

**Reframing Our Roles as Fraternity & Sorority Professionals:
Viewing Our Responsibilities through a Health & Wellness Lens**

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Hazing, mental illness, sexual misconduct, and alcohol consumption—these topics taunt fraternity and sorority professionals every day and rightly so, as these are issues facing our communities. As fraternity/sorority professionals, we all share a responsibility to help ensure students are provided the positive fraternity/sorority experience they deserve. However, if this were true, our time at work would look a lot different. Too often, fraternity/sorority advisors are expected to prioritize other responsibilities, such as overseeing recruitment, new student orientation, philanthropic events, etc. While these responsibilities are valuable, it is important to consider their level of importance in comparison to the health and wellbeing of students.

We have learned from our experiences as fraternity/sorority professionals creating cultural change within a community takes hard work and time. But most of all, it takes leadership from the top. It is important for professionals, especially new to mid-level fraternity/sorority professionals, to make their agenda known, and to never shy away from acting on passion and philosophy on prevention education. Now, more than ever, we need professionals who understand the current state of fraternity and sorority. There has never been a better time to advocate for the needs of our community. The message is simple: What we are doing is not working *effectively*. We are constantly dealing with hazing, reports of sexual misconduct, and more. It is not *if* something tragic happens, it is *when* something tragic happens. Our fraternal communities bare tragedy for our men and women and threaten their ability to flourish and thrive in the college community. We have members dying as a result of their fraternity/sorority experience, and that alone is more than enough reason to re-consider the work we do – by focusing on what matters most: the health and wellbeing of our students.

As practitioners, we can learn a lot from the fifty years of research dedicated to college student alcohol abuse prevention and intervention. Although alcohol is not the only issue facing today's students, there is something to be said for scientific, evidence-based approaches to prevention education (Bailie, Kilmer, & Cimini, 2016). Fortunately, our field is now better equipped with knowledge and resources that work with specific populations. More and more national organizations are training staff and volunteers to facilitate programming such as the Alcohol Skills Training Program, which engages students in more realistic conversations about alcohol consumption. This program meets fraternal members where they are and addresses specific health and wellness topics as they relate to alcohol education. However, unfortunately, we still have institutions and organizations utilizing practices that are proven to be ineffective, such as, "Just Say No," scare tactics, providing facts alone, and the implementation of unenforced policies.

In their attempts to be proactive, many colleges, universities, and fraternal organizations have adopted online trainings and videos for incoming students and members. Some national organizations require online education such as GreekLifeEdu for new members, focusing on topics such as hazing prevention, alcohol education, and sexual assault and relational violence prevention. Campus-wide campaigns are also a current trend, aimed to provide education on the campus community's values and each student's responsibility to not be a bystander. Partnerships are a major trend on campuses today, such as Green Dot bystander intervention trainings, co-sponsored National Collegiate Alcohol Awareness Month events between FSL and health and wellness departments, mandated sexual misconduct presentations, etc. Although collaboration can be a best practice when implementing prevention education, we risk losing impact when individual populations are no longer considered and one-size-fits-all education is implemented.

Fraternity and sorority professionals have a unique opportunity to revolutionize the way we address health and safety in our communities, and within the field, by creating strategic prevention programs addressing our cultural needs. When implemented well, health and wellness programs can engage students in conversations where they identify those situations during which they are more likely to engage in high-risk behavior, such as spring break, or for some campuses, "dead-day," or home games during football season. What about fraternity/sorority-specific times of risky behavior? As professionals in the field, we know when these riskier events take place on a national level, and we even know the events/times of year specific on our campus. How are we working with the national organizations represented on our campuses to address these higher-risk events? Are we looking to other groups beyond our campus to address such high-risk behaviors? How are our national organizations doing the same?

It is unrealistic to expect a prevention program developed for the "average college student" to be effective for an audience that does not identify with the average college student experience. We must therefore provide fraternity/sorority-specific education. Wuthrich (2009) suggests simply providing harm reduction education separate or distinct from leadership programming, self-awareness, and new member education is a recipe for disaster. What if we viewed our daily work from a health and wellness lens? Perhaps we would be more effective in our attempt to provide students with the fraternal experience we are called to foster.

References

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