure not to make the situation escalate.
- Publicly state your commitment to helping. “I will do X.”
- Engage other bystanders – You do “Y.”
- Discuss consequences that the person cares about – Encourage value-based decisions.

- Assess personal exposure/liability when actions you know about are criminal.
- **Call 9-1-1 if it is not safe or prudent for you to help directly.**

Non-Emergency Helping – General Strategies

****Non-emergency situations unfold more slowly and allow more careful planning of a helping response.**
(Also see specific Action Steps in Scenarios.)

Consider both DIRECT and INDIRECT ways to intervene.

Interrupt or provide a distraction to a situation you think might be problematic before it becomes an emergency.

Direct: You speak with the person directly.

Indirect: Talk to another person who you feel could be helpful or give guidance and direction – group member, counselor, administrator, professional. Interrupt or provide a distraction in a situation you think might be problematic before it becomes a serious problem or emergency.

Note: If you do not act immediately, don't ignore the situation. Just because you don't act right then and there doesn't mean you can't do it later!

Whatever response you choose, remember the following:

- Consider frequency, duration and intensity/severity when evaluating a situation.
- Determine the barrier for the person if possible – motivation, ability or environment.
- Know your limits as a helper – engage others as necessary.
- Be sensitive, understanding and non-judgmental.
- Challenge misperceptions - Express your true feelings/beliefs.
- Identify the red flags; anticipate problems.
- Determine the priority goal; Formulate a plan; Prepare/practice what you want to say.
- Set boundaries – do not make excuses for the person or otherwise enable them.
- Conduct conversations in a safe environment. Maintain **mutual respect** and **mutual purpose**.
- Remember the **Law of Delivery** – Who (person/s), What (content), When (timing), Where (location/privacy), Why (reasons) and How (tone).

Use The 5 Point Formula –

Adapted from "How to talk to a problem drinker," University of Massachusetts, Amherst, Health Services; "Helping Others," Virginia Alcohol Safety Action Program; the BACCHUS Network Certified Peer Educator Training; and Miller, W.R. & Rollnick, S. (2013) "Motivational Interviewing: Helping People Change (Third Edition)." New York: The Guilford Press.

I Care	Let your friend know that you care about him or her and because these are significant relationships, you need to discuss something. Start and end the discussion with an emphasis that you are doing this out of genuine concern, caring and respect for the person. This "sandwiches" the difficult conversation between strong positives.
I See	Describe the behaviors as you observed them. Be specific and avoid hearsay. Remember you are criticizing the behavior, rather than the person.
I Feel	Use "I statements" to state your feelings (saying "You have a problem" can be refuted and denied). Strive to be non-judgmental, honest and supportive.
I Wonder	Ask your friend how he or she is feeling about what you have discussed. Be open to his or her responses and focus on active listening. If your friend indicates any concerns about his or her behaviors, encourage him or her for any positive steps he or she has already taken.
I Will	Remind your friend that you will support him or her in whatever healthy steps he or she identify. Let him or her know you want to help him or her make a change. Remind them that there are limits to your ability to help him or her and you won't enable his or her unhealthy behaviors.

Sample Script:

I Care	"John, do you have a minute? Because you're such a good friend and I really care about you, I want to talk to you about something very important."
I See	"I've been noticing that you are not going to class as much and your practices haven't been as productive lately. From my perspective, you really don't seem to be yourself. You even got into that fight last weekend at the party and I've never seen that from you before."
I Feel	"I'm worried about how [the behavior] is affecting you – personally, in school and in the group. To be honest, I'm also scared about what could happen to you."
I Wonder	"I wonder...what do you think about your drinking/mood/etc.?" Follow up with "What do you like about drinking (or other behavior)? What are your concerns?" What steps could you take at this time to change this pattern?
I Will	"I will support you in ... (whatever step they identify). I am here and willing to help you when you're ready to make a change, but if there are issues that affect your immediate safety, I may need to let others know about what's going on."

Trigger questions to help people think about change

- Status Quo:
"What problems have you experienced in relation to your drinking/relationship/eating, etc.?"
- Change
"What would be the good things about changing your drinking/relationship/eating, etc.?"
- Optimism:
"How confident are you that you can reduce your drinking/change patterns?"
"What do you think would work for you, if you decided to drink less/make a change?"
- Intention:
"What would you be willing to do?"
"What do you intend to do?"

Helpful Hints

- These scripts are a guide. Use language that is comfortable to you when having discussions.
- Ask permission if the topic is sensitive.
- Be curious/ask questions to understand from the friend's point of view.
(Perspective taking)
- Your friend will be more resistant if you come up with solutions instead of asking them how their problem might be solved.
- Avoid "absolutes" (always, never, etc.)
- Avoid gossiping and rumor spreading.

Adapted from "How to talk to a problem drinker," University of Massachusetts, Amherst Health Services, "Helping Others," Virginia Alcohol Safety Action Program, the BACCHUS Network Certified Peer Educator Training and Miller, W. R. & Rollnick, S. (2013) *Motivational Interviewing: Helping People Change* (Third Edition). New York: The Guilford Press.

Be prepared for a negative reaction

It's pretty common for someone to feel attacked when confronted by a friend. Defensiveness and denial can be difficult to deal with especially if you aren't expecting such a response. You may be the first person to talk with them about this. Also they may feel that they do not have the ability to deal with this problem. It is important to remember all of the different reasons people have to not change and for you to not argue with them about those reasons.

DO

- Remind your friend that change is their decision. They have control, but if problems get worse, you may need to take additional action.
- Ask your friend about how confident they feel about changing. Support and encourage them in any changes they are willing to take.
- Practice the conversation with a friend before holding the real one. Anticipate reactions and think about how to deal with them.
- Take care of yourself – it can be difficult on helpers as well.
- Follow up.

DON'T

- Set ultimatum or tell them you won't take care of them if they are too drunk. You can always have a follow up conversation later.
- Make excuses for the person, cover up their problems or give them your class notes if they were too hung over/depressed/etc. to go to class. Enabling keeps them from feeling the effects of their behavior.
- Take verbal attacks personally. Stay calm, positive, remember your purpose and try to help your friend. Work to understand their point of view and barriers to action.

Within Your Team or Group

- Create shared and agreed upon acceptable standards of behavior.
(We can do X, we cannot do Y). (See strategies for Step 5.)
- Emphasize strength in numbers.
- Create plans together to avoid high-risk situations.
- Explain the expectation to intervene.
- Make it relevant to the group and to achieving group goals.
- Empower group members to **Step UP!**
- Acknowledge and reinforce caring behaviors.
- Allow group members to air thoughts/feelings.
- Practice skills and strategies to **Step UP!**



When Dealing with High Emotion

3 Things TO do:

1. Ensure your safety.
2. Try to dissipate the emotion.
3. Consider the other person's perspective.

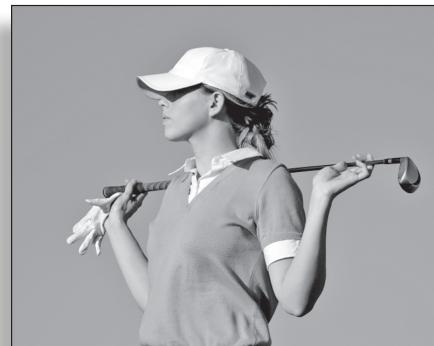
3 Things to NOT do:

1. Don't get caught up in the moment.
2. Don't one-up the person.
3. Don't patronize.

Don't deal with content until you deal with emotion.

How to Increase Helping

1. Encourage prosocial/helping behavior.
2. Increase and optimize the 5 Decision Making Steps.
3. Reduce inhibiting factors (pluralistic ignorance, conformity, spiral of silence, etc.)
4. Increase identification of risk factors.
5. Make "in-group" more inclusive.
6. Practice perspective taking.
7. Increase knowledge, skills, and confidence.



NOTES



STEP UP! INTERVENTION STYLES

NOTE: Human behavior is complex and intervention styles will depend on situations and roles. Everyone is a mix of all styles, but most people have tendencies toward one or two styles. *The goal is to increase understanding of your style, others' style, and how to interact for the best intervention.*

Adapted from the work of Jeff Janssen and the DiSC® Behavioral Assessment.

Shark (D)

- **Approach to intervention:** *Dominant; Results oriented.* Get it done. Likes to take charge and be in control. Intervention is more direct.
- **Strengths:** Direct, confident, strong willed, driven, forceful, competitive, assertive, pushes group to achieve, expresses opinion; performs well under pressure and in clear-cut emergencies.
- **Weaknesses:** Can be insensitive, impatient, blunt, sarcastic, aggressive, and make situations worse; can be viewed as arrogant/'know it all'; don't give much thought to intervention method; prefers 'winning' over compromise.
- **Can intervene more effectively by:** Warmth, patience, empathy, humility, tact, and having consideration of others' ideas.
- **When intervening with a Shark:** Sharks are driven by power, authority and success. Address issues directly, efficiently and focus on the desired results; support your concerns with facts; avoid challenging their perceived authority; focus on resolving the problem rather than being 'right'; avoid repeating yourself or giving too many details; avoid taking their candor personally.

Fox (I)

- **Approach to intervention:** *Influential; People oriented.* Get buy in/approval. Likes to inspire and be recognized for their contribution. Intervention is more direct.
- **Strengths:** Social, enthusiastic, energetic, convincing, optimistic, persuasive, charming; can mobilize a group and fight through group think and pluralistic ignorance.
- **Weaknesses:** Impulsive, disorganized, lack of follow through; can rely solely on gut feelings; not great listeners; can be outspoken and monopolize conversation.
- **Can intervene more effectively by:** focusing on details, patience, listening more, following through, being more objective, and confronting problems.
- **When intervening with a Fox:** Foxes are driven by social recognition, group activities and friendly relationships. Be encouraging, respectful, positive, and collaborative; recognize and solicit their contributions and ideas; present new approaches; let them talk and have them be part of the solution; show how actions will gain favorable attention and approval; don't let them lose face or steal their limelight - make it clear it's about the issue, not them as a person.

Teddy Bear (S)

- **Approach to intervention:** *Steady; Team oriented.* Works together. Likes to be systematic, collaborative and accommodating; doesn't want to offend others. Intervention is more indirect.
- **Strengths:** Calm, patient, stable, even tempered, practical, good listener, team player, amiable, empathetic, understanding, and humble.
- **Weaknesses:** Overly accommodating; indecisive; passive; tendency to avoid change; can prioritize relationships, avoiding conflict and need to be liked over confronting a problem; gives in to peer pressure; can perceive costs as greater than rewards.
- **Can intervene more effectively by:** addressing issues quickly and directly, taking initiative; showing self-confidence and courage, speaking up and taking a stand for what they believe in; taking a more active leadership role.
- **When intervening with a Teddy Bear:** Teddy Bears are driven by the desire to maintain stable environments, appreciation, collaboration and opportunities to help. Be relaxed, supportive, sincere, and cooperative; express interest in them; show them you care about resolving the issues; be direct without being confrontational or aggressive; respect traditions, procedures and systematic practices; don't rush them – given them time to process the info; don't be critical or demanding.

Turtle (C)

- **Approach to intervention:** *Conscientious; Detail oriented.* Does it right. Wants intervention to be the best it can be. Intervention is more indirect.
- **Strengths:** Analytical, precise, systematic, cautious, diplomatic, tactful, will give careful consideration to intervention; high concern for quality.
- **Weaknesses:** Slow to act. Can be overly critical; tendency to overanalyze; can be blunt; misses important times to intervene early; can fall into pluralistic ignorance trap; rationalizes inaction as "none of my business"; thinks/hopes someone else will do something.
- **Can intervene more effectively by:** acting more quickly; acknowledging others' feelings and needs (perspective taking); cooperating with and involving others; looking beyond data, not getting bogged down with details; being more direct with interventions.
- **When intervening with a Turtle:** Turtles are driven by opportunities to use their expertise, gain knowledge, and impact the situation with quality intervention. Be logical, organized and accurate when intervening. Support your position with logic and facts; minimize emotional language; give them space and time to process information; allow personal space and independence; stay away from forceful tactics - be patient, persistent and diplomatic.

Owl

NOTE: All styles can be an owl by best using their strengths and responding appropriately and effectively to the situation.

- **Approach to intervention:** *Holistic; Situation oriented.* A more complete intervener; driven by achieving the best outcome; uses an inclusive, complete and holistic approach.
- **Strengths:** A resourceful and creative problem solver; selfless and doesn't care who gets credit; adapts their style to fit behavioral/situational needs of others.
- **Weaknesses:** Needs to gain experience in certain circumstances.
- **Can intervene more effectively by:** Continuing to hone skills in various and diverse situations.

MAKING VALUE-BASED DECISIONS

As a bystander, one way to **Step UP!** is to get those involved in a situation to think about how current actions lead to future consequences. Remind them that what feels beneficial at the time may have greater long-term costs. In other words, are the “rewards” of the moment more valuable than the potential costs of the future (e.g., loss of scholarship; suspension/expulsion; criminal record, etc.)? Also, consider how long the “rewards” last vs. how long the “costs” last. How long will your choice impact your life a day/week/month or year later? Considering possible costs and rewards over time can be eye opening.

Help others by getting them to **stop and think** about what they are doing – or about to do. Is their decision aligned with their stated values? Will it jeopardize their future? Their goals? Their reputation? What they’ve worked so hard for? What you’ve ALL worked so hard for? Losing a group member, even for a short period of time, may cost them (and you) in more ways than one. While it is important to support your friends, it isn’t always easy to know how to best do this. Blindly following actions and/or not intervening in a situation you know in your gut to be wrong, is NOT supporting a friend but rather assisting in their future troubles.

Please see the worksheet in Appendix B for an example.



NOTES



team•work team•work

The background image shows a dictionary page with the word "team-work" highlighted in a large, bold, black font. Below the title, the definition reads: "work cooperatively by a single group of students; which individual interest; coordinated efficiency; coordinated effort with a team; tea party a social gathering". The rest of the page contains a grid of the word "team•work" repeated across the columns.

team•work team•work

team•work team•work



Scenarios with Considerations, Action Steps and Resources

Section D

BEFORE YOU BEGIN

Facilitators: Please read the following to the participants.

Step UP! members can now practice their intervention and attending skills either through role-plays or discussion. In a supportive environment, helpers will be able to put into practice the information and skills they have learned in training. This is neither a time to be nervous, nor a time where anyone is going to be laughed at for not knowing the “right answer.” This is an opportunity to experience situations that participants will likely encounter this year. Take it seriously and strive to learn. What you say and how you approach these situations will be similar to what you will say and how you will approach actual situations. The point is to practice without risk – practice makes us better!

Remember:

- You do not have to know how to do everything perfectly nor do you need to have all the answers.
- This is a time to ask lots and lots of questions.
- If we choose to role-play and you are not the one acting in a scenario, please observe silently – avoid dramatic facial expressions and talking. Consider what you might do in that situation and how you might feel. You will be asked about it in the discussion that follows.
- We value everyone’s input, but we only have limited time for debriefing after each scenario. Not everyone will be able to share after each scenario. Feel free to write down issues as they arise. Although it may not be relevant to a current discussion, anything important should be followed up on with your facilitator.
- This is not a time to share “horror stories” or to “one-up” each other’s stories. Please share the learning that occurred in relevant situations you have experienced or witnessed.
- There is often not a right or wrong way to handle a situation – but what you do and say can make all the difference for the individuals involved (*refer to Strategies for Effective Helping.*) Please continue to talk to your facilitator about how you can improve your own confrontation/attending skills.

For Actors (if you choose to do role plays):

Step UP! members may have the opportunity to “act” in scenarios to practice intervention and attending skills. The goal is to create realistic scenarios where all participants are able to practice their new skills in an environment where they feel safe and supported by others on the **Step UP!** team.

Perspective taking is a key element in role playing. Three vital role-playing aspects have been identified.

1. First, role players must **put in the effort** to perceive how others understand and respond to the world.
2. Second, role players must **be able to take multiple perspectives**. That is, they should be able to view a situation from the perspective of many people.
3. Third, role players should **be able to perceive the other's perspective in depth** and have a full understanding of the other's perspective.

Please Remember:

- Take your roles seriously.
- Be as realistic as possible (without being physical) to provide other helpers the opportunity to practice and learn.
- The facilitator will assist with the questions afterwards; please add your experiences when prompted.

For Facilitators:

Determine the most effective and appropriate way to facilitate the scenarios that follow (role play, group break outs, discussion, etc.) You should allow approximately 15 minutes for the students to complete the scenario worksheet and approximately 15 minutes to debrief each scenario. If time allows, you can generate more discussion with the questions at the beginning of each topic area. Keep track of the time to assure your group is able to experience and learn from each scenario.

Please Remember:

- Ask your group before beginning to let you know (privately) if they feel they would rather not be the “intervening student” or be in a group discussing a particular topic (sexual assault, discrimination, eating disorders, etc.) if they feel a potential scenario might trigger a strong personal reaction.
- Always focus on giving useful feedback to participants. If you notice something that warrants follow up regarding their participation, please follow up promptly.



Scenarios



Part 2 will be the facilitation of the scenarios.

Note: For more scenarios on each topic, please see the **Step UP!** website:
www.stepupprogram.org

Please see facilitator tips and suggestions for ways to facilitate scenarios and worksheets in the Appendices. A few suggestions include:

- Breaking into small groups and each group does a different scenario.
- Each group does the same scenario but answers different questions.
- Put the scenarios on the screen and have the group respond as a whole.
- Groups can create skits and perform.
- Groups can discuss different aspects of the training (5 Steps; Costs/Benefits; Perspective Taking; Obedience to Authority; Intervention styles; etc.)

You can also use these topics specific situations and offer workshops in a particular area. There are separate presentations for most of the topics on the **Step UP!** website. The idea is to educate on that topic, then to bring the bystander strategies learned in the initial training to these scenarios. These presentations do not intend to cover all aspects of the topic nor to be the authority on the subject matter. They are merely starting points. You are encouraged to use your own resources and professionals on campus to help supplement the information and co-present, if possible.

It is best to make scenarios ambiguous and open for interpretation. It is also interesting to ask what “conversations” might be going on in a person’s head as they are deciding whether or not to help.

Facilitators: Please feel free to use other scenarios that may be more specific to your population. Some of the data and statistics are from the NCAA and are student-athlete specific – please insert data from your populations if you wish.

Scenario 1

Academics

Your friend has the same class and instructor as you, but is in a section that meets before your class. You have been struggling in the class and are unsure if you will pass it. Your friend was able to take photos of the final exam on his cellphone and texts the exam to you three hours before you are scheduled to take it (which allows plenty of time to guarantee a strong performance on the exam). What do you do?

ACADEMICS

QUESTIONS

1. What is the definition of academic integrity?
2. What is plagiarism? Why do students plagiarize?
3. Have you ever cheated/knowingly plagiarized before?
4. If so, would you admit it if your professor asked you? Why or why not?
5. How is academic misconduct handled by your institution?
6. What are the costs and benefits of cheating?
7. In what ways do we help/hurt others by letting them cheat?
8. In what ways do we help/hurt ourselves by cheating/letting others cheat?

DISCUSSION QUESTION

Why do students cheat?

- Lack of time
- Lack of preparation
- Procrastination
- Pressure to perform
- Peer pressure (others are doing it and have not been caught)
- Lack confidence in their ability

CONSIDERATIONS

Academic misconduct can include:

- Plagiarism (intentional or unintentional) – most common infraction.
- Buying a paper from an internet site or individual and using it as your own.
- Using social media to provide the answer(s) to someone.
- Taking a cellphone photo of test material and sending it to others.
- Falsifying hours or activities in an academic experience.
- Having someone take a test for you.
- Copying a test.
- Cheat sheets/other forms of cheating.
- Lying about circumstances.
- Having someone sign in for you.

SANCTIONS

Did you know...?

Sanctions often are determined by the level of premeditation of the infraction.

Sanctions can include:

- Temporary or permanent transcript notation
- Reduced or failing grade in the assignment or class
- Revocation of a degree
- Removal from an academic college or major
- Suspension
- Expulsion
- Dismissal

DEFINING PLAGIARISM

Helpful Tips

Note: Although there are many forms of academic misconduct, we will focus on plagiarism because it is by far the most common infraction.

All of the following are considered plagiarism:

- Turning in someone else's work as your own.
- Copying words or ideas from someone else without giving credit.
- Failing to put quoted material in quotation marks.
- Giving incorrect information about the source of a quotation.
- Changing words, but copying the sentence structure of a source without giving credit.
- Copying so many words or ideas from a source that it makes up the majority of your work, even when you give credit (see our section on "fair use" rules).
- Copying media (especially images) from other websites to paste them into your own papers or websites.
- Making a video using footage from others' videos or using copyrighted music as part of the soundtrack.
- Performing another person's copyrighted music (i.e., playing a cover).
- Composing a piece of music that borrows heavily from another composition.

Source: www.plagiarism.org

TYPES OF PLAGIARISM

SOURCES NOT CITED

- **"The Ghost Writer":** The writer turns in another's work, word-for-word, as his or her own.
- **"The Photocopy":** The writer copies significant portions of text straight from a single source, without alteration.
- **"The Potluck Paper":** The writer tries to disguise plagiarism by copying from several different sources, tweaking the sentences to make them fit together while retaining most of the original phrasing.
- **The Poor Disguise":** Although the writer has retained the essential content of the source, he or she has altered the paper's appearance slightly by changing key words and phrases.
- **"The Labor of Laziness":** The writer takes the time to paraphrase most of the paper from other sources to make it all fit together, instead of spending the same effort on original work.
- **"The Self-Stealer":** The writer "borrows" generously from his or her previous work, violating policies concerning the expectation of originality adopted by most academic institutions.

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TYPES OF PLAGIARISM (CONTINUED)

SOURCES CITED

- **“The Forgotten Footnote”:** The writer mentions an author’s name for a source, but neglects to include specific information on the location of the material referenced. This often masks other forms of plagiarism by obscuring source locations.
- **“The Misinformer”:** The writer provides inaccurate information regarding the sources, making it impossible to find them.
- **“The Too-Perfect Paraphrase”:** The writer properly cites a source, but neglects to put in quotation marks text that has been copied word-for-word, or close to it. Although attributing the basic ideas to the source, the writer is falsely claiming original presentation and interpretation of the information.
- **“The Resourceful Citer”:** The writer properly cites all sources, paraphrasing and using quotations appropriately. The catch? The paper contains almost no original work. It is sometimes difficult to spot this form of plagiarism because it looks like any other well-researched document.
- **“The Perfect Crime”:** Well, we all know it doesn’t exist. In this case, the writer properly quotes and cites sources in some places, but goes on to paraphrase other arguments from those sources without citation. This way, the writer tries to pass off the paraphrased material as his or her own analysis of the cited material.

Document provided by Turnitin.com and Research Resources. Turnitin allows free distribution and nonprofit use of this document in educational settings.

ACTION STEPS

WAYS TO AVOID PLAGIARISM

1. **Paraphrase** – Make sure you do not copy more than two words in a row from your source. If you do, you will need to use quotation marks.
2. **Cite** – Give the author credit by including his/her name, date of publication, etc. Follow the appropriate formatting guidelines (i.e. MLA, APA, etc).
3. **Quoting** – Use quotations around the quote exactly as it appears.
4. **Citing Your Own Material** – It’s important to cite yourself if you have used the information in previous research papers.
5. **Referencing** – Always include a reference or works cited page.

Source: <http://en.writecheck.com/ways-to-avoid-plagiarism>

For Bystanders:

If a friend is cheating, plagiarizing, skipping classes, or doing poorly in classes, consider taking these action steps:

Direct

- Talk to the person about why the behavior is happening.
- Know appropriate resources/support.
- Remind them of consequences.
- Discuss Value-Based Decisions – is it worth it?
- Talk to professor about prevalence of cheating – be a part of the system's change.
- Encourage them to do the following:
 - Understand what plagiarism is
 - Plan properly
 - Communicate effectively
 - Talk with the professor
 - Know the material - take good notes
 - When in doubt - CITE!

Indirect

Talk to an academic advisor, professor or teacher assistant.

RESOURCES

Local

- University code of conduct
- Professors
- Academic staff
- Dean of students office
- Student conduct office
- Teaching centers or learning centers on campus

National

- The Purdue OWL - Online Writing Lab – <http://owl.english.purdue.edu/owl/resource/589/01/>
- UMUC Academic Integrity Tutorial – <http://www-apps.umuc.edu/vaultutor/index.html>
- Plagiarism Resource Site (Including self-test) – <http://abacus.bates.edu/cbb/quiz/index.html>
- Plagiarism in the Digital Age – <http://www.plagiarism.org/>
- Write Check - A way to check your work – <https://www.writecheck.com/static/home.html>

Video Links on the Topics of:

Academic Dishonesty

<https://www.youtube.com/watch?v=hHUJuEYw0SU> 21st Century College Cheating

<https://www.youtube.com/watch?v=oOK5VRehEHg> Cheating in College

Academic Integrity

<https://www.youtube.com/watch?v=DycmxNbrRlk> Academic Integrity

<https://www.youtube.com/watch?v=2wvXEAO4Q44> Academic Integrity

<https://youtu.be/Ix3x8LJSh4w> Academic Integrity - Athletics



Scenario 2

Alcohol

You are at a party where people are playing drinking games. A first-year student is being pressured to play but he/she looks uncomfortable participating. People in the room are chanting the student's name to get him/her to play. What do you do?

ALCOHOL

QUESTIONS

1. For those who choose to drink, what determines if and how much you drink?
2. Discuss how the use of alcohol affects choices and decision making.
3. Does your college have a culture of pre-gaming? What effects does pre-gaming have?
4. What role do drinking games play? Are there strategies people might use to make them safer?

ADDITIONAL QUESTIONS FOR ATHLETES

1. Does your team have rules about alcohol? If so, how are they determined? Do you have any rules among yourselves in addition to team rules?
2. If you choose to drink, how do considerations of athletic preparation and recovery affect your decisions?
3. In what ways does alcohol contribute to or detract from team cohesiveness and inclusivity?
4. Many student-athletes who choose to drink alcohol do so less in season. What reasons might they have?

CONSIDERATIONS

BAC (Blood Alcohol Content)

- First, it is important to understand what is considered a standard drink.
One drink = 12 ounces beer, 4-5 ounces of wine, 1 ounce 100% proof hard alcohol
- BAC indicates what the concentration of alcohol is in your blood. Tolerance does not affect BAC.
- Intoxication factors
 - Alcohol content of your drink
 - Biological sex (gender does not affect BAC)
 - Body weight
 - Hydration status
 - If you've eaten
 - Other drugs/medications in your system
 - Carbonation of drink
 - Illness
- Sobering up: Unlike how fast people get drunk, they get sober at about the same rate of .016 BAC per hour. Time is the only strategy for sobering up, despite myths to the contrary.
- While there is a “more is better” cultural myth, people have a biphasic response to alcohol—the “buzz”/good things we perceive about alcohol tend to happen at about a BAC of .055. Many of the not-so-good things are more likely to happen as BACs increase beyond this point.
- Once someone overshoots the “buzz”, they cannot get it back.
- Common effects of BAC (Can vary greatly by person and what else is in his/her system)
 - .02 to .04 – Lightheaded
 - .05 to .07 – Buzzed
 - .08 to .10 – Legally impaired
 - .11 to .15 – Drunk
 - .16 to .19 – Very Drunk
 - .20 to .24 – Dazed and confused
 - .25 to .30 – Stupor
 - .31 and higher – Coma and possible death

ALCOHOL POISONING

Signs of alcohol poisoning include:

- Vomiting
- Incoherent, passed out or unresponsive
- Slowed breathing and/or heart rate
- Blue tint to lips/skin

If you suspect someone has alcohol poisoning:

- Roll them on their side.
- Stay with them.
- Call for help.
- Check to see if anyone knows how much the person had to drink and what else may be in his/her system.

Not understanding the seriousness of symptoms is one of the most significant barriers to seeking help.

Other considerations:

- People tend to overestimate the number of other people who are drinking alcohol, how often they drink alcohol, and how many servings of alcohol others consume in a sitting when they do drink.
- People often base behavior on perceived norms, yet the norms they perceive are often incorrect.
- Alcohol expectancies (how you expect alcohol to affect you) play a significant role in how people experience alcohol.
- Alcohol can interfere with sleep and academic performance.
- College students frequently report consequences such as:
 - Doing something they later regretted 26.1%
 - Forgetting where they were/what they did 23.2%
 - Having unprotected sex 15.9%
 - Physically injuring themselves 10.8%(ACHA-NCHA-II, Spring 2015, n = 74,438)
- Secondhand effects of alcohol can have a negative impact on community.

Additional considerations for athletes

- Alcohol consumption can interfere with practice, competition and recovery.
(Firth & Manzo, 2004)
- Alcohol dehydrates and slows down ability to heal.
- Alcohol use prevents muscle recovery.
- Alcohol use depletes your energy source.
- Alcohol use hampers memory and retention.

ACTION STEPS

1. Pace drinks to one or fewer per hour.
2. Alternate alcoholic drinks with non-alcoholic drinks.
3. Eat before drinking.
4. Set a limit.
5. Keep track of number of drinks.
6. Avoid drinking games.
7. Stay with the same group of friends all night.
8. Have a friend let you know when you have had enough.
9. Use a designated driver.
10. Avoid hard alcohol.
11. Choose not to drink alcohol.
12. Practice alcohol refusal skills.
13. Recognize the signs of alcohol poisoning and, when in doubt, always call for help.
14. Pour your own drinks, or at least watch your drinks be poured.
15. Party hosts should provide non-alcoholic beverages, serve food, avoid serving common source hard alcohol (e.g. “jungle juice”), refrain from pushing alcoholic drinks, limit access to private spaces (e.g. bedrooms), create safe spaces for party attendees to sit and talk, not allow guests to drive home drunk, and be/support alert active bystanders.

RESOURCES

- Your college's health center, counseling center, health promotion and/or substance abuse prevention offices
- 360 Proof – www.360proof.org
(Free resource for NCAA Division III and NASPA Small Colleges and Universities)
- BACCHUS Initiatives – <https://www.naspa.org/constituent-groups/groups/bacchus-initiatives>
- The Gordie Center for Substance Abuse Prevention – <http://gordiecenter.studenthealth.virginia.edu/>
- National Institute for Alcohol Abuse and Alcoholism's College Alcohol Intervention Matrix – College AIM (2015) – <http://www.collegedrinkingprevention.gov/collegeaim/>
- NCAA Apple Conference – <http://apple.studenthealth.virginia.edu/>
- NCAA Sport Science Institute's Best Practices – <http://www.ncaa.org/health-and-safety/sport-science-institute/best-practices-address-student-athlete-alcohol-abuse>
- Substance Abuse and Mental Health Services Administration – <http://www.samhsa.gov/>
- College Alcohol Intervention Matrix – <http://www.collegedrinkingprevention.gov/CollegeAIM/Default.aspx> for best practices
- For the Athlete: Alcohol and Athletic Performance pamphlet – www.ncaa.org/drugtesting

NOTES





Scenario 3

Anger Issues

You and a few friends are at a party when someone begins insulting you (for the way you dress, where you're from, results of a game, etc.) Despite everyone's best effort to ignore these obnoxious comments, you can see your friend is becoming more and more irritated. They have a history of losing their temper. What do you do?

ANGER ISSUES

“Anyone can become angry - that is easy. But to be angry with the right person at the right time, and for the right purpose and in the right way - that is not within everyone’s power and that is not easy.”

— Aristotle

QUESTIONS:

1. Can anger be a good thing (functional anger)? If so, when?
2. Have you been at a party where a fight broke out? What happened? What did you do? Were you a bystander or intervener – why? Would you do anything differently now?
3. Do you think there are people who look for fights? Why?
4. Do you think people sometimes target certain people or groups? Why?
5. Is anger an issue for certain groups or communities? How so?
6. What are some possible triggers?
7. Are there unwritten codes of conduct acceptable in certain subcultures that may not be permissible in the general population? Explain/Describe.
8. If you use anger to “pump yourself up” for certain activities, is it hard to turn it off when not doing these activities? Why or why not?

CONSIDERATIONS

In some communities, it is sometimes more acceptable to express anger and not other emotions. Therefore, many people will act angry when they are really feeling something else that they are uncomfortable expressing such as:

- Stress
- Frustration
- Fear
- Annoyance
- Disappointment
- Resentment
- Shame
- Embarrassment
- Hurt

Anger is a normal emotion that becomes a problem when it:

- Is too intense
- Lasts too long
- Occurs too frequently
- Escalates
 - Overreacting to a justified wrong
 - Carries over on field/off field (environment/situations)
- Focuses and blames only “others” - world, situation, anything except self
- Is harmful to self or others
- Leads to aggression or violence
- Destroys personal relationships

Some common causes of anger are:

- Being too ego-driven or invested – Taking it TOO personally
- Getting sucked in – No longer looking for ways out (exits) or solutions

People who fight often:

- Misinterpret the intent or motives of others
- Are unable to see alternative rationales
- Are openly and frequently defiant of requests
- Vocalize anger. Furious temper, uncontrollable fits of rage
- Demean or swear directly to parent or others in authority positions
- Make threats; Aggressive
- Seem to have “emotional diarrhea,” and “lets it all out, all the time”
- Have difficulty accepting “No” for an answer
- Do not follow rules. Often feels rules are “stupid,” or don’t apply
- Destroy property
- Are physically cruel to animals
- Are physically cruel to people
- Initiate fights with others
- Seriously violate rules (at home, in school, or society in general)

ACTION STEPS

1. Create plans together to avoid high risk situations and consequences.
2. Be aware of triggers.
3. Be aware of defined danger.
 - a. mad dogging
 - b. dirty looks
 - c. is another individual looking for a fight?

4. Do not try to detain angry individuals—even if they run away.
5. Interrupt the situation. Distract the people involved.
6. Beware of increasing aggressive behavior and try to diffuse the situation.

What bystanders should remind the individuals involved:

- STOP AND THINK – Is it worth it in the long run? (See Value-Based Decisions, Section C)
- REMOVE THE DRAMA.
- REMOVE THE EGO.
- Avoid Retaliation/Escalation.
- Agree with rationale but challenge the action.
- Focus on solving the problem NOT winning the “fight”.
- Don’t get caught up in the moment and don’t let others bring them down. Think of the big picture.
- Try to see it from a different point of view – feeling anger and empathy at the same time are incompatible responses

What bystanders should do for themselves

- WALK AWAY if the situation is unsafe.
- Stay calm, cool and collected.
- Contact 9-1-1 if necessary

RESOURCES

Local

- 9-1-1
- Campus counseling center
- Anger management classes
- Hall director if in the dorms

National

- Anger Management Resource Directory - www.angermanagementresources.org

Scenario 4

Depression

A classmate of yours in the Honors program appears very down lately. You know them but are not particularly close. This person has become withdrawn and is not as active in class or outside group activities as before. Yesterday you heard them say, “I have to pass this midterm tomorrow or that's it. I can't take it anymore.” You are alarmed. What do you do?

DEPRESSION/SUICIDE IDEATION

QUESTIONS

1. Do you know someone who has thought about suicide or was severely depressed? What were the underlying issues?
2. Are there times you wish you could have talked to someone but didn't because you thought it would be a sign of weakness?
3. How much of your identity/self-worth is tied to being an athlete?
4. What would you do if you could not play your sport anymore?
5. How could this situation impact you and the athletic community?

CONSIDERATIONS/WARNING SIGNS

Some do not seek help due to the culture of “not showing weakness,” “toughing it out,” or “fighting through the pain.” Depression is not a sign of personal weakness. People with depressive symptoms cannot merely “pull themselves together.” It is a medical condition and not just a psychological or emotional reaction to something. Timely treatment can shorten the duration of symptoms and stop the downward spiral. It is also critical to understand the link between mental and physical health and how one impacts the other. For athletes, depression can increase risk of injury by decreasing concentration, altering decision making and slowing reaction times.

Depression sometimes follows:

- Significant events – death, divorce, abuse, transitions/life changes, loss of romantic relationship/friendship. Now what? Who am I?
- Stress/pressure – academic, athletic, personal, financial
- Injury – short- or long-term. Other medical conditions
- Identity as a person – too much of their identity is tied to being an “athlete”
- Failure to live up to personal or external expectations
- Significant change in team status
- Problems with coaches/teammates/roommates
- Substance abuse (individuals may choose to cope by using alcohol or other drugs)

Suicide sometimes follows:

- A sudden lift in spirits following extreme depression
- Talking about suicide; previous attempts
- Physical or psychological abuse
- Fight with family member or loved one
- Embarrassment or humiliation
- Concerns about sexuality – social isolation/alienation
- Suicide of friend, acquaintance or celebrity (copycat suicide)

Among 910 undergrads who seriously considered suicide during the previous 12 months, these were the most commonly reported risk factors (Drum, Brownson, Denmark & Smith, 2009):

- Emotional/physical pain (65%)
- Romantic relationship problems (59%)
- Academic problems (43%)
- Friend problems (43%)
- Family problems (42%)

Also look for:

- Frequency, duration and intensity/severity of symptoms. The higher the number of signs, the stronger the case to refer the person to a professional.
- Emotional, cognitive, and behavioral changes – feeling that nothing matters; lack of enthusiasm/motivation, sad, withdrawn, tired, apathetic, pessimistic, anxious, irritable, distracted, forgetful, difficulty concentrating, remembering, or making decisions.
- Feelings of worthlessness or guilt; impulsive acts; reckless behavior; mood swings.
- Neglect of personal welfare; deteriorating physical appearance. Significant weight gain or loss.
- Changes in eating and sleeping habits.
- No longer enjoying activities he/she once liked.
- Feeling misunderstood or rejected.
- Frequent health complaints when no physical ailment exists.
- Obsessive thoughts; all-or-nothing thinking.
- Marked decrease in performance academically or athletically.
- Self-mutilation.
- Giving away possessions.
- Lack of coping skills.

Did you know...?

- Suicide is rarely a spontaneous act.
- Suicide among young adults has increased 150-200 percent in the last 25 years.
- Suicide is the second-leading cause of death among 15- to 24-year-olds.
- Women attempt suicide three times more than men; men complete the act three times more than women.
- The 2013 National College Health Assessment data showed that about a third of college students in the U.S. had problems functioning because of feelings of depression in the last 12 months; almost half said they had felt overwhelming anxiety in the last year; 20 percent said they had seriously considered suicide in their lifetime; and 5.8 percent said they had attempted suicide (Douce & Keeling, 2014).

ACTION STEPS

1. LISTEN. Let the person know you are there to help and will do what you can to help keep him/her safe, including getting others involved.
2. Know your own limits. Do not feel solely responsible for the suicidal person. Seek assistance from the proper individuals (such as resident assistant or on-campus counselors/psychologists) if it is beyond your knowledge, ability or comfort level.
3. Take it seriously. Remember – depressive/suicidal behavior is a cry for help.
4. Attempt to decipher if the person is thinking about suicide (not just hurting themselves and not just depressed).
5. Speak with the individuals in private. Voice your concern – let them know you care. (See The 5 Point Formula in Strategies for Effective Helping, Section C.)
6. Do what you can to give the person HOPE.
7. Encourage the individuals to get help. It is NOT a sign of weakness to ask for help. In fact, it is a sign of STRENGTH. Offer to go with them to counseling.
8. Seek out a mature and compassionate person with whom you can review the situation.
9. Use the QPR Method – Question (about whether the individuals plan to harm themselves; Persuade (not to harm themselves) and Refer (to a professional). See website in reference section for more details.
10. If suicidal, create a “safety agreement” with him/her to not harm themselves.
11. If suicidal, call 9-1-1 and let the individuals know that you will be contacting 9-1-1. Do not leave person alone. Engage other bystanders if needed.
12. If the individual says he/she is going to take his/her own life, find out how he/she plans on doing it. This gives insights about risks to others, as well as more time and information to plan an intervention. Get as much information as possible.
13. Notice actions/behaviors. Be observant of any medication bottles that may be present; note other important information.
14. Without placing yourself in harm’s way, separate the individual from any weapons or firearms if possible.
15. Be aware of difficult times: holidays, birthdays, major anniversary dates.
16. What not to do:
 - Don’t get involved beyond one’s own comfort or safety.
 - Don’t assume the problem will take care of itself.
 - Don’t act shocked or surprised at what the person says.
 - Don’t argue or debate moral issues.
 - Don’t challenge or dare the person.

RESOURCES

Local

- 9-1-1 campus police
- Campus counseling services
- Dean of students
- Athletics psychologist
- Coaches
- Athletic trainer
- Life skills director
- Hall director, if in the dorms

National

- NCAA Mental Health Resources – www.ncaa.org/mentalhealth
- Nathan's Story – http://s3.amazonaws.com/ncaa/web_video/health_and_safety/NathansStory/videoL.html
- Half Of Us – www.halfofus.com
- Help Guide – www.helpguide.org
- Mental Health Screening – www.mentalhealthscreening.org
- The Jed Foundation – www.jedfoundation.org
- Depression and Bipolar Support Alliance – www.dbsalliance.org
- Suicide Prevention Hotline – www.suicidepreventionlifeline.org
- QPR - Question, Persuade, Refer – www.qprinstitute.com
- National Mental Health Information Center – www.mentalhealth.gov
- Suicide Hotline – **1-800-SUICIDE**
- College of the Overwhelmed – “Kadison, R. & DiGeronimo, T.F. (2005). College of the Overwhelmed: The Campus Mental Health Crisis and What to Do About It. San Francisco, California: Jossey-Bass.
- Douce, L.A. & Keeling, R.P. (2014). A Strategic Primer on College Student Mental Health. <https://www.apa.org/pubs/newsletters/access/2014/10-14/college-mental-health.pdf>
- Drum, D.J., Brownson, C., Denmark, A.B., & Smith, S.E. (2009). New data on the nature of suicidal crises in college students: Shifting the paradigm. *Professional Psychology; Research and Practice*, 40, 213-222.

A word of caution: You may do your very best to help someone who is depressed or suicidal, but your intervention may not be successful. Be sure to take care of yourself in these situations and get any help that you may need.

NOTES



Scenario 5

Discrimination

You are hanging out at Riley's house watching TV with two of Riley's roommates that you don't know very well. At the end of a commercial one of Riley's roommates says, "That was so gay." He/she gets up and goes into the kitchen. What do you do?

Note: Some of the material discussed in this section may be controversial or sensitive in nature and thus needs to be facilitated very deliberately. It would be easy to avoid these difficult topics, but we must **Step UP!** and address them or we, too, fall victim to the Spiral of Silence. The intention is to elicit an honest conversation around complex subject matters and not to offend anyone. As you use examples of offensive language or practices, it is important to introduce and frame them in a manner that invites appropriate discussion and that does not have the unintended consequence of "re-victimizing" individuals with a close association to the target of the offensive language. Be prepared to address comments from majority audience participants that may dismiss or minimize the "seriousness" of certain comments. Emphasize that language is powerful and can impact us all deeply even if we do not show it, and as we've learned from the training, we don't always act on what we believe. Thus, offensive comments may go unchallenged.

Acknowledge to your group that many of us (from all backgrounds) are offended by discriminatory language and that some of us in the room may be personally impacted. Our hope is that by examining comments that have received national attention, we have a common reference to discuss these deeply emotional issues in a respectful and thoughtful manner.

Primetime has done an outstanding series called, "What Would You Do?" It presents various bystander dilemmas and has some powerful segments on discrimination. You can find it at:

www.abcnews.go.com/Primetime/WhatWouldYouDo

See what similar and current issues may be in the news worth discussing.

DISCRIMINATION

“Every minute a college student somewhere sees or hears racist, sexist, homophobic or other biased words or images.”

www.tolerance.org

QUESTIONS

1. Have you ever been discriminated against? What happened?
2. Do you think certain students are discriminated against? How? Why? Do they also sometimes experience reverse discrimination (i.e., preferential treatment)? How? Why?
3. Do you think people sometimes discriminate more based on their perception that individuals had a choice in their condition as opposed to something that was out of their control (e.g., genetics)? Discuss.
4. Is the criticism against rap music/lyrics, justified? Do you use similar language? If so, have you considered what impact that might have on children who view you as a role model or others who hear it?
5. Do men or women talk about the other gender in negative/derogatory ways in public?
6. Has society changed its attitudes toward same sex relationships? If so in what ways? How is discrimination against a LGBTQ student different from other forms of discrimination?
7. To what degree and in what ways do you think international students experience prejudice and discrimination? What other groups may experience discrimination? How so? Give examples.
8. Have you ever said something you didn't mean? Did you consider how someone else might take it (Perspective Taking)?
9. How does a power differential (e.g., advisor/administrator/professor) affect how or if you approach an individual?

DEFINITIONS AND CONSIDERATIONS

Stereotype: *An oversimplified generalization about a person or a group of people without regard for individual differences.*

Stereotypes can be positive or negative. Stereotypes are often based on a “kernel of truth,” (e.g., observation of group tendencies). However, they are often applied inaccurately when making judgments about an individual or a set of individuals from that group.

Prejudice: *An attitude, opinion or feeling without adequate prior knowledge, thought or reason.*

Example: “They look like a bunch of nappy headed hoes” (Don Imus, talk show host fired after these comments).

Example: “I hate gay people” (Tim Hardaway, former NBA player).

Discrimination: Differential treatment based on unfair categorization. It is a denial of fairness prompted by prejudice.

- Specific forms of discrimination: racism, sexism, classism, ageism, homophobia, etc.
- People can discriminate because of prejudice, stereotypes, or both.

Issues to consider before STEPPING UP:

1. **Identify the bias:** Is it prejudice, stereotyping, discrimination, or a combination?
2. **Form a goal based on the source of bias:**
 - a. Change negative beliefs (stereotypes).
 - b. Change negative attitudes/emotions (prejudice).
 - c. Change discriminatory behavior (with or without changing stereotypes or prejudice).
3. **Determine the safest and most effective way to address the bias:** Decide when and where to try and address the bias (in private not in public). When considering how to proceed, always consider the costs and consequences for long-term relationships with everyone involved.
4. **Choose a strategy to Step UP!**

Reduce the Tension: Form a goal based on the source of bias: Before addressing the bias more explicitly, you can try to reduce the tension at the start:

- To lighten the mood, tell the person a funny story about something unrelated.
- Compliment the person or share something you have in common with him/her.
- Ask the person to talk positively about him/herself.

Research indicates that such strategies can start to reduce the biases that people hold and will make them more open minded about discussing the issues with you.

Individuation approaches: Try to get the person to see others as individuals rather than as members of a disliked group:

- Highlight things about a targeted group's member that are different from most people's perception.
- Volunteer information about a targeted group's member so that the person could get to know them as an individual.

Recategorization approaches: Try to get others to see that the targeted group is similar to others and shares similar goals:

- Highlight traits and interests that the person and the targeted group share in common.
- Discuss issues that affect both the person and the targeted group to create perception of a "common enemy" and to view the targeted group in terms of a greater common group.
- Think of other ways to get the person to see the situation from a different perspective.

Confrontational approaches: You can directly address the bias by making the individuals aware of how their statement represents a bias or is inconsistent with their egalitarian values.

WARNING: Confrontation can make the biased person angry and may cause him or her to lash out or seek revenge. Thus, exercise caution if you use the following:

- Identify a statement as a potential bias, and express your anger/distaste.
- Ask the person to reconsider his/her view toward a targeted group.
- Ask the individuals if they value diversity and then remind them of ways in which they might unfairly stereotype others.
- Ask the persons if they believe that all people should be treated equally and then point out how their views contradict these values.

Coming to terms with your own biases:

1. Be respectful of all individuals and their viewpoints.
2. Listen to what individuals' lives are like and the experiences they've had in the world.
3. Accept that you are responsible for any of your negative reactions.
4. Don't rush the process of trying to understand a person's experiences or identity.
5. Don't criticize people for being different.

Did you know... ?

- Being the target of prejudice, stereotyping or discrimination manifests itself negatively in both the mental and physical health of those who experience it.
- According to our survey, almost 70% of student-athletes have witnessed discrimination in some form over the last year.
 - 96% are bothered by it.
 - 99% believe something should be done.

ACTION STEPS

1. **Be Ready** – You know at some point you will hear or see something that is inappropriate or discriminatory. Think of yourself as the one to **Step UP!**, prepare yourself for it and know what you will say. “Why do you say that?” or “Do you really mean what you just said?”
2. **Identify the Behavior** – Point out someone’s behavior to help them hear what they are really saying. “So, what I hear you saying is that all students don’t care about academics?”
3. **Appeal to Principles** – Call on a person’s higher principles. “I’ve always thought you were fair-minded. It shocks me to hear you say something so biased.”
4. **Set Limits – Draw a line.** You can’t control others but you can make others aware of what you will not tolerate. “Don’t tell racist jokes or use that language in my presence anymore. If you do, I will leave.” Follow through.
5. **Find an Ally/Be an Ally** – Seek out like-minded people and build strength in numbers.

Adapted from Tolerance.org (n.d.). A web project of the Southern Poverty Law Center.

Note: See the *Action Continuum* for more Action Steps.

RESOURCES

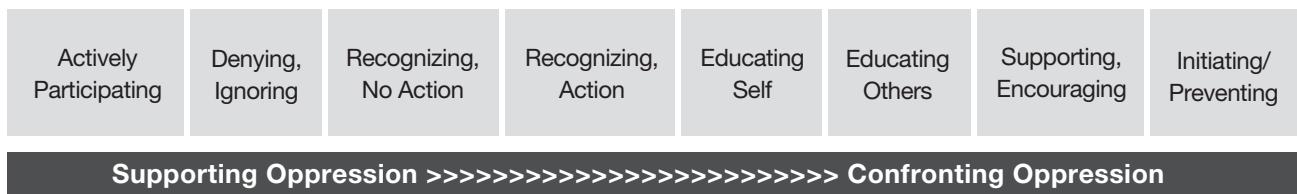
Local

- Multicultural Center on campus
- Campus Counseling Center
- Local LGBTQ Community Center
- Campus Safe Zone
- Academic Advisor/Provost or Dean of College if University policy is violated
- Women's Center

National

- Understanding Prejudice – www.understandingprejudice.org
- Teaching Tolerance – www.tolerance.org
- 10 Ways to Fight Hate on Campus – www.tolerance.org/campus/index.jsp
- The Civil Rights Coalition for the 21st Century – www.civilrights.org
- Project Implicit – <https://implicit.harvard.edu/implicit>
- Gender Public Advocacy Coalition – www.gpac.org
- American Civil Liberties Union – www.aclu.org
- Anti Defamation League – www.arc.org
- Gay and Lesbian Alliance Against Defamation (GLADD) – www.gladd.org
- Human Rights Watch – www.hrw.org
- Mavin Foundation – www.mavinfoundation.org
- National Association for the Advancement of Colored People – www.naacp.org
- National Organization for Women – www.now.org
- Southern Poverty Law Center (SPLC) – www.splcenter.org
- The Women's Sports Foundation – www.womenssportsfoundation.org

THE ACTION CONTINUUM



Actively Participating: Telling oppressive jokes, putting down people from target groups, intentionally avoiding target group members, discriminating against target group members, verbally or physically harassing target group members.

Denying: Enabling oppression by denying target group members are oppressed. Does not actively oppress, but by denying that oppression exists, colludes with oppression.

Recognizing, No Action: Is aware of oppressive actions by self or others and their harmful effects, but takes no action to stop this behavior. This inaction is the result of fear, lack of information, confusion about what to do. Experiences discomfort at the contradiction between awareness and action.

Recognizing, Action: Is aware of oppression, recognizes oppressive actions of self and others and takes action to stop it.

Educating Self: Taking actions to learn more about oppression and the experiences and heritage of target group members by reading, attending workshops, seminars, cultural events, participating in discussions, joining organizations or groups that oppose oppression, attending social action and change events.

Educating Others: Moving beyond only educating self to questions and dialogue with others too. Rather than only stopping oppressive comments or behaviors, also engaging people in discussion to share why you object to a comment or action.

Supporting, Encouraging: Supporting others who speak out against oppression or who are working to be more inclusive of target group members by backing up others who speak out, forming an allies group, joining a coalition group.

Initiating, Preventing: Working to change individual and institutional actions and policies that discriminate against target group members, planning educational programs or other events, working for passage of legislation that protects target group members from discrimination, being explicit about making sure target group members are full participants in organizations or groups.

Adams, M., Bell, L., & Griffin, P. (1997). *Teaching for diversity and social justice: A sourcebook*. New York: Routledge.

Scenario 6

Disordered Eating

A friend of yours appears to have lost quite a bit of weight lately. You notice that her eating habits are becoming more and more unusual. When approached, she is defensive, denying that anything is wrong. This has negatively impacted not only her performance but also your relationship with her. What do you do?

A full-size printable version of the Eating Issues/Body Image Continuum is available at: www.health.arizona.edu/sites/health/files/continuum2.pdf

DISORDERED EATING/BODY IMAGE ISSUES

QUESTIONS

1. Have you personally ever struggled with eating issues?
2. Do you know anyone with disordered eating? What impact did that have on you and/or your relationship with the person?
3. What are some underlying reasons people develop disordered eating? Control issues, self-esteem, peer/societal pressure. Others? Does gender play a role? Can it be genetic?
4. Is this an athletic community issue? If yes, how so?
5. What role do the media play in this?

CONSIDERATIONS

Distinction: Disordered eating consists of the spectrum of unhealthy eating from dietary restraint to clinical eating disorders. All eating disorders are included in disordered eating but not all disordered eating meets the criteria for an eating disorder.

What is disordered eating and how often does it occur in sport?

Disordered eating encompasses a wide range of problematic eating attitudes, behaviors and body image distortions that adversely impact physical and psychological health. Unfortunately, student-athletes are not exempt from the dangers of disordered eating symptoms, which have been reported to occur in approximately 25 percent of female college athletes and 20 percent of male college athletes competing in a diverse range of sports. The prevalence of disordered eating is highest among those competing in aesthetic sports in which student-athletes are judged on both technical skill and the artistic quality of their performance (e.g. gymnastics). However, student-athletes participating in any sport may show signs and symptoms of disordered eating, including excessive body and appearance-related concerns and unhealthy weight control behaviors (e.g., restrictive dieting, binge-eating, over-exercise, self-induced vomiting, or abuse of laxatives, diet pills, and diuretics).

What Is the role of disordered eating in the female athlete triad?

Dietary energy (the energy that comes from food) not only supports athletic performance but also sustains life. After energy is expended through exercise, the remaining energy is used to support the body's metabolic processes. Thus, when athletes have not adequately fueled, little energy is left to support the body's critical functions after intensive sports training. Declines in reproductive health and bone density are primary areas that may be adversely affected and comprise the other two components of the triad.

For some student-athletes, low energy availability occurs in the absence of disordered eating. In these instances, low energy availability is an unintentional, but negative byproduct of not consuming enough calories to offset the energy expenditure of sport training. In contrast, other athletes purposefully engage in disordered eating, often in an attempt to achieve greater athletic success and meet appearance standards for their sport, society or both.

How and why does disordered eating occur in athletes?

Disordered eating in student-athletes is a complex phenomenon and includes a range of genetic (e.g., inherited characteristics), environmental (e.g., peer and family modeling), psychological (e.g., body

dissatisfaction, perfectionism, low self-esteem) and behavioral factors (e.g., dietary restraint). In sport, the role of weight management pressures has become a popular research topic. Sources of pressure to lose, gain or maintain weight in sport may include: (1) demands to meet technical aspects of performance such as speed and agility; (2) demands to meet appearance-based aspects of performance such as long lines and aesthetically pleasing routines; (3) conventions of sport such as requirements for form-fitting or revealing athletic attire; (4) expectations of others such as coaches, parents, judges, peers and teammates; (5) media images of elite or professional level athletes that emphasize stereotypically attractive bodies for sport (e.g., slender and tone); and (6) societal demands to achieve stereotypically attractive bodies (e.g., tall and thin). All are critical considerations in the prevention of disordered eating in athletes.

Voelker, D.K. (2014). Disordered eating in athletes: Understanding the basics and what to do about it. NCAA Sport Science Institute Newsletter.

Source of Weight Pressure	Example
Technical Demands of Sport	Achieving faster race times, higher flight patterns
Aesthetic Demands of Sport	Achieving grace, beauty, and long lines during performance
Rules or Conventions of Sport	Form-fitting or revealing athletic attire, team weigh-ins
Important Others	Critical comments from coaches, parents, judges, peers, or teammates about weight, shape, or body size
Media	Images of high-level athletes that promote lean, tone, and stereotypically attractive bodies for sport
Societal Demands	Images of models that promote tall, thin, and stereotypically attractive bodies for society in general

Voelker, D.K. (2014). Disordered eating in athletes: Understanding the basics and what to do about it. NCAA Sport Science Institute Newsletter.

Triggers – Major life changes, relationship problems, depression, desire to maintain control.

Risk factors – Societal, familial, psychological and genetic; sport body stereotypes; revealing uniforms; competitive thinness; pressures associated with sport life.

Rationalizations – Athletics is sometimes used to “legitimize” an eating disorder by the persons explaining their symptoms (dieting, excessive exercise, etc.) as a way of becoming better athletes or to perform better. They sometimes get away with this because of the similarity between good athlete traits and eating disorder symptoms. There is the mistaken belief that a decrease in weight or body fat increases performance. But remember – disordered eating is usually only a symptom. It is important to try and find out what the real problem is.

Did you know...?

- Dieting is the primary precursor for the development of an eating disorder.
- Disordered eating can lead to other problems: dehydration, depression, anxiety, malnourishment decreased concentration, and decreased ability to make good decisions.

WARNING SIGNS:

- Eating disorders often begin or worsen during transition periods such as starting college.
- Usually the longer a person has the disorder, the more purposes and functions it serves.
- It can become the primary means of coping with life.
- Dramatic weight loss in a relatively short period of time.
- An intense and irrational fear of body fat and weight gain; hard for person to concentrate on anything besides weight.
- A determination to become thinner and thinner.
- A misperception of body weight and shape to the extent that the person feels fat even when underweight.
- Basing self-worth on body weight and body image. Obsession with others' weight and appearance.
- Personality traits such as perfectionism, being obsessive, approval seeking, low self-esteem, withdrawal, irritability, and all or nothing thinking.
- Frequent skipping of meals, with excuses for not eating; food restriction and self-starvation.
- Eating only a few foods, especially those low in fat and calories. Secrecy around eating.
- Unusual food rituals (e.g., moving food around plate, cutting portions into tiny pieces).
- Frequent trips to the bathroom after meals.
- Frequent weighing of self and focusing on tiny fluctuations in weight.
- Excessive focus on an exercise regimen outside of normal practice and conditioning.
- Using (or hiding use of) diet pills, laxatives.
- Avoidance of social gatherings where food is involved, or isolating themselves.
- Fatigue and overall weakness.
- Eating very large quantities of food at one sitting but is normal weight or underweight.
- No menstrual periods or irregular periods.

ACTION STEPS

1. Talk to your friend. Keep the discussion informal and confidential, and focus on concerns about your friend's health and your relationship with her/him, not on weight or appearance.
2. Encourage the individuals to be a part of social functions and reassure them that you (and hopefully others) will not pressure them to eat if they do not want to.

3. Let the individuals have as many options surrounding food as possible—for example, let them choose the restaurant if you are going out to eat.
4. LISTEN. Find out what other things are going on in their lives.
5. Let them know that you will pass no judgments on them.
6. Ask them what you can do to help make dealing with food easier.
7. Be aware of how you talk about others' bodies – comments can sometimes slip out, but can be unintentionally hurtful or confusing to others.
8. Promote the idea that good nutrition leads to good health and increased performance.
9. Discuss your concerns with a professional. Learn about eating disorders and available local resources. (See websites listed).
10. Encourage the individual to seek professional help. Health care professionals are bound by confidentiality.

Remember:

You are not a professional and will not be able to fix the situation – however, you can offer resources and support. You may be rejected. People with eating disorders often deny their problem because they are afraid to admit they have a problem. Don't take the rejection personally, and try to end the conversation in a way that will allow you to come back to the subject at another time.

RESOURCES

Local

- Eating Disorders Centers
- Campus Counseling Services
- Campus Health
- Nutritionist
- Athletics Psychologist
- Athletic Trainers
- Life Skills Director

National

- NCAA Coaches Handbook – Managing the Female Triad
- NCAA Sport Science Institute – <http://www.ncaa.org/health-and-safety/sport-science-institute/ncaa-resources-related-disordered-eating>
- NCAA – <http://www.ncaa.org/health-and-safety/nutrition-and-performance/disordered-eating-student-athletes-understanding-basics>
- International Olympic Committee Position Stand on the Female Athlete Triad – http://www.olympic.org/documents/reports/en/en_report_917.pdf

- NCAA Nutrition and Performance – <http://www.ncaa.org/health-and-safety/nutrition-and-performance>
- Female Athlete Triad – www.femaleathletetriad.org
- National Eating Disorders Association (NEDA) – www.nationaleatingdisorders.org
- National Osteoporosis Foundation – www.nof.org
- Sports, Cardiovascular and Wellness Nutritionists (SCAN) – www.scandpg.org
- Academy for Eating Disorders (AED) – www.aedweb.org
- American College of Sports Medicine – www.acsm.org
- American Dietetic Association (ADA) – www.eatrightfoundation.org
- The Renfrew Center Foundation – www.renfrew.org
- Eating Issues/Body Image Continuum – (See next page)
- www.health.arizona.edu/sites/health/files/continuum2.pdf
- Bloomington Center for Counseling and Development – www.myeatingdisordercenters.com
- National Association of Anorexia Nervosa and Associated Disorders – www.anad.org



Eating Issues & Body Image

Where
do you fit?

The Eating Issues and Body Image Continuum represents the range of eating behaviors and attitudes towards food and body image. The majority of people try to function in the two categories on the far left that reflect high self-esteem and physical health: Concerned Well and Not An Issue. However, people can move from one category to another depending on changes that occur in their self-esteem and attitudes toward food and body image. Also, an individual can be in one category for food and in another category for body image.

Food Is Not An Issue

I am not concerned about what others think regarding what and how much I eat.

When I am upset or depressed I eat whatever I am hungry for without any guilt or shame.

I feel no guilt or shame no matter how much I eat or what I eat.

Food is an important part of my life, but only occupies a small part of my time.

I trust my body to tell me what and how much to eat.

Food Preoccupied/Obsessed

I pay attention to what I eat in order to maintain a healthy body.

I feel I don't eat well most of the time.

It's hard for me to enjoy eating with others.

I feel ashamed when I eat more than others or more than what I feel I should be eating.

I am afraid of getting fat.

I wish I could change how much I want to eat and what I am hungry for.

Body Acceptance

I think about food a lot.

I regularly stuff myself and then exercise, vomit, use diet pills or laxatives to get rid of the food or calories.

My friends/family tell me I am too thin.

I am terrified of eating fat.

When I let myself eat, I have a hard time controlling the amount of food I eat.

I am afraid to eat in front of others.

Distorted Body Image

I have tried diet pills, laxatives, vomiting or extra time exercising in order to lose or maintain my weight.

I have fasted or avoided eating for long periods of time in order to lose or maintain my weight.

I feel strong when I can restrict how much I eat.

Eating more than I wanted to makes me feel out of control.

Eating Disordered

I spend a significant amount of time exercising, and dieting to change my body.

My body shape and size keeps me from dating or finding someone who will treat me the way I want to be treated.

I have considered changing or have changed my body shape and size through surgical means, so I can accept myself.

I wish I could change the way I look in the mirror.

Body Hate/Dissociation

I often feel separated and distant from my body - as if it belongs to someone else.

I hate my body and I often isolate myself from others.

I don't see anything positive or even neutral about my body shape and size.

I don't believe others when they tell me I look OK.

I hate the way I look in the mirror.

SmileyKing/Avery, 96; Campus Health Service
Original continuum: CShissack; Preventive Medicine and Public Health
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Scenario 7

Gambling

A friend is selling some of his important and valuable belongings. He has also asked friends to borrow money. He is spending an inordinate amount of time at the computer and appears to be overly invested in the outcomes of sporting events. You are concerned. What do you do?

GAMBLING

“There is no more vulnerable person in the world of sports than the college athlete...”

Mike Welch – FBI Organized Crime Unit

QUESTIONS:

1. Do you know anyone who has a gambling problem? How do you know? What are the signs?
2. How does it affect your relationship with this person?
3. Who would you go to on your campus if you were concerned that a student may be gambling?
4. Do you think it should be illegal for students to gamble as long as it's not on their sport?
5. How could the competitive nature of being an athlete impact gambling behavior?

CONSIDERATIONS

- The FBI estimates more than \$2.5 billion is wagered illegally on March Madness.
- 20,000 student-athletes anonymously answered questions on whether they engaged in various forms of sports wagering. Here are some of the results:
 - ◆ About 30 percent of male student-athletes and 7 percent of female student-athletes reported wagering on sporting events within the past year.
 - ◆ 37 percent of Division III male student-athletes reported wagering at the social level, compared to 28 percent in Division II and 22 percent in Division I. Among women, 9 percent of Division III student-athletes reported social levels of wagering, compared to 6 percent in Division II and 4 percent in Division I.
 - ◆ Analysis by sport pinpoints men's golf as a particular problem area in all three divisions, with 40 percent of Division I male golfers reporting social levels of wagering and 8 percent gambling at least once a week. In comparison, 12 percent of Division I men's basketball players bet on sports at the social level. Across all divisions, 20 percent of male golfers reported at least monthly sports wagering.

Gambling includes betting on the following:

- Poker or other card games
- Dice, video or board games for money
- Car, horse or dog racing
- Lottery games
- Internet games using credit cards

- Slot or electronic poker machines
- Stock market
- Games of skill, like pool, golf, darts or bowling
- School, professional or fantasy sports

Reasons students say they gamble:

- Chance to win money - think it's a fast and easy way to get rich quick
- Excitement of placing a bet
- To spend time with friends
- Distraction from everyday life
- To fit in or be accepted
- The rush of winning
- To feel important

Warning Signs:

- Excessive phone bills to 900 number services
- Obsession with point spreads
- Unusual interest in obscure games
- Makes excessive inquiries about the health status of athletes on a team
- Shifting allegiances – for/against same team on different days
- Frequently asking friends or family for loans to get bailed out of desperate financial situations - debts, unpaid bills, other financial troubles
- Defensive when questioned about gambling behavior
- Chases losses
- Negative changes in attitude or behavior – irritable, restless, withdrawn, distracted
- Missing class, dropping grades, missing other commitments
- Separation from friends; jeopardizing significant relationships
- Selling personal belongings to get money
- Gambles as a way of escaping from problems or of relieving a negative mood or emotional pain (guilt, anxiety, helplessness, depression, etc.)
- Has committed illegal acts such as forgery, fraud, or theft to finance gambling
- Reluctant to use “gambling money” for normal expenditures
- Receives gambling paraphernalia from Internet sports betting sites or possesses gambling related items such as lottery tickets, betting sheets, casino chips, or other souvenirs from gambling locations

Note: It is sometimes very difficult to notice when someone has a gambling problem - there aren't necessarily physical signs like in other examples.

Did you know...?

- Gambling can be an addiction. It can turn into a VERY BIG problem VERY quickly.
- Online gambling has increased significantly in the last 5 years.
- College students are at greater risk than the general population. 5% report pathological gambling and over 9% report sub-clinical gambling related problems.

ACTION STEPS

1. Talk to the individual. Let the person know that you're concerned.
(See The 5 Point Formula in Strategies for Effective Helping, Section C.)
2. Do not give the person money and discourage others from doing so.
3. Learn about the problem. Read the NCAA brochure DON'T BET ON IT! *(See website below.)*
4. Remind the individual:
 - a. Do not make bets on any teams, including your own.
 - b. Do not give information about your team or team members to anyone (injuries, morale, discipline, etc.). Keep team information in the locker room.
 - c. Do not talk about odds or point spreads with anyone.
 - d. Do not associate with bookies or other gamblers.
 - e. Do not accept money, gifts or favors for any reason from anyone associated with sports.
5. Encourage the person to seek professional help.

RESOURCES

Local

- Campus Counseling Center
- Psychologist

National

- NCAA Don't Bet On It – <http://www.ncaa.org/enforcement/sports-wagering>
- National Council on Problem Gambling – www.ncpgambling.org

Scenario 8

Hazing

You notice a posting on social media or are part of a conversation about “initiation” for new members of your team or organization. You’re not comfortable with what they are planning, but if you say anything, you’ll probably get harassed yourself for messing with tradition. You dealt with it ok when you were a rookie or a new member, but you don’t really want to be involved in doing it to someone else. What do you do?

While this one specifically talks about Facebook, any of the scenarios could incorporate the idea of noticing things (Step 1) on social networking sites. (Also, question #7 in the Summary asks, “What kinds of things are appropriate/inappropriate to include on Facebook, Twitter, or other social networking sites? Should schools oversee what is on their students’ sites?”) You can talk about it here or wait until later.

HAZING

Hazing refers to any activity expected of someone joining a group (or to maintain full status in a group) that humiliates, degrades or risks emotional and/or physical harm, regardless of the person's willingness to participate (Source: www.stophazing.org).

QUESTIONS

1. Are new member-only activities, by definition, hazing?
2. How could you break a long-standing “tradition?” What activities could be introduced to start a new event or practice and replace a questionable one?
3. How do hazing activities get passed on? Have you been hazed? If yes, is there an expectation to participate in future initiations?
4. How could the competitive or risk-taking nature of certain people impact a hazing situation (drinking games, endurance competitions, high-risk activities AFTER alcohol consumption)?
5. What is the unique culture of your team or group? Could any of your traditions be considered hazing?

CONSIDERATIONS

Many factors contribute to hazing practices. Hazing may reflect the belief that when adversity is surmounted, the team’s or group’s attractiveness is strengthened. Submitting to punishment is accepted to achieve team or group membership, especially when reinforced by peer acceptance. When those who are hazed appear to accept the hazing punishment, it implicitly conveys their motivation to be a loyal member who is submissive to authority. Most research has focused on themes related to group identity (Kamau, 2013), group attraction (Keating et al., 2003) and affiliation (Lodewijkx & Syroit, 2001).

Little is known about the characteristics of either the instigators or victims of hazing. Here is what is known:

- One large survey of over 60,000 student-athletes representing 2,400 colleges and universities revealed that the majority of student-athletes have been exposed to hazing involving one or a combination of humiliation, dangerous activity, beating, sexual acts or sleep loss (Hoover & Polland, 2003b; Allen & Madden, 2008).
- Hazing is associated with lower cohesiveness while performing team-related tasks (Van Raalte et al., 2007).
- Hazing is also more likely where there is weak organizational coherence (Renaud, 2010).
- The more severe the hazing initiation rite, the more severe is experienced dejection, depression and isolation (Lodewijkx et al., 2005).
- Athletes frequently hide hazing as the cause of injury when appearing for emergency medical treatment to protect the perpetrators (Finkel, 2002).
- Characteristics related to hazing propensity include fraternity and sorority membership, high leadership status of the perpetrator and an incorrect belief that hazing strengthens team cohesion (see Campo et al., 2005). ”

These factors underscore the importance of taking into account the team’s or group’s culture so as to devise strategies that provide an attractive alternative to hazing aimed at advancing the team’s or group’s development. Education alone is not an effective deterrent.

Other considerations: Team-building and initiation activities can be a good thing and very beneficial. They can be fun or serious, challenging or low-risk, but should always be focused on helping the person find an identity in a group and giving them a sense of belonging. If the event is not designed to align with the group's core values and traditions it may be considered hazing. Any activity that could humiliate, embarrass, degrade or endanger people is hazing. Unsure? Ask yourself:

- Am I being asked to keep these activities a secret?
- Is there pressure to participate?
- Is a specific group or individual being singled out?
- Am I possibly doing anything illegal? Would you be willing to defend the merit of this activity in a court of law?
- Will this activity increase long term feelings of friendship between new and veteran members of the team/group?
- Does participation in this activity violate my values and standards or those of this team?
- Is this causing emotional or physical distress or stress to myself or to others?
- Would I feel comfortable participating in this activity if my parents were watching?
- Would we get in trouble if a college administrator walked by and saw us?

Source: *HazingPrevention.org*

How Hazing Is Justified

Moral Disengagement (Bandura, 2002) – Gradual disengagement of moral self-sanction. Behavior normally viewed as immoral, even reprehensible, over time becomes more benign, acceptable or worthy in a particular social setting through cognitive restructuring.

Mechanisms:

1. *Moral Justification* – make it socially worthy (e.g., creating bonds, building unity).
2. *Euphemistic labeling* – sanitized language of non-responsibility (e.g., “team building”).
3. *Advantageous comparison* – War analogy – “We’re going to battle.”
4. *Displacement of responsibility* – “We’re just carrying on tradition”; surreptitious sanctioning (wink and nod); intentionally uninformed – “We don’t have a problem with hazing here,” or “I don’t want to know.”
5. *Diffusion of responsibility* – Normative conformity; avoidance of personal responsibility.
6. *Disregard or distortion of consequences* – Athletes are good at hiding pain, physical, emotional, or otherwise.
7. *Dehumanization* – Perception of freshmen as “less than”; use of masks, costumes, etc.
8. *Attribution of blame* – Blame the victim – “They agreed to it.”

Did you know...?

- Hazing occurs in sports teams, clubs, Greek life, cheerleading, honor societies and more.
- Hazing is often about power and control. Hazing does not build unity.
- More than half of students in colleges and universities involved in clubs, sports teams and organizations have experienced hazing.
- A significant number of hazing incidents and deaths involve alcohol consumption.
- Students are more likely to be hazed if they knew an adult who was hazed.
- Two in five students say they are aware of hazing taking place on their campus.
- Hazing occurs in middle schools, high schools and colleges.
- Both male and female students report a high level of hazing.

Source: HazingPrevention.org

ACTION STEPS

1. Define up front what is acceptable and what is not acceptable.
2. Ensure the activity that is planned could not be considered, by definition, hazing.
3. Don't let others justify hazing as "tradition."
4. Realize that if you are concerned, more often than not, other members of your team are concerned, too.
5. BREAK THE SILENCE and voice your opinion, even if only to one other member.
6. Choose to not participate in the activity.
7. Speak with team or group leaders about your concerns.
8. Talk to an administrator or contact the campus hazing hotline.
9. Come up with new activities that promote team bonding without any risk of them being considered hazing.
10. Start a conversation with your team or group to think about how the activity could psychologically impact the people they are hazing (perspective taking). What might happen if the activity triggers an emotional event from the person's past?

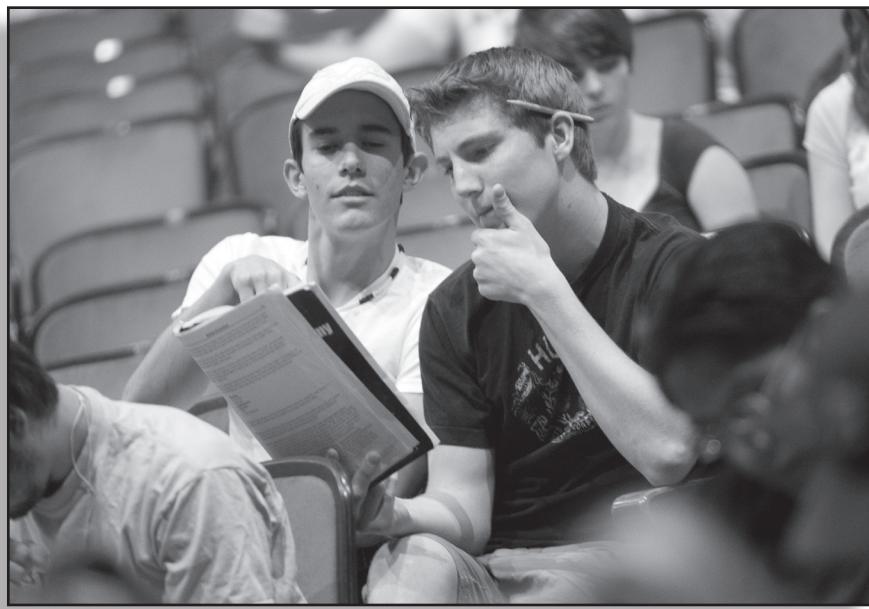
RESOURCES

Local

- 9-1-1 Campus Police
- Campus Hazing hotline
- Dean of Students

National

- Stop Hazing – www.stophazing.org
- **HazingPrevention.org** – (Coordinates National Hazing Prevention Week)
<http://hazingprevention.org/>
- Hazing in View Report. College Students at Risk: Initial Findings from the National Study of Student Hazing – http://www.stophazing.org/wp-content/uploads/2014/06/hazing_in_view_web1.pdf
- NCAA's Hazing Research Brief: – http://www.ncaa.org/sites/default/files/Martin_Detecting%20Team%20Potential.pdf
- Alfred University' Sports Hazing Study (1999) – www.alfred.edu/sports_hazing/
- Hazing Education Initiative at Florida State University – <http://hazing.fsu.edu>
- Preventing Hazing at Cornell – www.hazing.cornell.edu
- HAZE The Movie – www.gordiescall.org
- NCAA Hazing Prevention Handbook – www.ncaa.org/violenceprevention



NOTES



Scenario 9

Sexual Assault

You are hanging out with friends outside of a party. A woman walks by in a short skirt and a sheer shirt. One of the people hanging out with you makes a comment about how “she’s definitely asking for it.” What do you do?

Scenario 10

Relationship Violence

You are returning home to your room and in the room next door you can hear a couple arguing loudly. The language grows increasingly abusive. What do you do?

NOTE: It is strongly recommended that before preparing for this session that you contact campus partners such as your Title IX coordinator and office of student affairs. Familiarity with your own campus policies, protocols, procedures, and especially resources are critical.

SEXUAL ASSAULT / RELATIONSHIP VIOLENCE

If someone is incapacitated due to alcohol or other drugs, even if the individual says yes, it is considered sexual assault.

BACKGROUND

Why is this a college issue?

- U.S. Department of Education, Office of Civil Rights:
No person in the United States shall on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance.
Note: Sexual harassment can constitute discrimination prohibited by Title IX.

According to Title IX:

- A school has a responsibility to respond promptly and effectively. If a school knows or reasonably should know about sexual harassment or sexual violence that creates a hostile environment, the school must take immediate action to eliminate the sexual harassment or sexual violence, prevent its recurrence, and address its effects.

Which behaviors are prohibited?

- A pattern of abusive behaviors used to exert power and control over a current or former partner. It can include emotional, sexual, verbal or economic actions, or physical threats of violence. Acts may include any behaviors that intimidate, isolate, manipulate, humiliate, coerce, frighten, blame or hurt someone. It can happen to anyone, regardless of race, sexual orientation, age, education, religion, etc.*
- Domestic violence
- Sexual assault as defined by The Clery Act: rape (oral, anal or vaginal), fondling, incest, or statutory rape
- Sexual exploitation
- Stalking
- As defined by Clery: Ongoing conduct that could cause a reasonable person to fear for the safety of themselves or others, or suffer emotional distress (e.g., following, monitoring, threatening, communicating to or about the victim, or interfering with a victim's property)
- Gender-based harassment

- This may include acts of verbal, nonverbal, or physical aggression, intimidation, or hostility based on sex or sex-stereotyping, even if those acts do not involve conduct of a sexual nature.*
- Retaliation: Either by or on behalf of either the claimant or respondent is prohibited by Title IX.

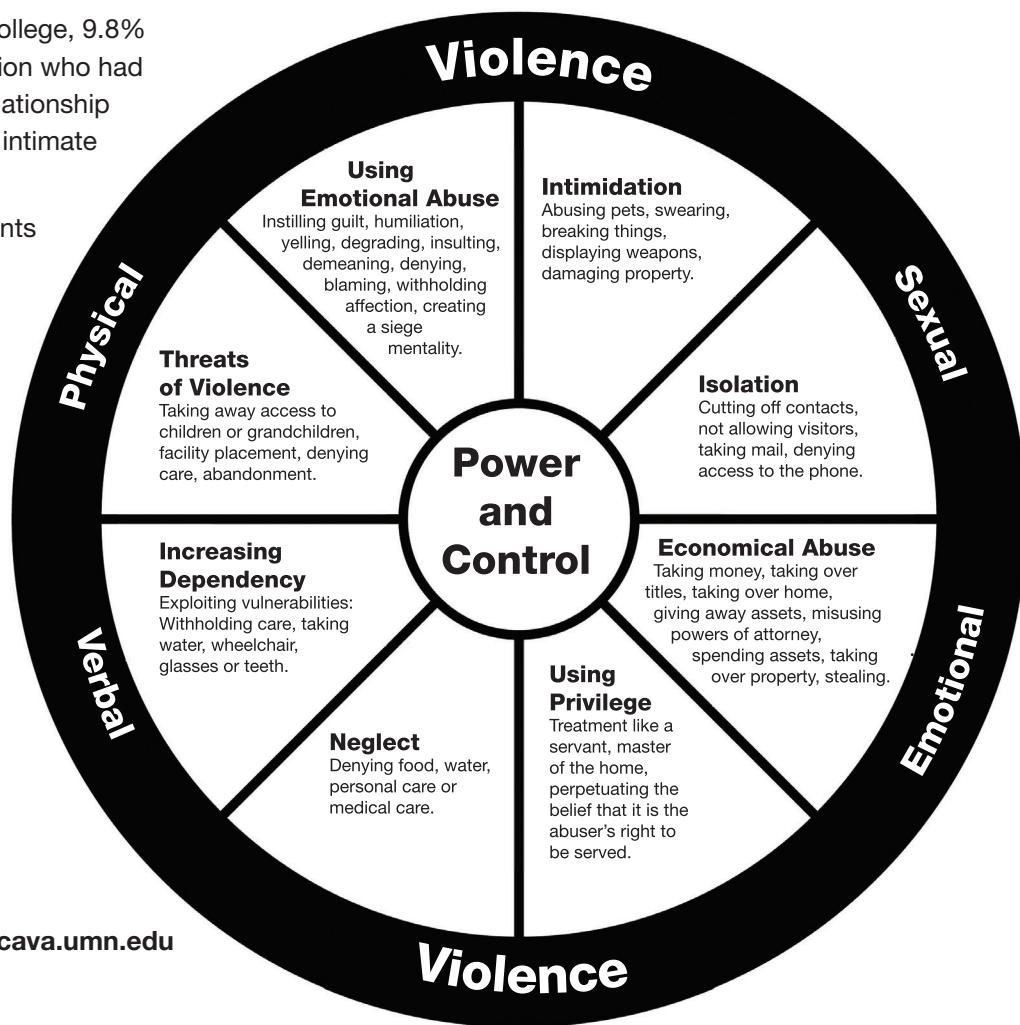
How often does this happen?

In the last 12 months, were you:

Sexually touched without consent	8.7%
A victim of stalking	5.5%
In an intimate relationship that was	
Emotionally abusive	8.6%
Physically abusive	1.9%
Sexually abusive	1.9%
A victim of penetration (oral, anal, vaginal), either attempted or completed, without consent	5.2%

(ACHA-NCHA-II, Spring 2015, n = 74,438)

- While enrolled in the college, 9.8% of the student population who had been in a partnered relationship reported experiencing intimate partner violence.
- Overall, 4.2% of students reported that they had been the victims of stalking since first enrolling at the college or university.
(American Association of Universities, Spring 2015)



Rates of Sexual Assault and Abuse

- Male student-athletes experienced some form of sexual assault at rates significantly (*p<.01) higher than their non-athlete peers. This significance was not found between female student-athletes and non-athletes.
- The percent of male and female student-athletes and non-athletes in self-reported sexually abusive relationships was not significantly different.

	Males		Females	
	Athlete	Non-athlete	Athlete	Non-athlete
Within the past 12 months...				
Were you sexually touched without your consent?	4.6%*	3.5%	9.1%	8.5%
Sexual penetration attempted without consent	1.2%*	0.9%	4.0%	3.6%
Sexually penetrated without consent	.9%*	0.6%	2.1%	2.1%
Sexually abusive relationship	1.0%	0.9%	2.0%	2.1%

ACHA National College Health Assessment, Fall 2008, Spring 2009, Fall 2009, Spring 2010, Fall 2010, Spring 2011, Fall 2011, Fall 2012 ACHA-NCHA II

*p<.01

QUESTIONS:

- What are the key elements of consent?
- Sexual assault is one of the most unreported crimes. Why do you think this might be?
- What do you know about the relationship between alcohol and sexual assault?
- A risk factor for perpetration is assuming peer approval for coercive sexual behavior. What message does staying silent in the presence of any kind of sexual misconduct send?
- What barriers are specific to situations related to relationship violence (the spectrum of abuse that encompasses verbal, emotional, and physical abuse?)
- What role does language play in creating a culture of sexual respect that also does not tolerate sexual assault and relationship violence?
- What is the perception of the “hook-up culture” at your campus? How does it reflect that 33.4% of undergraduates self-report not having had a partner for oral, anal, or vaginal sex in the last year. Another 40.2% self-report only one partner.
(ACHA-NCHA-II, Spring 2015)
- What are the resources available on your campus to support victims/survivors of sexual assault and relationship violence?

ADDITIONAL QUESTIONS FOR ATHLETES:

- In what ways does your team promote or not promote sexual respect?
- If your team socializes together, in what ways do you look out for each other?
- What reputation would you want your team to have regarding sexual respect?
- In what ways can your team be leaders in this context?

CONSIDERATIONS

Alcohol and sexual assault

- *Between 40-75% of sexual assaults on college campuses involve alcohol consumption by the victim, perpetrator, or both.
- *It is CRITICAL to make clear that alcohol use by the victim DOES NOT mean the victim is in ANY WAY at fault. Victims may be more vulnerable or less likely to notice coercive or pressuring behaviors when alcohol is involved. This increases the need for active bystanders to look out for them.
- *Alcohol is a risk factor for perpetration of sexual assault, particularly for people who have other risk factors. This increases the need for active bystanders to pay attention to them.
- *Discuss blackouts (failure to make short-term memories), as people might not remember if they asked for consent, if they received consent, or if any conversation of consent occurred.
- *Discuss the ways in which alcohol, which narrows attention to salient cues and interferes with long-term planning, can interfere with understanding consent.
- *Contrast alcohol with the prevalence of “date-rape drugs,” which are present in less than 2% of reported attempted or completed sexual assaults. Alcohol is, in effect, the most common date-rape drug.
- *Know your college’s policy regarding alcohol and consent. (Avoid excessive emphasis on specifics of the policy, which then just becomes about avoiding sexual assault – if you suspect someone might be too drunk to consent to sex, then they probably are too drunk, and the priority should be on caring for them.)

ADDITIONAL CONSIDERATIONS FOR ATHLETES

- “Athletics has a unique platform on most campuses from which it can visibly and vocally support its colleagues across campus who are working to make the campus safer for all students.”
 - *NCAA’s Addressing Sexual Assault and Interpersonal Violence: Athletics’ Role in Support of Healthy and Safe Campuses*

ACTION STEPS

1. Know campus and community resources – both confidential and non-confidential.
2. Learn how to contact your campus Title IX coordinator and how the coordinator would respond to a report.
3. Challenge sexist, homophobic, and otherwise discriminatory language when you hear it.
4. Create a plan with your friends and/or teammates before going out and check in with each other regularly.
5. Be aware when you might be promoting norms and expectancies regarding the “hook-up culture” that may not actually be accurate.
6. Be the ultimate wing-person for your friends and/or teammates by “pressing pause” on a potential hook-up if one or both parties may be drunk, but get that phone number, etc., so they can reconnect when sober.
7. Check-in on situations that concern you—be the awkward third wheel if need be.
8. If you are unsure if a situation should be interrupted, consult with a friend and/or teammate. Work together!
9. Make clear among your friends and/or teammates that sexual pressure or coercion is not acceptable.
10. Educate yourself about power dynamics in relationships.
11. If you are concerned that a friend may be in an unhealthy relationship, make time to talk one-on-one.
12. Familiarize yourself with resources and policies on your own campus.
13. Be prepared to help prevent the spectrum of behaviors related to sexual assault and relationship violence — active bystanderism is one of the most evidence-based approaches for prevention.

How to help someone who discloses an issue related to sexual misconduct.

1. Listen. Let the person name their own experience.
2. Ask if the person feels safe and if they need medical care.
3. Offer to contact a confidential resource.
4. Contact your Title IX coordinator.

RESOURCES

Local

- Title IX Coordinator / Office
- 9-1-1 Campus Police – Do not be afraid to contact police if you have information about an assault, even after the fact.
- Campus Program for Sexual Assault / Relationship Violence
- Dean of Students office
- Psychologist
- Hall Director if in the dorms
- Campus Counseling and Psychological Services
- Campus Women's Center
- Campus Health Services
- Coaches / Athletic Directors

National

- AAU Campus Survey on Sexual Assault and Sexual Misconduct – <http://www.aau.edu/Climate-Survey.aspx?id=16525>
- One Love Foundation– <http://www.joinonelove.org>
- One Student – www.onestudent.org
- Green Dot – www.livethegreendot.com
- Internet Keep Safe Coalition – www.ikeepsafe.org
- National Center for Victims of Crime – www.ncvc.org
- Male Survivor – www.malesurvivor.org 1-800-738-4181
- Emerge Center Against Domestic Abuse – 1-888-428-0101
- National Domestic Violence Hotline – www.ndvh.org 1-800-799-7323
- National Coalition Against Domestic Violence – www.ncadv.org 1-800-799-7323
- Domestic Abuse Intervention Project – www.duluth-model.org
- Domestic Abuse Helpline for Men – www.noexcuse4abuse.org 1-888-743-5754
- Love Is Not Abuse (Liz Claiborne Program) – www.loveisnotabuse.com
- National Teen Dating Abuse Helpline – www.loveisrespect.org 1-866 331-9474
- Addressing Sexual Assault and Interpersonal Violence – Athletics' Role in the Support of Healthy and Safe Campuses <https://www.ncaa.org/sites/default/files/Sexual-Violence-Prevention.pdf>
- American College Health Association – <http://www.acha.org/ACHA/Resources/Topics/Violence.aspx>
- California Coalition Against Sexual Assault – <http://www.calcsa.org/>
- Center for Disease Control and Prevention – <http://www.cdc.gov/violenceprevention/sexualviolence/>
- Clery Center for Security on Campus – <http://clerycenter.org/>
- National Sexual Violence Resource Center – <http://www.nsvrc.org/>
- Not Alone – <https://www.notalone.gov/>
- Rape, Abuse, and Incest National Network (RAINN) – <https://rainn.org/>
- Mentors in Violence Prevention – www.sportinsociety.org/mvp/index.php

SUMMARY QUESTIONS

1. In the past have you generally been a bystander or intervener? In what kinds of situations are you one or the other? Out of the topics we have discussed, which interventions are more difficult and why?
2. How would your group or community benefit from intervening?
3. What makes you “give in” to activities or behavior you really don’t want to engage in? What prevents you from saying or doing what you believe to be right? Have you ever not said/done something for fear of losing or jeopardizing a friendship?
4. What makes you stand your ground?
5. What message do you think it sends when people are “silent” about an issue?
6. Do you think people have become “desensitized” to some of these issues? Explain.
7. What kinds of things are appropriate/inappropriate to include on Facebook, MySpace, or other social networking sites? Should schools oversee what is on their students’ sites?
8. Do you think people are “snitches” if they talk to someone (a mentor, administrator, professional) about another person out of concern? Do you think the possibility of being perceived as a “snitch” inhibits helping behavior?
9. Which of the behaviors are made even more risky by the competitive nature of being an athlete?
10. What causes people to make decisions that go against their stated goals and values?
11. What did you learn that you did not know or were not aware of before?
12. Did the pilot survey results/clicker questions results surprise you in any way? How?
13. What skill or strategy is most difficult for you to put into practice? Why?
14. Discuss how various cultures view these issues and what are the similarities and differences in how they deal with them.
15. What has **Step UP!** training meant to you? Do you think this training will affect how you look at things in the future?

Note: When you are finished with the training, have the students make a pledge, show the **Step UP!** website and Facebook page and play the final video.



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Appendices

Section E

APPENDIX A

ACTIVITIES

1. Icebreaker/Team Building Activities

The following website is good if you want to do an icebreaker or other teambuilding activity before the training starts: www.wilderdom.com/games/InitiativeGames.html

One with applicability to **Step UP!** is the “Mine Field. Participants try to avoid stepping on “mines” (representing problematic behaviors) with the assistance of group members who help direct their path.

2. Audience Response System Questions/Snowball Surveys

If you have access to an Audience Response System you can make more “clicker questions” and add them to the PowerPoints (some have already been included with the presentations). If you do not have an ARS, you can make the questions “snowball survey” questions (see *Part One, slide 3*). See our pilot survey for more ideas or make up some of your own!

3. Scenario Discussion

This is highly recommended for use with the scenarios (See *Appendix B, Scenario Worksheet*). Break your students into groups, give them each a different scenario, and have them fill out the worksheet for that particular scenario. Then they can discuss within their group and report back to the larger group. They also have the ability to practice an intervention script (See *the 5 Point Formula*).

4. Value-Based Decisions

Many times people try to rationalize impulsive, spur-of-the moment decisions. This exercise will focus on the long term consequences (positive or negative) of certain behaviors. On the *Value-Based Decisions Worksheet, Appendix B*, students should pick a behavior – either positive or negative, fill out the worksheet, and compare the immediate benefits to the long-term consequences. The behavior needs to stay the same – one example doing it and one not doing it. (**Note:** in some cases the immediate rewards may outweigh the immediate consequences. However, what is important is to consider the total benefits and consequences over time.) There is a sample worksheet (completed) included. The numbers are somewhat arbitrary, but you should be able to get the idea.

5. Start, Stop, Continue

On a piece of paper and have the students write down and respond to the following:

As an intervener in emergency situations, I would like to:

- a. Start...
- b. Stop...
- c. Continue...

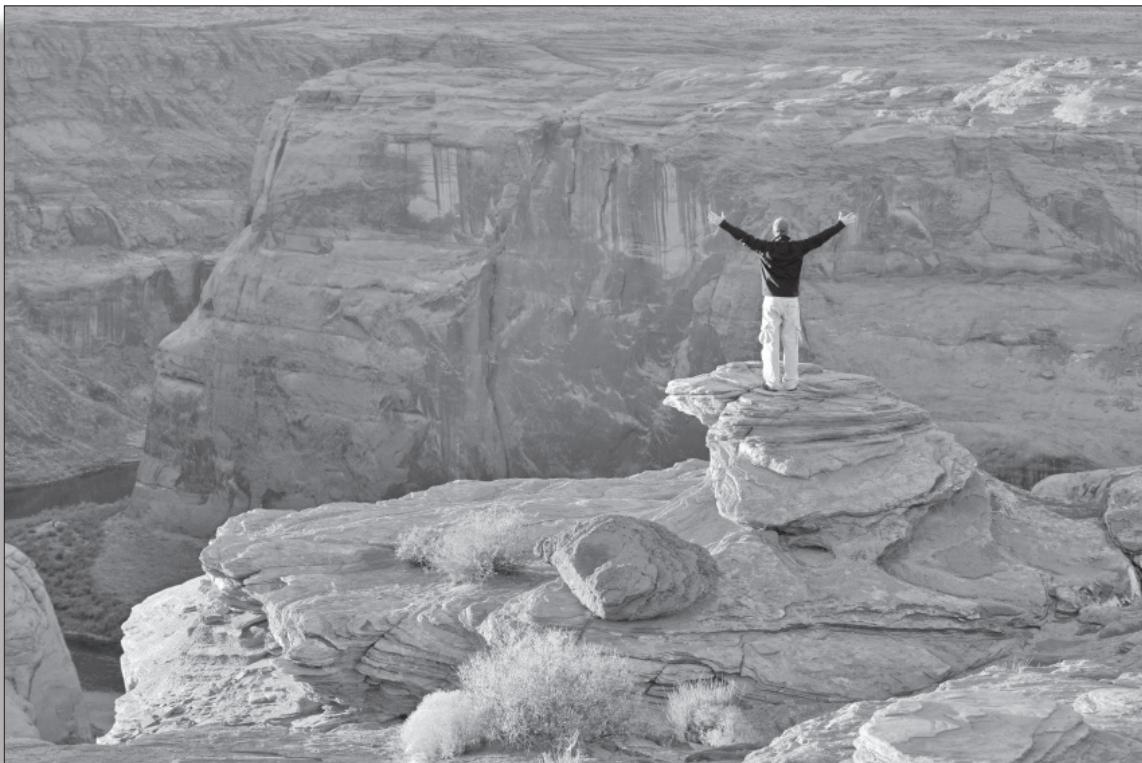
As an intervener in non-emergency situations, I would like to:

- a. Start...
- b. Stop...
- c. Continue...

6. **The Step UP! Challenge**

This activity will ask each participant to identify specific things they learned in the training, specific skills or abilities they learned or gained confidence in, and also identify a specific strategy they will utilize to “**Step UP!**” the next time they witness/observe a situation that requires some kind of action/intervention. This activity will not only help participants identify and vocalize learning outcomes, but it also helps them vocalize a specific commitment to how they will use the training to help them “**Step UP!** and Be a Leader, Make a Difference.” Go around the room and have each participant share:

- a. What I learned from the training
- b. I learned “X” new skill or increased my confidence level to do “Y”.
- c. I personally challenge myself to do “X” next time I witness a problematic situation.



APPENDIX B

SCENARIO WORKSHEET

1. What is the specific goal?

2. Discuss the 5 Decision Making Steps:
 - a) **Notice the Event** (*What are the red flags?*)

 - b) **Interpret it as Problem/Emergency** (*Is anything ambiguous? Is group pressure or groupthink a factor? If so, explain?*)

 - c) **Assume Personal Responsibility** (*What can you personally say or do?*)

 - d) **Have the Skills to Intervene** (*What are direct and/or indirect ways to help?*)

 - e) **Implement the Help – Step UP!** (*What are the costs/benefits to helping; what are costs of NOT helping?*)

3. Perspective taking – How would you feel if you were the victim? What would you be thinking? What specifically would you want someone to do for you? How would you feel if you didn't help?

4. Is Obedience to Perceived Authority an issue?

5. What considerations are there in order to make the intervention Safe, Early, and Effective?

6. If you were to use the 5 Point Formula (I Care; I See; I Feel; I Wonder; I Will) what would that sound like?

7. What other intervention strategies would be helpful?

Create a script using **The Five-Point Formula** (See sample script in Strategies for Effective Helping, Section C). Remember the Law of Delivery – audience, content, timing, reasons, location, tone.

I Care –

I See –

I Feel –

I Wonder –

I Will –

VALUE-BASED DECISIONS WORKSHEET

This technique is designed to help with making good decisions that are aligned with our stated values regarding impulsive behaviors such as drinking, using drugs, unhealthy eating, aggressive behavior, risky sexual behavior, etc.

If I choose to _____ name the behavior

	List the Benefits	List the Costs	Value 0 (none) - 10 (high)
In 5 minutes			Benefit Value = Cost Value=
In 1 hour			Benefit Value = Cost Value=
In 6 hours			Benefit Value = Cost Value=
In 1 day			Benefit Value = Cost Value=
In 1 week			Benefit Value = Cost Value=
In 1 month			Benefit Value = Cost Value=
In 1 year			Benefit Value = Cost Value=

If I choose not to: _____ name the behavior

	List the Benefits	List the Costs	Value 0 (none) - 10 (high)
In 5 minutes			Benefit Value = Cost Value=
In 1 hour			Benefit Value = Cost Value=
In 6 hours			Benefit Value = Cost Value=
In 1 day			Benefit Value = Cost Value=
In 1 week			Benefit Value = Cost Value=
In 1 month			Benefit Value = Cost Value=
In 1 year			Benefit Value = Cost Value=

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SAMPLE WORKSHEET

If I choose to: _____ drink until I get drunk _____ (name the behavior)

		List the Benefits	List the Costs	Value 0 (none) - 10 (high)
In 5 minutes	Relaxed Acceptance by Peers Taste	None		Benefit Value = 8 Cost Value = 0
In 1 hour	Having a good time Forget about problems	Impaired decision making abilities		Benefit Value = 8 Cost Value = 5
In 6 hours	Little to none	Could put self and others at risk Nauseous/vomiting Impaired sleep		Benefit Value = 1 Cost Value = 8
In 1 day	Brag about it to friends	Hangover Skipped class, bad practice Prevents recovery from workout Second-hand effect on others		Benefit Value = 1 Cost Value = 8
In 1 week	None	Decrease physical and mental acuity Decrease in performance in school and sport. Get out of routine and behind in things		Benefit Value = 0 Cost Value = 9
In 1 month	None	Heal slower Still making up for lost time		Benefit Value = 0 Cost Value = 9
In 1 year	None	Possible DUI on record Possible Suspension/Dismissal from team		Benefit Value = 0 Cost Value = 10

Total B = 18 C = 49

If I choose not to _____ drink until I get drunk _____

		List the Benefits	List the Costs	Value 0 (none) - 10 (high)
In 5 minutes	Pride Self control	Teased by peers Insecure; more self conscious		Benefit Value = 4 Cost Value = 8
In 1 hour	In control	Not fitting in with group Bored Alienation or "attitude" from peers		Benefit Value = 5 Cost Value = 8
In 6 hours	Clear head Sound mind Able to drive	Little – party is pretty much over		Benefit Value = 8 Cost Value = 2
In 1 day	Good night sleep, well rested Productive academically and athletically, more focus	0		Benefit Value = 9 Cost Value = 0
In 1 week	Keep routine Maintain training and study schedule	0		Benefit Value = 9 Cost Value = 0
In 1 month	Don't have to play catch up Consistent optimal performance More energy	0		Benefit Value = 9 Cost Value = 0
In 1 year	No regrets	0		Benefit Value = 9 Cost Value = 0

Total B = 53 C = 18

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APPENDIX C

Step UP! DEFINITIONS

Altruism – A motivational state with the ultimate goal of increasing another's welfare.

Bystander Effect – Phenomenon in which someone is less likely to intervene in an emergency situation when others are present than when he or she is alone.

Conformity – The process by which people's beliefs or behaviors are influenced by others. People can be influenced via subtle or even unconscious processes or by direct and overt peer pressure. It is a group behavior – factors such as group size, unanimity, cohesion, status, prior commitment and public opinion all help to determine the level of conformity an individual will reflect toward his group.

Informational Conformity – When one turns to one's own group to obtain accurate information.

Normative Conformity – When one conforms to be liked or accepted by the members of the group.

Diffusion of Responsibility – Phenomenon whereby each bystander's sense of responsibility to help decreases as the number of witnesses increases.

Discrimination – Differential treatment based on unfair categorization. It is a denial of fairness prompted by prejudice.

Empathy – The ability to experience events/ emotions the way another person experiences them.

Groupthink – A type of thought exhibited by group members who try to minimize conflict and reach consensus without critically testing, analyzing and evaluating ideas.

Norm of Reciprocity – Helping others will increase the likelihood that they will help us in the future.

Perspective Taking – Reflects a tendency to use one's existing role-taking capacities in order to entertain the psychological point of view of another person.

Pluralistic Ignorance – Phenomenon whereby bystanders assume that nothing is wrong in an emergency because no one else looks concerned. This greatly interferes with the interpretation of the event as a problem/emergency and therefore reduces helping.

Prejudice – An attitude, opinion or feeling without adequate prior knowledge, thought or reason.

Prosocial Behavior – Any act performed with the goal of benefiting another person.

Social Norms Theory – Individuals incorrectly perceive the attitudes and/or behaviors of peer and other community members.

Spiral of Silence – A theory that asserts a person is less likely to voice an opinion if one feels that one is in the minority for fear of reprisal or isolation from the majority.

Stereotype – An oversimplified generalization about a person or a group of people without regard for individual differences.

Value-Based Decisions – where the total value of the chosen behavior is more than the alternative choice.

APPENDIX D

The Dovidio (et al.) Summary of Situational Factors and Psychological Processes that Determine Whether a Person will be Helped.

Copyright © 2006 The Social Psychology of Prosocial Behavior by Dovidio, Piliavin, Schroeder, Penner.
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Decision Steps	Possible Influences	Impact
Notice the Event	Clarity and vividness Stimulus overload	Clearer and more vivid events are more likely to be noticed. Excess environmental stimulation reduces the likelihood that the event will be noticed.
Interpret the Event as Requiring Help	Perceptual cues Informational social influence Relationship to the person in need High costs for helping	Events that involve more cues of another person's need are more likely to be interpreted as situations requiring help. Particularly in perceptually unclear (ambiguous) situations, the behavior of others will define whether help is required. People are more likely to recognize the need of others with whom they are closer. People may resolve the high cost for helping-high cost for no help dilemma by reinterpreting the situation as one not requiring assistance.
Assume Personal Responsibility	Immediate and general norms Presence of others Focusing responsibility Relationship to the person in need High costs for helping	Norms affect whether people will feel that they should help. The opportunity to come to believe that other people can help allows a person to diffuse responsibility. People are more likely to take action when they are in positions of explicit responsibility. People are more likely to accept responsibility for helping others with whom they are closer. People may resolve the high cost for helping – high cost for no help dilemma by diffusing responsibility for helping.
Choose a Way to Help	Knowledge and training	People who are more knowledgeable about the situation can better evaluate alternative courses of action.
Implement the Help	Training and experience	Bystanders who are well trained are more likely to help safely and effectively.

APPENDIX E

THE KITTY GENOVESE STORY

Catherine Susan Genovese (July 7, 1935— March 13, 1964), commonly known as **Kitty Genovese**, was a New York City woman who was stabbed to death near her home in the Kew Gardens section of Queens, New York. The circumstances of her murder and the apparent reaction (or lack thereof) of her neighbors were reported by a newspaper article published two weeks later and prompted investigation into the psychological phenomenon that became known as the bystander effect or “Genovese syndrome.”

Attack

Genovese had driven home in the early morning of March 13, 1964. Arriving home at about 3:15 a.m. and parking about 100 feet (30 m) from her apartment’s door, she was approached by Winston Moseley. Moseley ran after her and quickly overtook her, stabbing her twice in the back. When Genovese screamed out, her cries were heard by several neighbors; but on a cold night with the windows closed, only a few of them recognized the sound as a cry for help. When one of the neighbors shouted at the attacker, “Let that girl alone!,” Moseley ran away and Genovese slowly made her way toward her own apartment around the end of the building. She was seriously injured, but now out of view of those few who may have had reason to believe she was in need of help.

Records of the earliest calls to police are unclear and were certainly not given a high priority by the police. One witness said his father called police after the initial attack and reported that a woman was “beat up, but got up and was staggering around.”

Other witnesses observed Moseley enter his car and drive away, only to return ten minutes later. He systematically searched the parking lot, train station, and small apartment complex, ultimately finding Genovese, who was lying, barely conscious, in a hallway at the back of the building. Out of view of the street and of those who may have heard or seen any sign of the original attack, he proceeded to further attack her, stabbing her several more times. Knife wounds in her hands suggested that she attempted to defend herself from him. While she lay dying, he sexually assaulted her. He stole about \$49 from her and left her dying in the hallway. The attacks spanned approximately half an hour.

A few minutes after the final attack, a witness, Karl Ross, called the police. Police and medical personnel arrived within minutes of Ross’ call; Genovese was taken away by ambulance and died en route to the hospital. Later investigation by police and prosecutors revealed that approximately a dozen (but almost certainly not the 38 cited in the Times article) individuals nearby had heard or observed portions of the attack, though none could have seen or been aware of the entire incident. Only one witness (Joseph Fink) was aware she was stabbed in the first attack, and only Karl Ross was aware of it in the second attack. Many were entirely unaware that an assault or homicide was in progress; some thought that what they saw or heard was a lovers’ quarrel or a drunken brawl or a group of friends leaving the bar outside when Moseley first approached Genovese.

NOTE: While later reports have brought some of the facts of this case into question, Genovese’s story was the first to put the idea of the “bystander effect” into the public consciousness. One witness told police he didn’t help because “I didn’t want to get involved.”

<http://www.npr.org/2014/03/03/284002294/what-really-happened-the-night-kitty-genovese-was-murdered>

APPENDIX F

THE ASCH CONFORMITY STUDY

Solomon Asch set out to study social influences and how social forces affect a person's opinions and attitudes when he began his conformity study in the 1950s (Hock, 2005). After studying the works of Jean Martin Charcot, and subsequent psychologists, Asch noted that participants in these past studies often changed their differing opinions to those of the majorities, when confronted with opposing views (Asch, 1955). The conformity study that he subsequently designed tests whether or not one can change someone's judgment of a situation without changing their knowledge or assumptions about the situation (Asch, 1955).

Methodology

Asch gathered seven to nine male college students for what he claimed was an experiment in visual perception (Asch, 1955). All were confederates but one, and when he entered the room, the others were already seated in a row (Hock, 2005). After taking his seat, the study began. The experimenter revealed two large white cards: one with a single line (the standard line) and one with three lines of differing lengths (the comparison lines). One of the three lines was the same size as the standard line, and the other two were of varying differences: from three quarters of an inch longer or shorter to one inch and three quarters longer or shorter. Participants were asked to verbally announce which of the three comparison lines was equal to the standard line (Asch, 1955). On the first two trials, the group unanimously answered correctly, but on the third trial, the confederates all gave the wrong answer (Asch, 1955). Each study had 18 trials, 12 of which the confederates gave unanimous incorrect answers (Asch, 1955). They gave correct answers occasionally so that the participant did not suspect collusion (Asch, 1955).

Results

Asch tested 123 different young men from three different institutions of higher learning (Asch, 1955). He found that when alone (the control group) participants made mistakes less than 1% of the time, but in the group situation described in methodology, participants made errors in line judgment 36.8% of the time (Asch, 1955). About one fourth of participants never submitted to the majority, whereas some individuals conformed almost every single time (Asch, 1955). Every participant that conformed to the majority underestimated the frequency of their conformity when interviewed later (Asch, 1955).

Possible Explanations

Participants were interviewed at the end of the study. Explanations given for participants' nonconformity included: confidence in one's own judgment or the obligation to stick to their answers (Asch, 1955). Conformists gave explanations such as: "I am wrong, they are right," "not to spoil your results," or the idea that something was wrong with them for seeing the answer differently, so they wished to hide this (Asch, 1955). Even those who conformed believed that, perhaps, the group members were simply "sheep" following the first to give an answer or that the members giving a wrong answer were seeing an optical illusion, yet they responded incorrectly with the majority anyway (Asch, 1955).

Variations on Size, Unanimity, and Accuracy

After completing the initial study, Asch conducted additional research to see if the size or unanimity of the majority was more important in influencing conformity (Asch, 1955).

One variation included only one confederate giving an incorrect answer, and this did nearly nothing to change the participants' answers; the participants answered independently in almost all of the trials (Asch, 1955). However, when there were two people giving incorrect answers along with the subject, subjects gave an incorrect answer 13.6% of the time (Asch, 1955). With three confederates answering incorrectly, participants gave erroneous answers 31.8% of the time (Asch, 1955). However, after any increase after three confederates did not result in a substantial increase in conformity; he found that size only had an effect up to a certain point (Asch, 1955).

When participants had a dissenting partner, their incorrect answers decreased to one fourth of the incorrect answers seen when the majority was unanimous (Asch, 1955). Then, the study was changed so that the partner joined the majority after six trials, which resulted in the subject immediately increasing incorrect answers (Asch, 1955). Another variation on the partner condition occurred when the partner left the entire study after six trials (Asch, 1955). This way, the participant would not feel "deserted" by his partner when the partner switched to the other side (Asch, 1955). So, when the partner simply left the trial (with the excuse at the beginning that he had somewhere to be), errors increased, but not as much as when the partner switched to the majority (Asch, 1955).

Another test of unanimity occurred when the confederates started out on the first trial giving unanimous answers, and slowly broke away so that by the sixth trial the participant was the only one in the minority (Asch, 1955). The participant typically stayed true to his answers up until the point where he was completely alone and then conformity increased greatly (Asch, 1955).

Asch (1955) also manipulated the degree to which the majority was wrong. He tried to reach a point where the error was so blatantly obvious that the subject would certainly choose the correct answer despite the majority. However, when the difference between the correct line and the line chosen by the incorrect majority was as much as seven inches, some participants still went with the majority (Asch, 1955).

Impact

Asch's research paved the way for many additional studies on conformity. Newer studies have shown that attraction and commitment to the group also increases conformity. Other studies have also explored the impact of shame (Scheff, 1988), age (Walker & Andrade, 1996), sex, cultural influences (Perrin & Spencer, 1981), information availability, social norms, and personal privacy among others on conformity (Hock, 2005).

Criticisms

Although Asch's results have been upheld by many other studies, a common criticism is that it is difficult to generalize his results to real world situations (Hock, 2005). Critics believe that something as trivial as judging the length of a line in a laboratory does not relate to conformity on important real life issues. (Hock, 2005). Another criticism is that participants may be conforming to the expectations of the experimenter, not the group (Schulman, 1967).

Based on Perrin & Spencer's results, as well as their own results that showed no conformity when the test stimuli were more ambiguous, Lionel G. Standing and Marie-France Lalancette argue that Asch's results were merely a phenomenon rather than a stable characteristic of human behavior (Standing & Lalancette, 1990).

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APPENDIX G

THE MILGRAM EXPERIMENT

The role of the experimenter was played by a stern, impassive biology teacher dressed in a technician's coat, and the victim (learner) was played by an Irish-American accountant trained to act for the role. The participant and the learner (supposedly another volunteer, but in reality a confederate of the experimenter) were told by the experimenter that they would be participating in an experiment helping his study of memory and learning in different situations. In one version of the experiment, the confederate mentioned to the participant that he had a heart condition. The "teacher" was given a 45-volt electric shock from the electro-shock generator as a sample of the shock that the "learner" would supposedly receive during the experiment. The "teacher" was then given a list of word pairs which he was to teach the learner. The teacher began by reading the list of word pairs to the learner. The teacher would then read the first word of each pair and read four possible answers. The learner would press a button to indicate his response. If the answer was incorrect, the teacher would administer a shock to the learner, with the voltage increasing for each wrong answer. If correct, the teacher would read the next word pair. The subjects believed that for each wrong answer, the learner was receiving actual shocks. In reality, there were no shocks. After the confederate was separated from the subject, the confederate set up a tape recorder integrated with the electro-shock generator, which played pre-recorded sounds for each shock level. After a number of voltage level increases, the actor started to bang on the wall that separated him from the subject. After several times banging on the wall and complaining about his heart condition, all responses by the learner would cease.

At this point, many people indicated their desire to stop the experiment and check on the learner. Some test subjects paused at 135 volts and began to question the purpose of the experiment. Most continued after being assured that they would not be held responsible. A few subjects began to laugh nervously or exhibit other signs of extreme stress once they heard the screams of pain coming from the learner. If at any time the subject indicated his desire to halt the experiment, he was given a succession of verbal prods by the experimenter, in this order:

1. Please continue.
2. The experiment requires that you continue.
3. It is absolutely essential that you continue.
4. You have no other choice, you *must* go on.

If the subject still wished to stop after all four successive verbal prods, the experiment was halted. Otherwise, it was halted after the subject had given the maximum 450-volt shock three times in succession. This experiment could be seen to raise some ethical issues as the experimenter did not truthfully tell the people involved what the real test was for.

Results

Before conducting the experiment, Milgram polled fourteen Yale University senior-year psychology majors as to what they thought would be the results. All of the poll respondents believed that only a few (average 1.2%) would be prepared to inflict the maximum voltage. Milgram also informally polled his colleagues and found that they, too, believed very few subjects would progress beyond a very strong shock.

In Milgram's first set of experiments, 65 percent (26 of 40) of experiment participants administered the experiment's final 450-volt shock, though many were very uncomfortable doing so. At some point, every participant paused and questioned the experiment; some said they would refund the money they were paid for participating in the experiment. No participant steadfastly refused to administer shocks before the 300-volt level.

The Milgram Experiment raised questions about the ethics of scientific experimentation because of the extreme emotional stress suffered by the participants. In Milgram's defense, 84 percent of former participants surveyed later said they were "glad" or "very glad" to have participated, 15 percent chose neutral responses (92% of all former participants responding). Many later wrote expressing thanks. Milgram repeatedly received offers of assistance and requests to join his staff from former participants. Six years later (at the height of the Vietnam War), one of the participants in the experiment sent correspondence to Milgram, explaining why he was glad to have participated despite the stress:

While I was a subject in 1964, though I believed that I was hurting someone, I was totally unaware of why I was doing so. Few people ever realize when they are acting according to their own beliefs and when they are meekly submitting to authority. . . .

The experiments provoked emotional criticism more about the experiment's implications than with experimental ethics. In the journal *Jewish Currents*, Joseph Dimow, a participant in the 1961 experiment at Yale University, wrote about his early withdrawal as a "teacher," suspicious "that the whole experiment was designed to see if ordinary Americans would obey immoral orders, as many Germans had done during the Nazi period." Indeed, that was one of the explicitly stated goals of the experiments. Quoting from the preface of Milgram's book, *Obedience to Authority*: "The question arises as to whether there is any connection between what we have studied in the laboratory and the forms of obedience we so deplored in the Nazi epoch."

In 1981, Tom Peters and Robert H. Waterman Jr. wrote that The Milgram Experiment and the later Zimbardo Experiment at Stanford University were frightening in their implications about the danger lurking in human nature's dark side.

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NOTES



Have you ever been concerned about a situation and wanted to help... but didn't?

You're not alone.

This situation is more common than you might think, and is known as the bystander effect. **Step UP!** is a prosocial behavior/bystander intervention program that will teach you:

- The 5 Decision Making Steps
- Other Factors that Affect Helping, including Perspective Taking
- Strategies for Effective Helping
- The S.E.E. Model: Safe; Early; Effective
- Warning Signs, Action Steps and Resources

Step UP! is used by athletics, Greek life, student affairs, campus health, violence prevention centers, residence life and many others.



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