



2009-10 On-Site Handbook For Faculty Directors

Carleton College
Off-Campus Studies Office

<http://go.carleton.edu/ocs>

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Welcome

After many months of planning, you are almost ready to leave for your off-campus seminar. You have already put a lot of work into your program and may be a bit apprehensive about how it will all work on-site. Even if you are a seasoned program director, you are probably trying some new things and, of course, each group of students brings new perspectives and new challenges. If this is your first off-campus program, you may be overwhelmed by all the duties of a director besides teaching. Being an effective faculty director of a Carleton seminar is not an intuitive skill. There are many responsibilities and circumstances that arise during off-campus studies that faculty do not normally deal with on campus.

Rest assured that Off-Campus Studies Office and many other college offices and services are ready to support you throughout the seminar. Do not hesitate to contact us, even if only for a consultation or some advice. We have compiled some resources in this handbook that will hopefully be helpful to you in navigating many of the non-academic questions and issues you may confront on-site.

Best wishes for a successful off-campus studies program and we look forward to regular updates while you are away and hearing your reflections when you return to campus.

Helena Kaufman, Director
Naomi Ziegler, Assistant Director
Leslie Vanderwood, Administrative Assistant

Contact Information

Carleton College

Business hours for Carleton offices are 8 a.m. to 12 and 1 p.m. to 5 p.m.; at other times messages may be left in voice mail.

College Switchboard, (507) 222-4000; incoming FAX for students: (507) 222-4421

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Other Useful Resources

State Department Citizen's Emergency Center & Travel Advisories, (202) 647-5225, www.travel.state.gov/overseas_citizens.html

US Center for Disease Control, www.cdc.gov/travel/index.htm

International SOS Travel Assistance, (215) 942-8226 (Philadelphia), 44-20-8762-8008 (London), 65-6338-7800 (Singapore), www.internationalsos.com/world-network

Advice from Carleton Staff

Dean of Students

1. *The Role of the Program Director:* The program director is the on-site agent of the College and as such he or she has extensive responsibilities and authority as prescribed by the College. In respect to student conduct, the program director has broad latitude in making judgments about the appropriateness of student conduct. Though it is important for the program director to have read the "Community Standards and Policies" section of the Student Handbook, literal application of these standards would be impossible in some settings. The program director does not serve in loco parentis. S/he represents the College as the educational provider.

2. *Student responsibility:* Students are responsible for conducting themselves in a responsible manner. This is a basic assumption of all policies governing student behavior, whether on campus or off.

3. *Expectations:* Be clear with students about what you expect. In effect, these expectations are the verbal contract with students and should be clearly communicated. If questions arise about a given expectation, try to make a clear judgment and communicate it to all participants on the program.

4. *College Rules and Regulations:* Many of the rules and regulations of the College apply in principle to students on academic programs off campus. For example, the community expectation concerning academic honesty pertains to any location, for any program. In some locations, there may be site-specific policy questions that need to be addressed. In this case, the program director should exercise judgment about the propriety of a given act or set of behaviors relative to the previously articulated expectations and College policy as written. All policies regarding sexual harassment or assault would apply anywhere. Rules about alcohol consumption, living arrangements and the like may need to be interpreted within a given culture and/or set of circumstances.

5. *Local Laws:* Students should be informed that it is their responsibility to abide by the laws of the local government. If the college wishes to impose tighter restrictions (e.g., policies governing alcohol consumption), then these should be explicitly stated as a condition of participation in the program.

6. *Disturbed or Disturbing Students:* When a student's behavior is such that s/he is disruptive of the education process or the integrity of the group, then an intervention is warranted. The program director should confront student behavior that is, in her/his judgment, inappropriate, dangerous, or outside the reasonable expectations of behavior by Carleton students. In most cases, a simple verbal warning is sufficient. In chronic cases or serious first offenses, a wise course is to issue a written response, including a warning that more serious consequences may follow if behaviors do not improve.

Before considering termination of a student's involvement in the program, the program director should be in touch with the home campus for advice.

7. *Fundamental Fairness/Due Process*: In the absence of judicial bodies and other resources available on campus, the director should follow the simple principle of fundamental fairness. If an accusation is made against a program participant, the director should take care to interview all parties involved prior to making a determination that results in a verbal or written sanction. The best approach is to be direct with the parties involved, and if the matter cannot be resolved without a more formal investigation, to request written statements from the parties involved. Once the stories of the conflicting parties have been heard, the program director should render a judgment. More serious matters can be referred for formal adjudication once back on campus. The director should not attempt to form judicial bodies or follow the student judicial procedures by the letter. They were not written for venues other than Carleton College in Northfield, MN. Follow the spirit of the procedure until matters can be more formally addressed at a later time.

8. *Confidentiality*: Program directors should be careful not to promise confidentiality they cannot maintain. Matters mentioned in private conversations are not automatically confidential. If students make statements about potentially harmful situations, then the program director has the responsibility of taking the health and safety of the participants into account. Program directors are not licensed psychologists, and therefore are not bound by protocols appropriate to counselors.

All parental contact should be made by the student. In the event of a medical emergency, there may be a need for a program director to contact parents. If there are behavioral issues that might warrant parental contact, the program director should contact the home campus for consultation.

Residential Life

Some directors use an assistant on off-campus study programs, depending on living situation (i.e., apartment, dormitory, family stay). If the RA has not gone through on-campus RA training, OCS can arrange specific training with the Residential Life staff prior to the program.

1. *Confidentiality*: Tell a student up front that you can never promise complete confidentiality (in cases of threatened harm to self or other and sexual misconduct).

There isn't any situation the Director has to handle alone; it is not a sign of weakness to consult with others when a decision has to be made.

It's a good idea to write out emergency protocol so if/when an emergency arises, the Director or students know what to do.

Know your residents. Note behavioral problems--ask questions. Learn to recognize something out of the ordinary. Let students know what the expectation is: is "Joe" spending too much time in a pub? Be up front--don't promise anything you can't deliver.

Students love to solve their own problems. Often times what a student wants is a listener and someone to point them in the right direction. The more communication, the better. If there is a problem, get the parties together to come to a compromise.

2. *Roommate issues*: Get students to think about living situation and expectations in a foreign setting. How can cliques on an off-campus program be avoided? It might be difficult to prevent social pairing. Discussing this issue with the group might help. The Director can take one or more of the following actions to reduce it:

- Use a student or an assistant to plan social events for the entire group.
- Give out tickets for theatre randomly or mix seating on bus travel, etc.
- Have lunch with students, drawing from different subgroups.
- Have a feedback session so as to get an open evaluation of how things are going. Maybe break into smaller groups, since one large group session might be an open invitation to complain.
- If you sense a problem coming, deal with it early to avoid more serious problems down the road.
- Cohabitation should be discouraged since it could be detrimental to "group dynamics." In apartment living, men and women might share common space as long as bedrooms are single-sex and have locked protection from the common area.

Wellness Center Counseling Staff

The Wellness Center welcomes phone calls from Directors off-campus to discuss issues.

1. *Suicide*: When depressed, a student may have suicidal thoughts. You should ask the student if (s)he is thinking of hurting him/herself.

- Take any sign seriously. The more specific the student's plan (e.g., has a timeline identified, has chosen a location, has identified and procured a means, has gotten closure with friends/peers), the greater the chance of a suicide being carried out.
- Previous threats or attempts increase the risk of a completed suicide.
- College-age males are twice as likely to complete a suicide as are their female peers and to use a more lethal method.
- Alcohol and drugs, which reduce self control and increase impulsiveness, increase the risk of suicide.

2. *Loss*: This too can increase the risk of suicide. Loss can come in many forms: loss of family member/friend, loss of pet, loss of money, loss of job, loss of partner in a relationship.

3. *Alcohol/Drug Abuse*: If you see behavior that concerns you, discuss your concerns with the student. "This is what I'm seeing and hearing." Should the Director intervene if the behavior is not hampering the program? If an adult does nothing, it might leave the student feeling "helpless" should the situation evolve into something serious.

4. *Sexual Climate*: Talk about the mores of the host country so students know the range of what is appropriate there and when to be especially concerned if approached sexually. This information is important for both male and female students. Talk about such things as how a student's dress might send the wrong signal in a different country, and be clear about your expectations of them while abroad if you have specific guidelines or concerns.

Observation by a past Director: Students will do things in other countries that they won't do in the U.S. They are eager to connect and are sometimes less cautious. If you relate to local people the same way you relate to Carleton students on campus, you could end up in a potentially dangerous situation. Advise students on the available resources of that country.

Concerning issues of sexuality: As faculty who are directing off-campus study programs for Carleton students, it is common to find yourselves in situations where you must assist students in dealing with issues and concerns that pertain in some way to sexuality. There are many aspects of sexuality with which students in this age group are confronted. These aspects range from normal developmental thoughts and feelings associated with sexual exploration, identity, and decision-making, to the more traumatic issues of sexual harassment and sexual assault. While the information presented here will not be exhaustive, we hope that it will give you enough assistance to be able to help students should these concerns arise.

1. Sex, Love, Dating, and other "normal" activities

It is normal for young adults to seek sexual expression. One of the primary developmental tasks for the college student age group is the establishment of sexual identity. This task is accomplished by sexual exploration. The "romantic" settings of study abroad and the heightened emotions of the study abroad experience may make this natural desire for exploration even stronger.

One of the primary concerns in sexual exploration is the issue of safer sex, particularly in these times of pandemic sexually transmitted illnesses. If students are participating in sexual relationships, they may not know how or where to obtain condoms or contraception and may need guidance and information in being responsible with their behavior. Addressing these issues prior to going abroad will minimize potential problems.

In addition to the concerns about sexual exploration for all students, woman students in particular should be aware of the stereotypes of American women, who are widely viewed throughout the rest of the world as being sexually available. American women should recognize that these stereotypes are applied to them, simply because they are American, no matter how much their own demeanor or behavior provides other signals. Behavior on their part that reinforces these stereotypes, such as going out alone at night or drinking to the point of intoxication, may further exacerbate perceptions of them as sexually available, potentially putting them at greater risk for victimization.

2. Sexual Boundaries

Ideally, with a healthy process of sexual exploration students begin to develop healthy sexual boundaries. These boundaries include a better understanding of one's own sexual interests, sexual values, behavioral choices, and an ability to communicate one's sexual wishes to others. Through sexual exploration, students learn to know what is right and wrong for them, and come to trust their feelings when a sexual boundary has been crossed.

The process of establishing healthy sexual boundaries is not easy within our own culture as norms and expectations vary from family to family, and across religious, ethnic, regional, other demographic variables. Though some principles prevail in virtually all cultures (e.g., fathers do

not touch daughters sexually and rape is taboo), other sexual norms do vary from culture to culture, and trying to negotiate sexual boundaries across a multi-cultural relationship is even more difficult and is fraught with greater potential for misunderstanding or harm. Students should be made aware of the implication of their sexual behaviors with individuals from the host country, as well as consider how the sexual decisions they make while abroad will impact them personally. When a host country's sexual norms are uncomfortable or annoying for a student studying abroad, encouraging them to use humor and maintain an anthropological point of view is often a helpful way to get them through this.

When sexual boundaries are violated, it is technically referred to as sexual harassment or sexual assault. Both of these forms of sexual misconduct are quite common among college age students. It is imperative for you to be familiar with these issues and the College's policies that address them so that you are prepared to respond appropriately should a crisis arise. Individuals victimized by sexual harassment or sexual assault experience a wide range of emotional responses. Some typical responses include guilt, shame, confusion, anger, mood swings, sleeplessness, fear, and several other emotions that could have a significant impact on the student's daily life. How to deal with these situations is covered in greater detail later in this document.

3. Guidelines, Discussion Questions, and Tools

Most students are introduced to the topic of safe sex during their OCS pre-departure safety meeting. However, the content introduced at this meeting can be reinforced by faculty program directors by further discussions before departure, and again in the host country. When faculty broach this topic in a matter-of-fact way, they convey a willingness to be a support resource in this area should a student later need this. Questions a faculty member could encourage students to consider include:

- What are your own boundaries regarding sexual behavior?
- How do you know when someone is being friendly? Being "too friendly?"
- How does it feel for you when someone challenges your boundaries?
- What are your thoughts and feelings when someone comes on to you?
- How do you communicate your boundaries to others?
- Who would you turn to if something bad happened?

In talking with students who feel their boundaries have been challenged or invaded, faculty should try to attend, support, prompt, normalize, and validate the student's thoughts and feelings. Some helpful phrases follow:

- This must be difficult for you.
- This is not your fault. You did not do anything wrong.
- Your feelings are valid. You have the right to any feelings you have.
- I don't know exactly how you feel, but I will try to give you the best support I can.
- I know that others in this situation would feel the same way you do.

When you are at a loss for the "right" thing to say, it is helpful to address your own difficulties with the situation. You might say, "I'm not perfect at this but I want to help you. I might not say the right thing but I want to work together with you to give you what you want and need right

now." It's perfectly okay to acknowledge that the current situation is a little out of your realm of expertise, but that you want to do the very best that you can. Your honesty will be appreciated.

Students often benefit by having an adult give them "permission" to be assertive about their needs and desires. Very often, young people are unsure about when and where to be assertive. This can be compounded by being in a different culture. It would be a good idea to encourage students to be assertive, particularly by using "I statements." The following communication guideline is widely encouraged in all human interaction, and is recommended for everyone.

"When you (name the specific behavior), I feel (name the feeling you are experiencing).
I want (name what it is that you want to happen next)."

Perhaps the most important tool to use in uncomfortable situations is consultation. By discussing a difficult event with colleagues or other professionals, you will be able to provide appropriate assistance to someone who is experiencing a problem.

Health and Safety

Designing, directing and administering study abroad programs, especially if they are short-term (and 10 weeks is short!), is a special challenge for the program director. Students should be encouraged to take responsibility for their own health and wellness. However, directors have the additional responsibility of informing students of the unusual hazards that may await them in a program, and of coordinating an appropriate and effective support program. The program director should work hand in hand with OCS to ensure that institutional responsibilities and liabilities are kept to a minimum while providing an adequate level of support. Good preventative care and wellness practices are the key to success. Here are some recommended websites for travel health information:

Travel warnings: http://travel.state.gov/travel_warnings.html

Traveling healthy: www.tripprep.com

Center for Disease Control: www.cdc.gov

Entry requirements, <http://travel.state.gov/foreignentryreqs.html>

Pre-departure Preparation

Preparation is essential. Students need information about health-care delivery systems in the host country, immunizations, health risks, and health insurance, among other topics. Orientation information, written or verbal, should cover these topics: The mandatory OCS health and safety meeting covers most of the following topics, but you are encouraged to supplement the general training with site-specific information.

Basic hygiene	Anxiety and stress	Altitude sickness	Emotional problems
Medical insurance	Nutrition	Jet lag	Health care overseas
Immunizations	Eating disorders	Sexuality issues	Disease prevention
Personal security	Emergency situations	STDs and HIV	Medical kit
Eye care	Pre-existing conditions	Environmental risks	Contraceptive needs
Mental health issues	Alcohol and drugs	Accident prevention	

It is not only important to provide this information to students, but it is critical to extend this to others involved in the program, be they other instructors, host family providers, program directors' family members, etc. Students, program directors, and associates of the program should understand how to respond to health emergencies, and should have a basic understanding of the health insurance claim process, particularly with the increase of managed health care providers.

When preparing students for off-campus studies, remind them to get sufficient rest prior to their departure, eat properly on the program, and to follow a pattern of healthy living here and abroad. Students who travel independently prior to the program frequently arrive exhausted and ill. Student should be advised to consider their travel plans accordingly, and take a proactive role in their self-care.

Advise students to have a basic first-aid kit with them, particularly if they plan to travel extensively before, during and/or after the program.

Safety Guidelines

The following guidelines were reviewed and approved by the Dean of the College and the Off-Campus Studies Committee following September 11, 2001. Faculty directors must discuss these issues with the OCS staff prior to departure, incorporating some of the information in the pre-departure meetings and others on site. Students must be clear about their responsibilities and course of action in the event of an individual or group medical emergency or civil unrest.

Prior to departure, the OCS Office will:

With the faculty director:

- Develop contingency plans in the event the director is incapacitated (adult support system on site, alternative instructors, alternative class schedule, program assistant, alumni contacts, etc.).
- Research alternative excursions and field trips in case primary sites are not available, safe, etc.
- Research alternative modes of transportation for excursions.
- During annual faculty directors' workshop, review emergency response guidelines and procedures.

With the students:

- Address the standards of conduct that will be expected while on the program, including matters related to alcohol and drug use and sexual misconduct, discrimination, and sexual assault policies.
- Review International SOS Travel Assistance procedures found on the SOS card, safety recommendations, and emergency response guidelines during Health and Safety pre-departure meeting.
- Procure contact and departure information from students, and family contact information, including email addresses.
- Procure 2 photocopies of each student's passport; enter passport numbers into the State Department web site; give director one set of passport photocopies, file other set.
- Give students 2 copies of the program Fact Sheet, one for themselves and one for family members.

During the program faculty directors should:

- Contact local police to learn about local conditions, precautions, and foreseeable risks; inform students about those issues.
- Review contingency and alternative plans developed during pre-departure to determine feasibility on site; develop new alternatives if needed, and review individual and group evacuation procedures.
- Contact local adult resources, reviewing emergency response procedures for reliable and consistent support; ditto with program assistants, if they are part of the program.
- Rent or buy a cell phone; give students and OCS Office the number; be available 24/7 for emergency calls.
- Review with students the safety recommendations described during pre-departure meetings and use of SOS travel assistance services, reinforce with current, local information, and be sure that students provide to their host family or program director an itinerary and contact information whenever the students travel independently.
- Identify 1-2 mature, responsible students who can serve as program assistants or backup if the director is suddenly incapacitated – to contact the local adult resource, to contact other students, etc.
- Develop and test within the first two weeks a system of rapid communication with the students and staff: a telephone tree, a reliable meeting place, etc.
- Maintain contact with the OCS Office or other Carleton resources, to keep them informed of the program's emergency contacts, and any concerns or issues that arise.

In the event of an emergency or crisis:

Students' health and safety is the primary concern; faculty directors must contact students immediately to make sure they are safe and accounted for.

- In the event of a medical emergency, the faculty director should call one of the International SOS Travel Assistance Alarm Centers (see contacts section in this

handbook for phone numbers, or the back of your SOS card), see that the student is treated immediately, and contact the OCS Director about subsequent actions, which may include medical evacuation.

- In the event of a natural disaster or civil crisis, the faculty director should contact International SOS Travel Assistance first, and if necessary, the US Embassy or other government official for advice and assistance.
- The OCS Office should contact the State Department and other institutions with programs in the same or nearby location to gather information about recommended action.
- Notify promptly the family or emergency contact persons of any affected student(s).
- The faculty director should confer with the OCS staff, Dean of Students, Dean of the College and others if needed, to determine if the program should be terminated and the students evacuated. If consultation is impossible, the director is authorized to terminate the program and evacuate the students.
- The faculty director should use all resources available through the US State Department and the College to determine the method and timing of evacuation.

In any event:

- Establish the safety and well-being of the parties involved.
- Call Carleton College for consultation (see contact information, useful phone numbers).
- Establish a point person back on campus who will help to organize the response and will keep others apprised. Let others know the name of the person through whom all information will be filtered. Help that person make a list of those who have a relationship to the event and those who should be kept informed.
- Start a log.
- Keep a record of everything that happened—what was said to you and also what you did or said in reply. Write down whom you phoned (with telephone number), when, and what was said. Record where you went, when, and what you did in connection with the case. Retain all written materials from others. Keep this file secure and bring it back to campus for long-term storage.
- Refer media inquiries to your primary contact on campus.
- Consider the needs of the rest of the group.
- In discussion with colleagues at Carleton, if necessary, decide what information is needed by other students in the group and what help may be needed for individuals or for the group as a whole. Provide this or secure help from others.

Crime Prevention

From the Carleton Security Services Annual Report & Crime Prevention Information brochure.

To Protect Personal Property

- When leaving your room, even for a few minutes, lock the doors and windows.
- If using a bicycle, Kryptonite, Citadel, or other similar lock devices are recommended.
- Never leave valuable items such as purses or wallets lying out in the open.
- Do not leave notes on your door announcing that no one is home.

Personal Safety Tips

- Be suspicious of individuals loitering or checking doors in your residence. Note their description and call security immediately.
- Lock doors and windows when you are sleeping at night.
- Plan to use the safest and most direct route. Choose well-lit streets and sidewalks at night. Avoid areas containing overgrown shrubbery or other places of concealment.
- If someone is following you on foot; turn around to let the person know you see him or her. Immediately cross the street and walk or run toward a more populated area. Call the police or get someone else to call for you.
- If someone is following you in a car, run or walk quickly in the opposite direction. Try to obtain the license plate number and a description of the car and occupants. Notify the police.
- In cases involving verbal harassment, do not respond; ignore the harassment and walk away. Report the incident to security or police.
- If there is a stranger at your door, never indicate that you are alone. Require identification and authorization from "repairmen" requesting to enter your room to service/repair telephones, appliances, etc.
- If someone wants to use your telephone, offer to make the call yourself while the person waits outside.
- If you receive threatening or harassing phone calls, do not say anything; hang up immediately. If the calls continue, keep a record of the date, time, and content of each call. Report the matter to security.
- Exercise caution when inviting a new acquaintance into your room or if you are invited into his or her home/room.
- Intoxicated individuals may become easy victims for would-be criminals. If you plan on drinking excessively at a party, be certain there are some trusted friends present who can ensure that you arrive safely.

Sexual Harassment and Assault

Applying the Carleton policy depends upon the circumstances of the situation. Observe and use your best judgment. It is important to be direct about the College's expectations and to define your role in sexual misconduct situations before problems arise. Never promise that you won't pass on information. If a situation arises and you are in doubt, consult. You can consult confidentially as a first step by contacting the Off-Campus Studies Office. They in turn will consult with others at the College to determine whether the situation rises to the level of a violation of policy while maintaining the confidentiality of the parties involved. If the situation warrants it, you will be asked to consult directly with the Sexual Harassment and Sexual Assault Consultant, or with the Dean of Students. Carleton's sexual misconduct policy may be found at <http://webapps.acs.carleton.edu/campus/dos/handbook/policies/>.

1. *Policy Violation between Carleton people:* If there is a violation of policy within the Carleton community, it is your obligation to investigate. The Director sits as the authority on site to act

appropriately and according to policy. You should be a sympathetic but neutral listener. You are not an advocate; each party is entitled to due process.

How do you establish that a violation has happened once you hear of an allegation? Call Joanne Mullen, consultant to the College, for information on investigating the incident. You will be collecting facts to make a determination about policy violation, though adjudicating in the legal sense is not your responsibility. Ask yourself if there are safety issues involved for either party or other dangers you see to the principal parties and others on the program. If there are, you will have to make decisions about the best course of action about the program as a whole, and the individuals involved in the specific situation. Sometimes, one or both students involved in the problematic situation may have to leave the program.

2. Policy Violation between a Carleton and non-Carleton person: If the perpetrator is a non-Carleton person, the Carleton policy does not apply to investigating or adjudicating the incident, though Carleton support resources remain available to all parties. However, the Director has the obligation to offer help with the local laws and any legal proceedings. You are not expected to be an expert on the local laws of another country, but should offer assistance in going to the police, etc. It may be appropriate for the Director to act as an advocate. The student has the right to refuse assistance; the ultimate decision regarding this lies with the student. Let the student know what the options are and then let her/him make the choice. Medical costs associated with a sexual assault or other sexual misconduct of a serious nature, e.g., treatment of medical trauma, STI testing, and/or pregnancy prevention, will be paid for by the College. However, before authorizing payment, consult with Joanne Mullen regarding what expenses are reimbursable. Don't be overzealous in offering assistance.

The Director can't undo what is commonplace in another country, particularly around sexual mores that may be very different from our own. Students might feel uncomfortable with customs that are prevalent in the host country, and it is best to prepare them for cultural differences that may make them uncomfortable. Nevertheless, students must be flexible. (For example, "wolf whistles" at women). However, if Carleton hires someone on site, that person must be briefed on our policy on sexual misconduct and is expected to adhere to it.

What can the Director do when sexual misconduct occurs?

- Avoid such questions as "Why did you drink so much? Dress like that? Go to his/her room so late at night?" Avoid "why" questions generally, and ask only "who," "what," "where," "when," and then "what" again.
- Try to be as open-minded and objective as possible to both parties. Listen. Explain that you're going to be fair and then be fair. Be compassionate.
- Be a supportive listener without giving them the idea you have prejudged in their favor. Let them know what's going to happen next or what might happen. It's important they understand the situation. Emotional upheaval after an assault/alleged assault is enormous. Call the Wellness Center for support.
- Date rape: Students who attend the OCS pre-departure Health and Safety meeting will have heard about this concern before traveling on the program. However, it is advisable to bring this issue up again and candidly discuss how a sexual assault profoundly impacts both the primary parties involved in the incident, as well as roommates, host families, and

the entire group. Responding to a sexual assault survivor is outlined elsewhere in this document.

- Other sexual misconduct: There doesn't have to be a crisis or a complaint from a student before you address certain behaviors or situations. Your own feelings of discomfort are reason enough to discuss an issue with a student. You are entitled to establish certain behavioral expectations of your students and to hold them accountable to these standards. This includes such things as gross displays of public affection (e.g., kissing during class) and the general tone of respectfulness shown amongst students and between students and their host instructors or host families.

Rape Trauma Response – Crisis Stage (up to 3 months post-assault)

By Linda Hellmich, Former Counselor/Coordinator for Sexual Assault Services

Emotional Reactions:

Shock, fear, anxiety, loss of control, humiliation, confusion, anger, shame, helplessness, feeling overwhelmed, alienation from others and the environment (sense of being displaced or out of touch).

Cognitive Reactions:

Disorganization, inability to plan, reason, or cope with current events, difficulty concentrating, inability to hear and/or respond to simple requests.

Behavioral Impact:

Numbness, calm, detachment from others, lack of emotional expression, rationalizing behaviors that may or may not make sense. This reflects a psychological shut-down.

OR

Behavioral agitation, strong emotional expression, clinging behavior, irrational thinking and behaviors. This reflects uncontrolled psychological arousal.

Note: Both these behavioral presentations are normal ways that humans react to abnormal situations

What you Might See in Your Interactions with a Victim

Confusing narration of events, difficulty tracking time accurately, difficulty following and/or responding to your questions, either a very emotional or an overly-controlled presentation, rapid switches between emotional states - anger to fear to shame, etc. - with correspondingly confusing behaviors toward you or others.

General Response to a Trauma Victim

In the short term, you usually need to be more directive with a student who is actively in crisis than you might otherwise be, because the student's ability to problem-solve and see "the bigger picture" is compromised by their emotional state. On the other hand, you don't want to re-traumatize the student by again taking away all control. In lieu of being overly directive, you

could identify two or three viable options at any given decision-point, and ask the student to decide which of these choices he/she wants to pursue at this time. General assessments to make include:

- Does the victim need immediate medical assistance? Police protection? Legal assistance? Should you access on-call resources (Deans, psychologist, sexual misconduct personnel, etc.) at Carleton?
- Is the victim physically safe right now? Is there anything you can do to increase the victim's sense of safety immediately?
- Is there potential for further victimization now or in the near future? Is the perpetrator (or source of danger) still a risk to the individual? How do you want to manage this?
- Is the victim under the influence of alcohol or other drugs and possibly at risk for other adverse events because of this?

Special Case: Responding to a Sexual Assault Victim

Interview Guidelines:

- Remain neutral about the facts but empathic about the victim's distress. Express by your modeling that you can hear about difficult details.
- Reflect the emotions you see – "You seem (fill in the blank) right now." this helps a survivor tell the story.
- Assure the victim you are present to help rather than pass judgment on his/her behaviors.
- Avoid making statements that induce defensiveness, such as "Why did you drink so much?" or "Why did you go to his/her room?" In a scenario where there is usually a tendency toward self-blame, these types of questions typically stifle responses and/or re-traumatize the victim.

Medical Care:

Seventy-two hour time frame for getting emergency contraception. No set time limits on treating sexually transmitted diseases, but treatment should optimally start within a week or two. Students should be advised to meet with a nurse practitioner upon return to Carleton for long-term STI intervention (including HIV testing). Students who have been sexually assaulted while on Carleton OCS programs will have their medical care paid for by the College, whether this medical care occurs in their host country or back at Carleton. Wherever they go for medical care, they should know the provider is confidential.

Does the survivor want an evidentiary exam? Guidelines for this vary from one locale to another, but general forensic guidelines suggest that this should be done within 36 hours of the assault and usually must be done at a hospital where "legal chain of command" can be followed. If a survivor seeks medical care and/or forensic evaluation, encourage another person to accompany the survivor and provide emotional and physical support.

Does the survivor want the police notified? Unless the safety of others is compromised, I generally advise that the victim's wishes be respected with regard to this. Note that in some countries, police "intervention" can be highly re-victimizing.

Discourage the survivor from damaging evidence if (s)he is considering criminal investigation.

Alcohol Use

Participants are subject to rules and regulations published in the Carleton Student Handbook as found on the web at <http://apps.carleton.edu/campus/dos/>. The “round the clock” nature of the seminars and the variety of venues present many challenges. The following are guidelines that may help clarify expectations to students.

Alcohol, guiding principles for off-campus programs

1. *Law*: Students are subject to the laws of the host country. Though program directors may be able to assist students who are found in violation of the law, students are responsible for their own behavior and may be subject to fines, charges for damages, or incarceration. Program directors have the authority to determine whether a student who is found in violation of the law in the host country has placed the program in jeopardy. If so, the student’s enrollment may be terminated.

2. *Health and safety*: Students are expected to take responsibility for their own health and safety, especially in regard to alcohol consumption. Frequent heavy drinking is an unhealthy practice, and program directors have every right to confront individuals who appear to be out of control in their drinking behaviors. Students would be well advised to take care to travel in groups when making the bar or pub scene, and to plan in advance for safe passage back to their place of residence. Traveling about in a foreign city while under the influence, especially at night, presents significant safety concerns. Again, in case of a single outrageous alcohol-related behavior or a chronic pattern of abuse, program directors may intervene and take action in the best interest of the program and the College.

3. *Preserving the integrity of the program*: Group dynamics are especially important on off-campus programs. The program director relies not only on the intellectual and academic engagement of participants, but upon the responsible and civil behavior of each person. Each student has a responsibility to the student group, the host family, and the long-term welfare of the program itself. Incidents of disruptive behavior due to drinking – regardless of time or place – are unacceptable, especially when they impede the ability to attend class or meet the group on time; infringe upon the host family; put friends in a dangerous or difficult situation; compromise the educational goals of the program; or reflect poorly on the College. Actions that place the trust and good will of program participants at risk may lead to discussions about a student’s suitability to continue with the program. The program director – in consultation with others on campus – has final authority on such matters.

4. *Respecting the culture*: Drinking practices and traditions vary significantly in each country and culture. What might be “hail and hearty” behavior in Dublin (or Northfield, for that matter) may in fact be offensive or perhaps totally objectionable elsewhere. Freedoms accorded to students at home or at Carleton should not be presumed without significant discussion and forethought about how such behavior might be perceived in the country of the program. Carleton students are guests in these places and are expected to keep this in mind at all times.

5. *The role of the program director:* Faculty who lead Carleton programs assume enormous responsibilities - far beyond their normal roles at Carleton. They make logistical arrangements, often navigate complex bureaucracies, act as advisors and counselors, prevail upon the goodwill of friends and colleagues in their native countries, and represent the College to external constituents – government and school officials, faculty from other colleges and universities, and alumni, friends and parents. They exercise all sort of judgments and rely upon students to make the program a success. Virtually without exception, program leaders have raved about their experiences and the students with whom they have traveled. On the other hand, over the years there have been a few very difficult situations, some caused by irresponsible use of alcohol. Students need to be mindful of the impact of their decisions with alcohol.

Approaching student alcohol use, a hierarchy of values as defined by the Dean of Students:

1. *Safety and Health:* Our primary concern is the threat to personal health and safety posed by alcohol abuse and excessive drinking. Any activity, alcohol-related or not, that jeopardizes health and/or safety is unacceptable. Clearly, as drinking increases – individually or collectively – threats to safety and health increase as well. Drinking patterns established in college often have lifelong consequences, some of which can be devastating.

2. *Preserving the integrity of the living and learning environment:* Activities are unacceptable when they disrupt sleep, create disturbances, result in messes, and otherwise compromise students' abilities to live in relative peace and pursue their studies. The time, place, and manner of event – e.g. public v. private, discreet v. outlandish – have a great deal to do with whether activities are acceptable or not, and what intervention strategies are employed in response to them.

3. *Civility:* Students are expected to treat their fellow students, staff, and neighbors – both on and off-campus – with respect and dignity. When drunk and disorderly behavior compromises the rights of others, those who take uncivil liberties should be called to task.

4. *Risk management:* The responsibility for student behavior rests with students themselves. When students choose to drink or participate in events involving drinking, they assume risks inherent in those decisions. The College is committed to assisting students in minimizing those risks, thereby reducing College liability. High-risk practices, such as progressive drinking events, cannot be sanctioned.

5. *Law:* All students' behavior and response to it should be framed within the law, i.e. that it is illegal to possess or consume alcoholic beverages for those under 21. As mandated by the Department of Education, we must inform students of the law and encourage compliance. Students who act with impunity to the law, increase their legal risks. The College does not insulate its students from the law.

Key principles

1. As stated in the OCS Agreement Form, the Program Director has the authority to: 1) establish rules of conduct necessary for the operation of the program during the entire period of the program, including free time, 2) establish rules of conduct that are stricter than local laws. These rules may govern the use of alcohol by students on the program.
2. The College is committed to treating students as developing adults and places primary responsibility for student conduct in the hands of students themselves. The College does not take extraordinary measures to “police” students nor does it act in loco parentis.
3. The College respects students’ right to privacy. The more public the drinking behavior, the greater the College’s responsibility to intervene to insure public health, safety, and peace.
4. The College reserves the right to hold students accountable under written policy. This does not mean that all violations of policy can be addressed. Staffing is limited, and students are expected to govern themselves and their living communities. Student Affairs and Security staff have responsibilities to enforce policy. Students are expected to comply with that policy. Sanctions will be increased in cases where students fail to cooperate with intervening parties.
5. The College is committed to alcohol education and provision of support services for students who exhibit problems with alcohol. Participation in alcohol assessment and education programs is mandated when in the judgment of the intervening party, a student’s behavior warrants such action.

DON'Ts in Confronting Alcohol Abuse

- DON'T argue or try to reason with a drunken person. Confront the person's drinking behavior later, when the person is sober.
- DON'T threaten a drunken person.
- DON'T expect personal gratification--especially in the short run.
- DON'T interact with the person without a substantial degree of sincerity.
- DON'T say one thing and act in the opposing way.
- DON'T be afraid to call for help--fellow RA, Hall Director, Security, or the Deans.
- As you're confronting a person's behavior related to alcohol, you should expect to encounter:
 - A lot of excuses.
 - Promises of behavior change that will not be fulfilled.
 - Attempts to challenge you and the fact that you may drink.
 - Attempts to change the conversation to other subjects.
 - Attempts to pass the behavior off as no big deal.

DO'S & DON'TS FOR THE IMMEDIATE CARE OF A DRUNKEN PERSON

Don'ts

- Don't give the person any drugs (not even aspirin) to sober them up.
- Don't give the person coffee, tea, or other liquid stimulants to sober them up.
- Don't give the person a cold shower--the shock may cause the person to pass out, injuring him/herself.
- Don't try to walk, run, or exercise the drunk person.
- Don't keep the person awake.
- Don't attempt to constrain the person.

Do's

- Keep the person comfortable--however, don't reinforce drinking behavior.
- If the person is put in bed, make sure the person is lying on their side, not on their back.
- Assess whether the person is in a life-threatening health crisis. If so, call help.
- If you put a person to bed, monitor their breathing.
- Keep your distance.

Responding to Alcohol-related Problems

Basic Confrontation Techniques

- Be simple and direct as you speak, but proceed openly and smoothly. Rushed encounters of any type are usually not conducive to increased awareness.
- Know the basic facts regarding the behavior you are confronting, but don't try to come across as an expert.
- Be specific and clear in your confrontation. You are confronting the person's drinking and behaviors, not the person or his/her behavior in general.
- Confront behaviors, not values. Pushing your values (especially if you aren't in to alcohol) probably will not work. Specify what behaviors are causing others a problem, such as damage, rowdiness, messiness, etc., and specify what behaviors you observe that may be causing the person a problem, such as personal isolation, disciplinary problems, etc.
- Care!!! At every available opportunity, communicate your interest in the person and ask him/her clarifying questions: How do you view your current behavior? What are the reasons behind your actions?
- Show your feelings about the confrontation. If you are angry, check to see that your anger is directed at the behavior, not the person. Communicate the distinction to the person. Identify feelings as feelings, rumors as rumors, facts as facts.
- Focus on the person's strengths but do not engage in an on-the-spot counseling session or personality build-up period.
- Confront behavior in a positive and constructive manner. Show the individual you are concerned with the positive elements of living together. Collective responsibility is such an element and includes consideration of others.
- Generally attempt to make the confrontation objective, in terms of the specific observed behavior. Be subjective about your interest in the person.

- Maintain your assertiveness; don't let the individual put you on the defensive about your behavior, and the fact that you may drink yourself.
- Keep the conversation centered on the person's behavior and don't get off into tangents.
- If necessary, discuss long-range consequences. Give the negative possible results if behavior change doesn't occur (i.e., referral).
- Stick to the issues. The problem is alcohol. Don't let the person bring in a lot of outside circumstances and rationalizations.
- It is generally helpful to relate personal experiences to the person, but be careful that the focus of the conversation doesn't switch away from the person's behavior and problem with alcohol.
- It is important in the confrontation that you avoid a lot of "I told you so," and "You are doomed, because I know..." type comments.
- Realize and convey that the confrontation need only be an initial contact, and that helpful referral service, time and understanding can and will follow.

Illegal Drugs

The possession, use or sale of illegal drugs will result in immediate termination of the student's participation in the program. The College and parents will be notified and arrangements made for the return of the student to his/her home.

Prescription Medications

Students and directors who take prescription drugs should take enough to last the duration of the program. They should also take a copy of the prescription for the "generic" names of the drugs. The containers should be packed on carry-on luggage only. Persons with allergies should always wear a medical alert bracelet or carry an ID card to inform overseas health care providers in the event of an accident or emergency. Program directors should never distribute medicine to students. Everyone should take their own supply of common remedies such as pain relievers, anti-diarrheal drugs, antihistamines, and antacids. Participants should also be aware that local pharmacies may sell over-the-counter drugs that contain stronger doses than those available in the US.

High Risk Activities

If the program involves field research or physically rigorous activities, the director should check on local conditions and take the necessary precautions before the program begins. Students must be informed of any unusual risk, initially when they apply for the program and again once they are on site. This may include such things as sports or physical activities, political instability, and health and environmental concerns. Environmental concerns may be anything from poisonous snakes and insects, to air or water pollution, to nuclear hazards. Many life-threatening diseases are transmitted through the bites of insects or infected animals, and pose a major health threat to the unaware or unprotected.

Eating Disorders: Signs and Symptoms

Anorexia / Bulimia

- Dramatic weight loss in a relatively short period of time.
- Wearing big or baggy clothes or dressing in layers to hide body shape and/or weight loss.
- Obsession with weight and complaining of weight problems (even if “average” weight or thin). Anxiety about weight does not diminish with weight loss.
- Preoccupation with weight, food, calories and dieting, to the extent that it consistently intrudes on conversations and interferes with activities. Repeated weighing.
- Obsession with continuous exercise - despite weather, fatigue, illness and injury, the need to “burn off” calories taken in.
- Frequent trips to the bathroom immediately following meals (sometimes accompanied with water running in the bathroom for a long period of time to hide the sound of vomiting).
- Evidence of self-induced vomiting, such as:
 - bathroom smells or messes
 - returning from the bathroom with bloodshot eyes
 - swelling of glands to yield a “chipmunk” facial appearance
 - visible food restriction and self-starvation
 - visible bingeing and /or purging
 - use or hiding use of diet pills, laxatives, ipecac syrup (can cause immediate death!) or enemas. (Also look for wrappers, advertisements, or coupons for these items.)
- Isolation. Fear of eating around and with others. Withdrawal from, or avoidance of, numerous activities because of weight and shape concerns.
- Unusual food rituals, such as shifting the food around on the plate to look eaten; cutting food into tiny pieces; making sure the fork avoids contact with the lips (using teeth to scrape food off of the fork or spoon); chewing food and spitting it out; dropping food into napkin on lap to later throw away.
- Stealing food or hiding food in strange places (closets, cabinets, suitcases, under the bed) to avoid eating (Anorexia) or to eat at a later time (Bulimia).
- Flushing uneaten food down the toilet (can cause sewage problems).
- Vague or secretive eating patterns.
- Tooth decay (yellowing, graying, spotted teeth) and receding gums.
- Self-defeating statements after food consumptions. Guilt and shame about eating patterns.
- Evidence of eating huge amounts of food inconsistent with the person’s weight.
- Extreme concern about appearance as a defining feature of self-esteem, often accompanied by dichotomous, perfectionist thinking (e.g., either I am “thin and good” or “fat and bad”).
- Hair loss. Pale or “gray” appearance to the skin.
- Dizziness, headaches, or disequilibrium not accounted for by other medical problems.
- Frequent sore throats and/or swollen glands.

- Low self-esteem. Feeling worthless. Often putting themselves down and complaining of being “too stupid” or “too fat” and saying that they don’t matter. Need for acceptance and approval from others.
- Complaints of often feeling cold.
- Low blood pressure.
- Loss of menstrual cycle.
- Constipation or incontinence.
- Bruised or callused knuckles; bloodshot or bleeding in the eyes; light bruising under the eyes and on the cheeks.
- Loss of sexual desire or promiscuous relations (related to desire for external affirmation of body.)
- Mood swings. Depression. Fatigue.
- Insomnia and poor sleeping habits.

Compulsive Overeating / Binge Eating Disorder:

- Fear of not being able to control eating, and while eating, not being able to stop.
- Isolation. Fear of eating around and with others.
- Avoidance of recreational activities that might expose parts of the body and require physical movement.
- Chronic dieting on a variety of popular diet plans.
- Holding the belief that life will be better if they can lose weight.
- Hiding food in strange places (closets, cabinets, suitcases, under the bed) to eat at a later time.
- Vague or secretive eating patterns.
- Self-defeating statements after food consumption. Feelings of disgust, guilt and shame about eating patterns.
- Blames failure in social and professional community on weight.
- Holding the belief that food is their only friend or source of comfort.
- Frequently out of breath after relatively light activities.
- Excessive sweating and shortness of breath.
- High blood pressure and/or cholesterol.
- Leg and joint pain.
- Weight gain.
- Decreased mobility due to weight gain.
- Loss of sexual desire or promiscuous relations.
- Mood swings. Depression. Fatigue.
- Insomnia and poor sleeping habits.

Adapted from EDAP (Eating Disorder Awareness and Prevention--www.edap.org) Handouts and the Something Fishy Website on Eating Disorders (www.something-fishy.org).

Depression

Learn to recognize the symptoms and ask about other symptoms:

Cardinal symptoms include sadness or tearfulness more days than not, increased irritability, diminished pleasure in most or all activities, significant enduring changes in appetite, sleep disorders (hypersomnia or insomnia), diminished cognitive functioning, social isolation, and suicidal ideation or intent.

A student's concern is often first raised when they realize they can't focus as long as usual or can't remember what they've read.

Responding to major depressive episodes:

At least five of the following symptoms have been present during the same two-week period and represent a change from previous functioning; at least one of the symptoms is either 1) depressed mood, or 2) loss of interest or pleasure.

For clinical depression:

1. Depressed mood (or can be irritable mood in children and adolescents) most of the day, nearly every day.
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.
3. Significant weight loss when not dieting, weight gain, or decrease or increase in appetite nearly every day.
4. Insomnia or hypersomnia nearly every day.
5. Psychomotor agitation or retardation nearly every day.
6. Fatigue or loss of energy nearly every day.
7. Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
8. Diminished ability to think or concentrate, indecisiveness nearly every day.
9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

Urgent Care Protocol

The following urgent situations may occur. It is your responsibility to contact the appropriate seminar resources when necessary.

Alcohol Intoxication:

- It is not the responsibility of the roommate, RA, or friend to be the caregiver. If there is any concern, seek medical attention.
- If the person is in control of his/her health suggest bed rest.
- If the person can be roused, prop on side to avoid choking.
- If vomiting occurs, follow nausea/vomiting protocol.
- If a threat to his/herself, or others, contact medical resources on site and call OCS.

Acute Alcohol Poisoning:

- unconsciousness or semi-consciousness
- slow respiration of 8 or less per minute or lapses in respiration of more than 10 seconds
- cold, clammy, pale, or bluish skin
- strong odor of alcohol

Burns:

Apply only cool water or normal saline to affected area; if blisters form seek medical attention

Diabetes**Insulin Reactions (hypoglycemia): Rapid Onset****Signs/Symptoms:**

- Hunger, headache, restlessness
- Weakness, sweating, shakiness
- Pale, inattentive, confused
- Irritable, belligerent
- Appearance of intoxication
- Can progress to seizures and coma

What to do:

If person is unconscious, call the appropriate emergency organization. Administer Insta-Glucose if carried by the individual or give juice, if the person is able to swallow. Call on-call MD or take to ER if doesn't improve.

Sore Throat**Colds, Infections****Colds/Upper Respiratory Infections:**

- Tylenol 1-2 tabs every 4 hrs. If lasts longer than 2-3 days obtain throat culture.
- May take over the counter medications as directed for relief of symptoms. Do not take aspirin due to possibility of developing Reye's Syndrome.
- Drink extra liquids.
- Gargle with mild salt water solution 3 times a day.

Cuts:

- Apply pressure to wound to stop bleeding.
- Clean with soap and water.
- Apply antibiotic ointment.
- Apply band-aid/dressing.
- If wound might require stitches, this should be done before 6-12 hours has elapsed.

Scrapes/Abrasions:

- Clean with soap and water.
- Apply antibiotic ointment. Preferably leave wound exposed to air.

Fainting:

- Remain with person until conscious.
- Encourage to lie down for 15-20 minutes, then assess.
- Elevate feet - may apply cold compress to head or neck.
- If after 15-20 minutes of rest, the person appears to be returning to normal nothing further is required.
- SLOWLY assist person to sitting and then standing position.
- If not returning to normal or known medical condition seek medical attention.

Head Injury:

IT IS NORMAL TO EXPERIENCE:

- pain in the area of the blow to the head for 12-24 hours
- swelling in the area of the blow
- uncomplicated headaches - usually resolve in 24-48 hours

IT IS ABNORMAL TO EXPERIENCE:

- excessive drowsiness, personality changes, or irritability
- persistent headaches
- blurred or double vision
- unequal eye pupils
- dizziness or clumsiness
- nausea or vomiting
- clear fluid or blood loss from ears or nose
- weakness or loss of use of muscles in face, arms, or legs
- twitching or convulsions
- loss of consciousness
- speech difficulty of any kind

What to do:

- apply ice to injury site
- allow person to sleep, arousing person from sleep every 4 hours the first night checking for abnormal signs (as listed above)
- medication: Tylenol may be given.
- visit the clinic as soon as appointment is available OR call doctor on call now if “abnormal” symptoms are present.

Nausea, Vomiting, Diarrhea:

A short term stomach or bowel illness may necessitate a change in the diet. Following are guidelines for these changes. Usually symptoms will diminish after the first 12 hours, if not, contact a medical provider.

Nausea and Vomiting:**FIRST 6 HOURS**

It is best to rest the stomach within 6 hours after vomiting. After two hours try, sips of water up to 1 oz. of water every hour. If tolerated increase to 1 oz. every 15 minutes then gradually add other fluids.

FIRST 24 HOURS

Gradually add clear liquids, such as regular 7-UP, Jell-O, Kool-Aid, or a 1:1 dilution of Gatorade, tea, bouillon, or clear-base broth (non-greasy) - a sip or two at a time. If nausea returns, go back to smaller amounts or begin the process again, taking nothing by mouth for an hour or two.

SECOND 24 HOURS

Begin to add easily digested foods and juices. (Cooked cereals, soups - clear and without many vegetables - any type of fruit or vegetable juice that appeals, saltines, toast)

THE THIRD DAY

Progress to a regular diet by adding soft-cooked eggs, sherbet, custards, puddings, cottage cheese, cooked vegetables, or white meat of chicken or turkey. Final items to add are creamed soups, larger amounts of milk, ice cream, or spicy or fried foods.

Diarrhea - Follow the above except:

Avoid fruit and vegetable juices; substitute a small banana.

Avoid dairy products, except yogurt, until stools are firm.

Report blood in stool to a medical provider.

Nosebleeds:

Pinch nostrils closed for a full 5 minutes. Continue pressure for 10-15 minutes. Apply ice to bridge of nose or back of neck. If bleeding continues student needs to be seen at clinic or ER. Sit up and lean forward while applying pressure.

Do not blow nose or attempt to dislodge clot.

Sexually Transmitted Diseases:

Symptoms: One or several of the following may be present.

Women:

- Vaginal discharge, odor, itch; painful intercourse, pelvic pain

Men:

- Discharge from the penis, painful urination

Women and Men:

- Sores or blisters, usually but not always in the genital area; skin rash, sore throat (after oral sex), swollen glands, fever
- Remember: many infected people have NO symptoms! Contact the Wellness Center if you are concerned.

Seizures:

- A physician must be notified each time a person experiences a seizure
- Protect person from falling, sharp objects or injury
- Roll person onto side and loosen tight clothing
- DO NOT place objects in mouth
- Observe sequence of signs and symptoms
- Respiratory arrest is rare, but usually a result of airway obstruction

Sprains:

IT IS NORMAL FOR:

- The pain and swelling to persist for 2-3 days
- Pain and swelling to persist longer if affected area is used after injury and without rest

IT IS ABNORMAL TO:

- Have persistent pain after 3-4 days
- Have swelling and discoloration after 3-4 days
- Lose color, sensation or develop numbness or tingling

TREATMENT: R.I.C.E.

- R: REST - The injured area needs rest to heal.
- I: ICE - Apply ice to reduce swelling and for pain control. Apply for 20 minutes every 2-3 hours for the first 24-36 hours. Protect the skin from ice burn either by applying an ace wrap or a towel between the ice and skin.
- C: COMPRESSION - Apply elastic bandages or an ace wrap to the injury and to the area above and below. The elastic wrap should not impair circulation. Rewrap four times a day snug, but not too tight.
- E: ELEVATION - Elevate the limb to let gravity help reduce swelling.

Chronic and pre-existing conditions

Students with chronic diseases such as diabetes, asthma, etc. should notify the director. Directors should be aware of pre-existing conditions, although directors should not carry or administer medications for or to students. Students will be issued an immunization card at the Wellness Center, which includes their medical history. The health assessment form, provided to the director by OCS, is the director's record of the student's medical condition.

Food safety

Caution and common sense: it is always prudent, no matter where one travels, to be cautious when eating in restaurants and at home. Hot food should be eaten while it is still hot and not allowed to cool down. Water should be filtered and/or boiled in developing countries. Food vendors on street would best be circumvented. If one insists on eating food from vendor carts,

eat only hot food that is cooked right at the cart. Be aware that the water source may be contaminated and/or used for everything.

Risk & Liability

Insurance

Each participant carries his or her own health insurance. The company and policy number are listed on the health assessment form. If the student's home insurance does not cover him or her abroad, the OCS office advises purchasing international health insurance from CISI (culturalinsurance.org) or another company. In most cases, payment will be required up front and the insurance companies will reimburse a claim. If possible, the student should pay for his or her own care and submit the claim to his or her insurance company. If this is not possible or practical, the program director may pay on behalf of the student and the student can reimburse the program for any expense incurred.

International SOS Travel Assistance

An important part of pre-departure orientation for faculty directors and students is familiarizing yourself with, and registering for, International SOS Travel Assistance, provided at no cost to everyone traveling on behalf of the College. The following memo summarizes the services and practices of International SOS, www.internationalsos.com

Carleton College considers your health and safety to be a top priority during off-campus studies. Carleton has contracted with International SOS for travel assistance and evacuation services. These services, available to all card holders at any time anywhere in the world, range from telephone advice and referrals to full-scale evacuation by air ambulance. The SOS Alarm Centers offer a worldwide network of multilingual critical care and aero-medical specialists. They are designed to supplement Carleton's ACE insurance and your own health insurance, which must be valid in international settings. Prior to travel you must submit written proof that your health insurance covers medical expenses overseas. Some SOS services have additional charges, which if used, will be billed to you upon completion of your travel. International SOS services are designed to help you with medical, personal, travel, security information, and legal referrals when away from home. Call one of the three SOS Alarm Centers listed on your card (direct, collect, or toll-free) at any time to speak with a physician or security specialist about simple or critical matters.

Carry your SOS card with you at all times. To ensure a prompt response, be prepared to provide the following information:

- your name, location, age, sex, and nationality
- the division with which you are associated (OCS, Dean of the College or departmental research, etc.)
- your SOS membership number
- the telephone number from which you are calling (in case you are disconnected)
- your relationship to the SOS member (if the person calling is not yourself)

- name, location, and telephone number of the hospital or clinic (if applicable)
- name, location, and telephone number for the treating doctor, and where the doctor can be reached (if applicable).

You can also access Country and Security Guides at this website using your membership number as your member login: http://www.internationalsos.com/members_home/login/login.cfm. The Guides offer medical, security and general travel advice, including standard of health care, how to pay for medical care, availability of medications, safety of blood supply, dialing code information, cultural etiquette, financial information, and voltage/plug information. You can also create a personal on-line account with SOS into which you can save medical, family, and emergency information.

During the program

Should a student or program director require medical care during the program, they should recognize that there are cultural and medical differences in health care, particularly overseas. In some countries physicians may be less likely to prescribe drugs than in the US, and in others, patients' families provide food and feed the patient. Students should be prepared for the unexpected, both in occurrence and in practice. There may be a shortage of medicine or an unavailability of technology.

The program director should check with International SOS Travel Assistance or the US Embassy for local health care information. This information should be included in the pre-departure meetings or materials. The director should have International SOS contact information at hand at all times in the event of an emergency.

Counseling Skills and Group Dynamics

Crisis Response

Principles:

Recommended by Carolyn Chalmers, attorney and Carleton's former Sexual Harassment and Sexual Assault Consultant; adapted from Steven L. Schwartz, "A Review of Crisis Intervention Programs," Psychiatric Quarterly 45, p. 498, 1971.

Research into programs of crisis counseling has uncovered a series of principles of general use in dealing with individuals in crisis:

- Help the individual to face the crisis. Defenses of denial or avoidance only delay and ultimately worsen the process; e.g. delayed grief reactions. Watch for self-blame and guilt.
- Assist the individual to face the crisis in manageable doses. Individuals facing crisis must not persist to exhaustion. Short retreats from facing the crisis may help the person to cope.
- Assist fact-finding. Help the individual to examine the problem realistically. Use exact language rather than euphemisms.
- Avoid false reassurance. Everything may not turn out all right. You cannot promise a favorable outcome. However, reassuring a person of their ability to handle the crisis is of great value.

- Help the individual to accept help. The person's acceptance of help from appropriate individuals is an important factor in recovery. "Appropriate individuals" includes you, friends, counselors, deans, police, etc.
- Assist with everyday tasks. A person in crisis may find it hard to do necessary everyday tasks.
- Help the individual to arrange the necessary assistance. This may include medical or psychological therapy, arranging for alternate housing, reprieves from academic deadlines, etc.

Emphasize the importance of confidentiality. If you can pledge your confidentiality, do so. If you cannot, make sure the individual knows that you cannot. Suggest that the individual also maintain confidentiality consistent with the right to seek support from others. This procedure protects the rights of the individual and of the perpetrator and helps to squelch rumors and gossip, which can harm all parties.

Consulting, Confidentiality, and RA Ethics

Confidentiality is often a conflict between respect of another's privacy, the responsibilities of the RA job, and personal needs of the RA. Violating a resident's trust is a fundamental violation of the ethical responsibilities inherent in the RA position. Be informed about what is appropriate and what is not.

Appropriate:

- The resident has given permission for you to discuss or refer him/her.
- The discussion with another person is for professional purposes only and with persons with a legitimate need to know. For example, to get ideas for dealing with a situation; to receive support; to obtain assistance with a decision; to make a referral; to avoid becoming over-involved or over-responsible for serious problems such as eating disorders, drug problems, depression, etc.; to share liability; to inform a fellow staff member about something involving their resident(s).

Inappropriate:

- It is casually or carelessly discussed.
- The purpose for sharing is entertainment and/or gossip.
- You are talking with someone who does not share your training and/or standards of confidentiality.
- Anyone might overhear you.

Conversely, it is appropriate and an expectation that you share information with appropriate people when there is a "need to know."

How to tell the difference:

A good way to discriminate between appropriate and inappropriate consulting is to ask the following questions: "Why am I sharing this information?" and "Am I describing behaviors and my feeling," OR "am I labeling, diagnosing or denigrating?"

Implementing the confidentiality principle:

- Never promise absolute confidentiality to anyone
- Consult with another only in a private place
- Let residents know they can trust you and your judgment concerning their privacy, but that you also have a standard policy of consultation expected of you (which enables you to help them better.)

Referrals: When, to Whom, and How

Most of us recognize the need for making referrals, however, many of us are uncertain as to how to do the job well. Following are the basic procedures for referring students to other resources on and off-campus.

When to refer:

- When a student presents problems or requests for information which are beyond your level of competence.
- When you feel that personality differences (which cannot be resolved) between you and the student will interfere with effective progress.
- If the problem is personal and you know the student on other than a RA/student basis (friend, neighbor, etc.).
- If a student is reluctant to discuss the problem with you for some reason.
- If after a period of time, you do not believe your work (communication) with the student has been effective.
- Don't wait until it is too late for anyone to help.

To whom to refer:

Contrary to popular belief, specialized staff and counselors think of referrals as indications of competencies rather than as inadequacies on the part of the person making the referral. Anyone able to identify situations needing specialized advising or counseling deserves commendation. In addition, referring students to the office appropriate to the problem demonstrates that you have their best interest at heart and broadens the network of resources available to them.

Knowledge of offices and agencies that can be of service to you and to your students is of prime importance. You will want to refer them to the office that will provide the best service. Don't depend on someone else to see to it that John Jones eventually gets to where you could have sent him originally. If you are not sure where to refer students, find out before you send the student so you can be assured that they will find help.

How to refer:

- Refer the student to a specific person rather than to an office in general. Keep in mind the uniqueness of individuals when you are making a referral. Factors such as cultural or family background, gender, and attitudes about "seeking help" may need to be discussed before an effective referral can be made.
- If possible and appropriate, assist the student in making an appointment with a specific person. This may tend to give an already over-anxious student some sense of security.

- Do not transmit information about the student to the referral office in front of the student. This may give him/her the feeling that his/her particular problem is becoming known to everyone on campus. Always secure the student's permission before relating information about him/her to others.
- Go over with the student what to expect once referred. Unrealistic expectations and lack of information are two primary reasons referrals can fail.
- When students have returned from the referral, do not pump them for information. Generally, if you inquire as to whether or not they kept their appointment, students will volunteer whatever information is necessary to continue your working relationship.
- The person making the referral (you) cannot expect to know the details or share the confidences given by students to other office staff. You can expect to receive advice on how to deal with the student in future relationships.
- Do not expect immediate help for particular symptoms. Changing basic attitudes and feelings, gaining academic skills or learning to handle everyday problems may be a process that moves slowly. Do not expect miracles to be performed on situations you refer.
- Finally, respect the individual. The basic approach to all counseling and referral is one of fundamental respect for individuals and the belief that it is best for them to work out their problems in their own way.

Consultations regarding sexual assault/sexual harassment:

Resident Assistants and Peer Counselors are expected to share any allegation of sexual assault or sexual harassment, which is discussed with them with either the College Chaplain or a psychologist in the Wellness Center. Failure to consult is inappropriate.

Confidential Consultations:

The psychologists in the Wellness Center and the College Chaplain will provide confidential consultations for Resident Assistants and Peer Counselors. These consultations will enable the psychologists or the Chaplain to assist the RA/PC in providing appropriate support, advice and information to student victims of sexual assault/harassment. The Chaplain and the psychologists will also assist the RA/PC in sorting through his/her own personal thoughts and feelings about the experience of providing support to victims. The psychologists or Chaplain will not report these allegations of assault/harassment to Carleton officials or to the police, although they will encourage the RA/PC to assist victims in making a report if it seems appropriate to do so.

Exceptions to Confidentiality

The psychologists and the Chaplain are required by Minnesota State law to report allegations about the sexual abuse of a minor to the Northfield Police Department and/or Rice County authorities. The psychologists must also report allegations of inappropriate sexual behavior by a professional licensed by the State of Minnesota such as a psychologist, physician or nurse.

RAs will be fully informed of any action that the psychologists or the Chaplain takes to inform authorities about allegations of sexual abuse.

Scheduling appointments:

RAs should call the Wellness Center or the Office of the Chaplain and request an urgent consultation appointment. Every effort will be made to schedule an appointment the same day or within 24 hours with either the Chaplain or a psychologist.

Advising Skills

Basic Advising Skills: Establishing a constructive relationship

Establishing a constructive relationship with a person experiencing stress is essential for building an atmosphere of trust. Only in a trusting climate will another person be open to the support and assistance that you may have to offer. Although there are no hard and fast rules as to how to do this, you may find the following suggestions helpful. Remember, however, that everyone has an individual style of expressing empathy. The suggestions here are designed to support the interpersonal skills you may already have and to offer certain guidelines that may assist you in establishing a constructive relationship.

Suggestions for Building a Constructive Relationship

- Extend a sincere, friendly greeting and make the person feel comfortable by offering a cup of coffee, arranging for privacy, etc.
- Accept the person and his or her problem; begin where he or she is. Acceptance may be indicated by listening, verbal communication, facial expression, or gestures.
- Refrain from prejudging or minimizing the person or his or her problem. Often pre-judgment is indicated by such comments as "You should not have to feel like that."
- Avoid stereotyping people or their problems. EXAMPLE: "Men usually punch walls when they're angry." Knowing something about ways in which people are unique impacts communication and building relationships. These considerations include gender, culture, ethnicity, learning style, gender orientation, etc.
- Give the person your undivided attention. It is important to focus on his or her problem rather than on your own concerns. Also, avoid unnecessary distractions. EXAMPLE: By telling someone what you think they should do, you can shut down free expression and undermine the person's ability to direct the resolution of their own problems.
- Encourage the person to describe the problem he or she sees it. Sometimes you can help by asking pertinent questions.
- Encourage the person to indicate what help he or she wishes to have from you and try to respond positively to that need.

Good advising goes beyond the basic concept of establishing a caring relationship: it requires concrete helping skills. The basic skills of communicating and listening are described in the following pages. It is essential that you be familiar with these skills in order to be effective as an advisor and helper.

Communicating

There are a lot of ways of breaking down helping skills into lists, etc. One approach that you can really grasp and use is what Allen Ivey calls five micro counseling skills. They are described below:

Attending behavior:

Attending is one of the basic listening skills. It involves listening with your whole body/person, and getting across to the student that you are really listening and really with him/her at that moment.

- good eye contact
- observing and modeling body language
- verbal following

Open invitation to talk and minimal encouragers:

Using OPEN and CLOSED questions is a key skill. Your initial task as a helper is to stay out of the student's way so as to find out how the student sees his/her situation. OPEN questions allow this to happen:

EXAMPLE:

OPEN:

- Could you tell me a little bit about your new roommate?
- What were your reactions to the Convo?
- How did you feel about that?

CLOSED:

- Do you like your new roommate?
- Are you feeling good about being at Carleton this fall?
- Wasn't that an awful movie?

Open questions allow the student the opportunity to explore himself/herself with the support of the helper. Closed questions often emphasize factual content as opposed to feelings, demonstrate less interest in what the student has to say and frequently attacks or puts the student in his/her place. Closed questions can usually be answered in a few words or with a yes or no.

Use HOW and WHAT questions instead of WHY questions as much as possible. WHY questions often lead to intellectualizing and/or philosophizing rather than problem solving.

MINIMAL ENCOURAGEMENT such as head nods, RESTATEMENTS, and "uh-huhs" can help the student keep talking. Just don't overuse them.

Paraphrasing

This is feeding back to the student in a clarified form what he/she has just said. This can also be seen as REFLECTING THE CONTENT of the student's message. By carefully "tuning-in" to the verbal content of the student and then "giving back" the helper can facilitate self-exploration. This is acting the part of a verbal mirror that casts back an accurate, clarified image. Give feedback on the ESSENCE of what the student has just said. This is done by paying careful attention to the student's verbal statements.

EXAMPLE:

- Student: Things sure are different here than they were at Podunk High! I just can't get into this scene.
- Helper: Perhaps you haven't gotten used to the differences. (paraphrase)
- Student: Yeah! I'm just another face in the crowd around here.
- Helper: You're seeing yourself as just one of many, and not a unique individual (paraphrase) or, you're just another face in the crowd. (Restatement—this can be useful too.)

Reflection of feelings:

Responding to another's emotional experience. By selective attention to the feeling or emotional aspects of the student's statements and body language the helper can facilitate deeper self-exploration. This skill really helps the student to get beneath the surface to deal with the real emotional issue.

DISTINGUISH between the CONTENT LEVEL of a message (see 3 above) and the FEELING LEVEL of a message. This lies beyond the words. It is found primarily in the nonverbal cues as they appear in that context. Pay attention to facial expressions, posture, eye contact, pauses in speech, etc.

Reflection of feeling really involves empathetic understanding. Try to communicate "I can accurately sense the world as you are feeling and perceiving it."

EXAMPLE:

- Student: I really wanted to get in on that softball game, but I didn't know who to ask.
(Sigh) (Looking down, speech quiet and slow).
- Helper: You're feeling kind of left out right now. (Reflection of feeling) or
You're really feeling disappointed (Reflection of feeling).

EXAMPLE:

- Student: I should be home working to help my Mother out instead of being here spending money on tuition... But, I really do want to be a teacher, so I've got to go to college, don't I?
(Speech strained, intense eye contact, hands clenched)
- Helper: You're really feeling torn between the two, aren't you?
(Reflection of feeling) or, you're right in the middle of a big conflict right now. (Reflection of feeling)

Summarization

This skill involves gathering together several strands of thought (from a talk with a student) so as to facilitate a clearer understanding of the whole situation. Often at the end of a conversation with a student, or at the end of a discussion of a certain subject, it is helpful to summarize what

has been discussed in a way that clarifies the issues to be dealt with. This sets the stage for decision making and action.

EXAMPLE:

Helper: Let's see... sounds like you're concerned about being away from home for the first time, you miss your old friends and you're not sure how to approach the other students on your floor. We talked about some ways you could do that, for instance getting out of your room more or joining a group that interests you.

Portions of "Beyond Relationship" Communicating and Listening Skills were adapted from Basic Attending Skills: An Introduction to Microcounseling (A. E. Ivey and N. B. Gluckstern, Microtraining Associates, Inc., Box 641, North Amherst, MA, 1974)

Problem-solving strategies:

RAs are problem-solvers. Actually RAs are people who help others solve problems. As the primary resource-person in your house or on your floor, you will be consulted about a multitude of problems. In most cases you help in important but indirect ways. Following are some tips for being a good helper to your residents.

When residents approach you with problems...

- Remember that your job is to help other people solve their own problems.
- Listen and observe carefully. Find out as much about the problem as you can.
- Be empathetic, but do not make the problems yours. You were probably sought out because you are perceived to be objective and able to offer some good ideas. Don't blow your excellent skills by taking the problem as your own.
- Help your resident find all the possible alternatives, both realistic and unrealistic. One way to remedy a strained friendship, for example, is to transfer to Outtahere University. While not realistic, it is one alternative. This process can add some needed perspective and create a viable plan of action.
- Chew on the problem for a while, if you need to. Within the constraints of confidentiality, it never hurts to get another opinion from a peer staff member. Sometimes just sleeping on it can be beneficial to you and to the resident.

Explore the pros and cons of different options with your resident. Some good questions for this are:

- What is the best/worst thing about Plan B?
- Which solution intuitively makes sense to you?
- What do you WANT to do? Why?
- If you listed the pros and cons of Plan B on a piece of paper, on which side would you have more written? (They may want to actually do this.)

Help your resident hear what they have said to you. Paraphrasing and repeating what you hear can be instrumental in clarifying the issues that are important to your resident.

Do not offer advice unless it is solicited. Helping the resident create ideas, clarify the problem and the options, and figure out what they want/need to do, are more valuable than any free advice you may have.

Confronting potential problems early:

In the situation where you as a staff member are confronting a student about their alcohol-related behaviors, talk about:

- ...blackouts and the unintended results of these (e.g., sicker than expected the next morning; the broken chair...who did that?; insulted friends; etc.)
- ...how people pass off destructive or dangerous behavior, because "I was a little drunk and it wasn't really my fault."
- ...how sometimes people tend to do whatever the group is doing simply because they are afraid to be different.
- ...individual rights. If you're an individual, then choose how you wish to behave; don't succumb to peer pressure that says you should drink.
- ...acquiring habits during the maturation process that are subtle and not necessarily preconceived. Sometimes patterns of behavior can catch up with us before we know it, particularly patterns of coping with stress/emotions.
- ...how drinking can interfere with the natural development process. It allows us to make excuses for disruptive behavior, and not have to accept responsibility for it. It can often become a crutch when it is, for example, the only way one can have a good time in a social situation, or when one needs alcohol in order to be comfortable with a romantic interest.

Things to consider when helping someone who is suicidal:

- Never promise to maintain secrecy when suicide is a concern. Explain to the person that you may need to contact another responsible person to best help him/her.
- Be willing to ask about suicidal thoughts and feelings and to discuss them in detail. Sometimes bringing it out into the open is the biggest relief to the individual.
- Determine how far along the suicide plans are. Has the person planned a time, place or method? Does the person have a weapon or pills already in his/her possession? Ask the student to turn them over to you.
- Indicate concern for the person. The fact that someone cares about him/her may make the difference whether or not that person actually takes any direct action against himself/herself.
- Ask the person to repeat a promise not to hurt himself/herself. There should be a time span included in this promise (e.g., "until you've seen a counselor," "until next Tuesday," etc.)
- Be sure that the person can reach you and several responsible others if the desire to commit suicide becomes strong or if he/she just feels the need to talk with someone. Give the individual the names and telephone numbers of people who could be contacted and, if possible, have the person meet these people.

Suicidal Risk Criteria

The following are those factors used to determine the lethality of the suicidal threat.

The suicidal plan

The more specific a person is about the way he will die, the higher the likelihood he will attempt.

The availability of method

Whenever the method is readily available, the higher this risk.

Example: a person who says they have thought of carbon monoxide poisoning but does not have a car is less a risk than the person who has the car available.

Location

The same principle applies. If they have determined the place and it is accessible, the risk is very high, especially if the location is inaccessible to others.

Time

Again, if the time is specified, the risk is higher. Teens most often attempt in their own homes between the hours of mid-afternoon and midnight.

Ingestion of Alcohol or Drug

Whenever anyone is drinking or taking other drugs and talking suicide, the risk is very high because drugs reduce self-control making the person very impulsive.

Accessibility for Rescue

If a person plans to do it at a time or place where no one is expected or able to get to, the risk is high.

Lack of Support

If the person has no friends, parents who are less than concerned or the suicidal person refuses to give the information necessary to reach friends or those who could help, the risk is high.

Loss

Whenever there has been a recent loss and the person is talking suicide, the risk is high. A loss that may not seem significant to us can be still very painful for that person especially when a series of losses have come before. Loss may be in the form of a loved one, friendship, money, job, promotion, social status, or a pet. For teens, not getting an "A," not making the team, not being accepted into peer groups, or rejected from a peer group can be significant losses.

Previous Attempts

Those who have attempted suicide in the past are always high risk.

Illness

When chronic physical illness is present, such as diabetes, or long-standing emotional problems exist, the person considering suicide is more of a risk.

Roommate Issues

The relationship between roommates is an important issue for all of your residents. A good roommate relationship enhances everything else about Carleton. An unpleasant roommate relationship can adversely affect every other part of a student's life here.

Communication is the key to developing a good roommate relationship. The more roommates talk to each other about themselves, their habits and preferences, their behavior, and the way they want to use their room, the better off they will be. Nearly 100% of roommate problems stem from poor communication.

Prevention of Problems

The kinds of things you say can help roommates develop good relationships. At your first floor meeting, you should acknowledge that being roommates has the potential to be a wonderful or a disappointing experience. If helpful, you might mention some of your roommate experiences, what made them good or bad, or what worked or didn't work. Some students feel like failures if they don't become best friends with their roommate(s) or if they don't immediately "hit it off." Remind people that roommates are usually not best friends, but that they can still have a good relationship.

Most importantly, you should publicly encourage everyone on your floor to talk to their roommate(s). Encourage your residents, especially new students, to talk about things like:

- Their background--family, high school, hometown, why they chose Carleton.
- Their lifestyle and characteristics--academic interests, sleeping habits, comfort with roommates' "significant other" spending time in the room, music interests, what they do for fun, attitudes about alcohol, room neatness, etc.
- Their personality--what they do when they feel down, what is likely to annoy them, what they're like when things are great, when they like to be alone, what they do when they're mad, how they respond to others who are upset, etc.
- Their compatibility--ways in which they're alike, ways in which they're different, areas of potential conflict and compromise, things they might gain from each other, ways to resolve disagreements, etc.

Consulting with Residents

At some point, you will almost certainly be asked for help with a roommate problem. Remember that nearly all roommate problems result from poor communication. In most instances, your job will be to help establish lines of communication that have been closed, if ever opened.

Like always, you will need to make a judgment call about strategy. Whether to talk to the involved roommates together or separately (or both) are decisions that will be dictated by each particular situation.

Here are some tips for you to share with roommates as you consult with them about their problems:

- Remind roommates that most people are not intentionally inconsiderate of others. Encourage the roommates to work out their difficulties with each other before involving friends or you.
- Encourage roommates to clarify their objective in talking with their roommate. How would they feel if the roles were reversed?
- Roommates should find an appropriate time to talk. They should never confront their roommate in front of others or as they're rushing off to class.

- Encourage roommates to listen as well as talk, to keep an open mind, and to remember that their roommate will probably view the situation differently.
- Encourage roommates to talk about difficulties as soon as they develop. Letting things build up and then exploding is unfair and counterproductive.
- Encourage roommates to stick to things the other person(s) can change. Behaviors can change, most personal characteristics (like moles) cannot.

Your best tool, as always, is your judgment. Listen to what's going on, ask questions to clarify your understanding, be fair, and help roommates who are having difficulties to talk to each other. Should residents be unable to resolve their problems, you may need to provide mediation for the conflict.

Mediation and Conflict Management

Conflict is a common, essential part of nearly every kind of relationship and every community. Well-managed conflict is an opportunity for discovery and dynamic communication. The resolution of a conflict can be a satisfying accomplishment for the people involved; a “bonding experience” even. The ability to discuss conflicts openly is a sign of a healthy community.

Among other things, an RA's role in mediation is to help each party (or an entire group) hear the other and to help the parties **RESOLVE THE CONFLICT THEMSELVES**. Following are some tips for your role as mediator:

- Listen to both (all) parties. Reflect back and summarize what you are hearing.
- Do not take sides. Be non-judgmental for as long as you can.
- Try to define the problem; articulate the real or root problem.
- Keep the parties talking to each other, not simply to you.
- Stay in control of the situation. If one of the parties takes control, the other will respond negatively.
- Spell out alternatives. After the thoughts and feelings of both (or all) parties have been aired, help brainstorm and point out different options and plans of action.
- Let the parties solve their own conflict. You should impose a solution only as a last resort.
- Recognize the limitations of yourself and the situation. Some conflicts are irreconcilable.

Mediation is, by nature, outcome-oriented. As a mediator, you must be thinking about the variety of outcomes to any given conflict.

- What should your goals be when in the role of mediator?
- What can people learn from conflict?
- How can you help them learn from conflict?
- How do you feel about conflict in general?
- How can this affect your ability to mediate?
- What if you are in conflict with one of your residents?

Several basic principles of conflict resolution are:

- Try to set a tone that indicates conflict, when managed correctly, can be healthy.
- Angry feelings don't mean the end of a relationship.
- Do what you can to get the individuals or groups involved to "face up" to the conflict rather than let it continue.
- Unexpressed negative feelings can build and build.
- If left unresolved, the result could be the start of negative community or schisms within the community.
- Make sure that each side of the conflict understands the others' position thoroughly.
- Finally search for the common ground in each position, look for a compromise as a start toward resolving the conflict.

In your role as an RA:

Think about your role in resolving the conflict. How can you best mediate, facilitate?

Understand your own feelings about the conflict. If you find yourself biased to one side or another, consider an RA, Hall Director, Area Coordinator or another staff member as a referral.

Think about your preferred outcome. What would you consider a successful resolution?

Remember that conflict management and assertive behavior may be new to some residents.

Discussion or role-playing for them may be a vital first step.

Model a healthy conflict management in your own life. Strive to improve your own skills in this area: review materials, encourage staff training on the topic, Hall Director or Associate Director of Residential Life as a resource, etc.

Ground rules for mediation:

Before any helping can occur, you must set up specific ground rules that the parties involved must follow in the process.

- One person talks at a time and always in a respectful manner: no interruptions, no yelling, and no insults.
- Comments must be made about specific behaviors that can be changed.
- Use "I" statements, not general "blame statements."
Correct: I feel angry when you turn up your stereo.
Incorrect: You're a jerk.
- Each person will get a chance to be a listener as well as a speaker.
- Each will talk to the other--NOT to the mediator.
- Each person will be attentive to the other during this process (eye contact, body posture, reflecting statements and feelings).

Mediation steps (roommate conflict resolution):

- *Problem recognition.* RA calls roommates X and Y into their room for a conference to urge a discussion of the conflicts.
- *Problem definition.* RA listens alternately to both roommates' stories, using frequent paraphrasing to achieve full understanding.

- *Commitment.* RA asks both X and Y if they are willing to solve the problem.
- *Highlighting pleasing and displeasing behaviors.* If both roommates agree to attempt to resolve their conflict, specific pleasing and displeasing behavioral data are obtained about each roommate from the other in each other's presence. Pleasing and displeasing data must be observable. They must not be judgmental statements such as "X is sloppy," but rather "X never washes his/her jeans."
- *Negotiation.* Roommates trade and negotiate specific behavior to satisfy the needs of each. For example, X will allow Y to smoke in the room if the window is open.
- *Contracting.* A contract is made using the specific likes and dislikes of each roommate. After X and Y come to an agreement, they cosign a contract that will be posted conspicuously in their room.
- *Follow-up.* New contracts are made weekly. Intervention by the RA is terminated as soon as possible.

Behavioral Contracts

You may wish to have students sign behavioral contracts before the start of the program which lay out your expectations and the ground rules of conduct on the program. Here are examples of two such contracts from Julie Klassen (1999) and Steve Schier (2006).

STATEMENT written by Julie Klassen for her students in the German language seminar in Munich, fall 1999 (this one-page statement is available on the OCS website at http://webapps.acs.carleton.edu/curricular/ocs/facstaff_only/, to be adapted by program directors for their own programs).

Observance of Carleton policies – Julie Klassen

General guidelines:

Please remember that all the rules and regulations in the Carleton Code of Conduct (see Student Handbook), except for the restrictions on alcoholic beverages mandated by MN State law, apply to you while on this program. Failure to comply with this code can be grounds for dismissal from the program (with travel expenses borne by participant). Obviously, I do not expect any problems, or I would not have accepted each of you into the program. However, it is good to remember that our interaction with each other and with strangers while in Germany requires the same kind of respectful interaction that we take for granted in Northfield.

Sexual harassment and assault: You have received a copy of the policies on sexual harassment, assault, and on discrimination in the academic setting [see also <http://apps.carleton.edu/campus/dos/handbook/>] they apply to all Carleton students on college programs here and abroad. Obviously, we cannot extend to German citizens the full force of our policies (to the extent they exceed German law), but you should look at the brochures [or websites] to see what kinds of behavior you do not have to tolerate in your daily surroundings with people connected to the program. One of the program participants is a campus advocate who is qualified to give advice and support confidentiality, and I am prepared to make available further support from the College in instances where it is necessary.

Academic honesty: The Carleton Student Handbook on this matter applies to our program as well. I will have a copy with me.

Consumption of alcoholic beverages and use of controlled substances: Use of controlled substances is illegal, and I cannot protect you from legal consequences of illegal use. You may legally drink alcoholic beverages in Germany, but I would like you to understand the guidelines I expect you as an official member of an official college program to observe:

- Your foremost concern when you consume alcoholic beverages should be your health and safety. You are at risk when you let drinking cloud your judgment in situations where you do not know all the social conventions and implications. When you are drinking in a public place, stop before your ability to get home safely is compromised. Take special precaution using public transportation at night, both in regard to the mean of transportation involved and the behavior or passengers around you; do not accept a ride home from someone you have just met at a bar, especially if that person has been drinking. If necessary, spend the night at a program participant's house, rather than trying to get home under risky conditions. Call me if necessary.
- As a member of the program, you have a responsibility for the way your conduct has an impact on the integrity of the learning experience – on your own academic performance, on the functioning of the program, and on our relations to host families. Disruptive drinking and related behaviors are unacceptable, especially when:
 - a) They impede your ability to come to class and group activities on time
 - b) They undermine your health in a way that you cannot complete your program responsibilities
 - c) They infringe on host family peace and quiet
 - d) They put your friends in difficult situations
 - e) They otherwise undermine the program goals and the good will of those who assist us with our program. As a group we need to operate on a basis of trust and reliance on one another, and it is essential that each of us uphold his or her part of the compact; in my many duties as director, I rely on your cooperation.
- In the foreign country, you still bear responsibility for the consequences of your behavior, not just in regard to drinking, but particularly then. When confronted with new circumstances, it is especially essential to reflect upon your values, goals and self-image, and how to maintain them under pressure.
- Your reasonable consideration of all of these points can help make our experiences together safer and more pleasurable!

Carleton in Washington 2007 – Steve Schier
Basic Ground Rules Agreement Form

General Behavior

In Washington, as well as on our trips to Williamsburg and Annapolis, you represent Carleton. Give a good impression of your college. No underage drinking is permitted at any program events, including dinners and field trips. Behave cordially, respectfully, and politely. Be grateful -- it never hurts to say thank you to your hosts at our apartment building and meeting places, to your tour guides, to your program speakers and to other program participants. Be positive and open-minded as you explore new political experiences. Have initiative, be inquisitive. Find a productive role to play within the Carleton group in Washington, and invent ways by which you

can contribute to the success of our program. Be supportive and kind to each other. Work on making your term in Washington a lifetime experience.

Communication

Always strive for good communication with any other person associated with our program. If there is a problem or something is unclear, it is your responsibility to speak up, and immediately talk to the person. If the problem seems difficult to solve, address your concerns to the program director as soon as possible.

Tolerance

At all times, program participants must display tolerance for political views with which they personally disagree. Dismissive, disrespectful and intolerant behavior regarding the political views of program speakers and fellow program participants is strictly prohibited.

Academic Work

The Washington program is, first and foremost, an academic program with the same standards expected as in on-campus Carleton courses. You are expected to attend all scheduled events throughout the term. Field trips that are “optional” are clearly designated on the syllabus; they include small group trips to historic locations near DC in which students may elect to participate. All program participants are expected to participate in the Williamsburg and Annapolis field trips. If you know you will have difficulty attending a scheduled event, it is your responsibility to contact the program director in advance about this problem.

Punctuality

It is imperative to be punctual regarding all your classes, field trip departures, and other designated meeting times. We will not wait for you. If you miss departure time, you will miss the excursion. If you miss our departure time while we are “on the road,” you will be responsible for returning to our base of operations (residence) on your own.

Safety

- Be careful and reasonable at all times. Do not do anything foolish that could hurt you and/or others. Look out for your safety just as you would in any big city
- Avoid deserted areas
- Protect your valuables
- It is best to have money in different pockets. Do not put your wallet in an obvious spot from where it can be easily taken (just like in any major city, beware of pickpockets)
- Make sure not to flash money, be discreet
- At all times, carry the phone numbers of the director and the apartment building where we are staying
- If you are out late, return home safely with other members of the program or take a taxi
- Always inform the faculty director and/or Program Assistant before you leave for travel on a non-group day or weekend trip. Provide information to your PA and the director about your destination and your time of return.

Failure to observe the terms of this contract will lead to dismissal from the program.
I have read and understood all the rules explained on this page.

Name

Signature

Date

Intercultural Learning

Culture Shock

From "Cultural Adjustment Strategies," Learning Abroad Center, University of Minnesota.

See also "What's Up with Culture?" at

http://www3.uop.edu/sis/culture/pub/CULTURE_ISSUES_2.htm; an interactive web site that explores culture learning, culture shock, intercultural communication, and reentry.

Culture shock is a real and normal reaction to immersion in another country and culture. It usually occurs 1-2 months into a semester-long program. There are proven ways to ease yourself through culture shock and into the culture.

It's real and it's normal. You may become really tired 4-8 weeks into a semester-long program. You're tired physically from trying to understand language, customs, and a myriad of unfamiliar daily tasks. You're tired emotionally because hard as you try to reach out and connect, you realize that you will never really be one of the locals. Disappointment can set in. You are sure that because you're willing to adapt, and in fact have been doing it for a month or more, the discomforts and irritations must be due to someone else. Suddenly the food is inadequate, the facilities aren't clean enough, people are abrupt, and the bureaucracy is relentless.

These symptoms are good signs. You know enough about the culture to recognize the differences.

Now is the time to use some proven techniques to help yourself through culture shock and into the next state of full participation and enjoyment:

- acknowledge that culture shock is normal and that "this too shall pass"
- write about your concerns in your journal and sleep on them before you call home or act on your grievances
- keep busy and set some concrete goals; resist withdrawing into yourself or surrounding yourself with other U.S. citizens
- avoid being judgmental; look on the positive side of diversity and difference
- take care of yourself with enough sleep, etc. and revive your sense of humor

The New Culture

When entering a new culture, you may fight it, try to avoid it, or try to adapt to it. Everyone uses all three responses to some extent, but adaptation is the most effective. It is helpful to reflect upon your own behavior and overall adjustment experience in these terms.

If you are aware of the normal cycle of cultural adjustment that everyone goes through, it will help you understand yourself and not feel you are "different". Many people are very excited and happy at first ("honeymoon" stage), but after a while, they may experience stress, confusion, anger, fear, or physical illness (fevers, headaches, stomach problems, skin rashes). About 90% of people experience some difficulty adjusting, but most are able to cope quite well.

Don't expect that you should always be able to function smoothly and get things accomplished easily in a new culture. The higher your self-expectations, the greater the possibility of frustration and disappointment when adjustment struggles do occur. Expect to encounter some difficulties, and know and accept that you will make mistakes. Knowledge of your host culture, customs, and history can help you to understand and get along better in your new environment. Read whatever you can, always be observant, and ask questions whenever you can.

Think about how you have managed changes in your life in the past (e.g., coming to Carleton). The things you did then to help you through a difficult adjustment period can also help you now. Have a sense of humor about yourself and adapting to this new culture. And be ready to be perceived as a "representative" of your country. Host nationals may seem ignorant about the U. S. and insensitive to your struggles in adjusting. Remember, a stupid question may be a clumsy way of expressing real interest in you. Also, be prepared to question and change your ideas and stereotypes about your host country and the U. S.

Coping With the New Culture

Your goal is to adapt to life in your host country in a way that is most appropriate for you. Relax and enjoy yourself. Even in the midst of trying times, see this as a time for learning about your host country and yourself. You may get tired of coping with things that are different and want to withdraw on occasion from human contact. Once in a while, that's okay. Dealing with a new language and culture can be very tiring. It helps to get plenty of sleep, eat on a regular schedule, and take time to be alone in your room or in a natural setting to read and relax.

It can be helpful to keep some kind of contact with your home and culture (letters, reading about home, reading in English, contact with fellow Americans, practicing your religion, etc.). Don't be too quick judging the new culture. There are three ways to deal with the observations you make about your hosts and their culture.

- Describe the facts that you see and experience.
- Interpret what you think your experience means.
- Evaluate how you feel about your experience.

It is natural for most of us to judge (interpret or evaluate) what we see based on our past experiences. However, when faced with experiences in a new culture, it can be more helpful and effective to wait before assigning meaning to behaviors and events. Ask host nationals for their points of view and talk with friends before making judgments.

Helpful Skills in the New Culture

- Observe. Watch very carefully how people behave in specific situations.
- Self-reflection. Paying attention to your own behaviors in cross-cultural interactions can be very instructive. How do your cultural customs and values affect who, why, and how you interact with others?
- Everyday behavior. Through practice and observation you can refine and adapt your behavior to be appropriate to your new environment (using the bus, banking, buying groceries, keeping appointments, etc.).

- Slang and common expressions. Pay attention to common expressions and seek their real meanings and implications (don't take things too literally).
- Ask, ask, ask. This may be the most important skill of all. If your contact with the people and culture makes you feel angry, confused or you simply don't understand something, ask natives or others who know the culture to explain what is going on.
- Discuss and compare. Even when things seem to go well, it is helpful to discuss your daily interactions with someone who knows the culture to see if your actions and perceptions are accurate and appropriate.
- Deal with difference. You may find yourself in situations where your host culture expects you to behave in a way that is different or contrary to your American values. There can be difficult moments. You need to make a choice about which value and behavior is personally appropriate and effective for you.
- Initiate conversations. Practicing your communications skills will improve them. You may often have to make the first step in starting a conversation or getting to know someone.
- Take risks and experiment. When you overcome your fear of trying new behaviors and experiences, you often discover something exciting. Go places and participate in activities so that you can observe and try out new cultural behaviors.

Further Resources

There are some recently published resources that may prove useful for helping your students become intercultural learners:

R. Michael Paige, Andrew Cohen, Barbara Kappler, Julie Chi, and James Lassegard. (2006). *Maximizing Study Abroad: A Student's Guide for Language and Culture Learning and Use*. Center for Advanced Research on Language Acquisition, University of Minnesota. *Project-oriented books and workbooks for students, faculty, and study abroad advisors to maximize culture and language learning during off-campus studies.*

Bruce La Brack. (2003). *What's Up With Culture?* <http://www3.uop.edu/sis/culture/index.htm>. *On-line learning modules about culture learning, culture shock, intercultural communication and more.*

Reciprocity

Students often think about what they will “get” out of off-campus studies, but there are numerous ways in which they can “give back,” most importantly while on the program and also when they return to campus.

During off-campus studies:

Students staying with host families can reciprocate in as many ways as families may interact with one another – helping with household chores, conversing during meals, taking their family members out for a treat or bringing them flowers, sharing photos of the student’s own home and the Carleton campus, etc. There may be opportunities through the program or individually for students to volunteer locally, interview community people, or take part in local sports or musical groups. Giving of themselves will help the “balance of trade” during their off-campus studies, and improve their intercultural experience.

Upon return to Carleton:

Correspondence with host families and friends: Students should be aware that they may have made a lasting impression on their host families or friends they made while off-campus. To maintain a positive impression, students should be encouraged to write a thank you note or email to those who contributed to their OCS experience. Ideally, they will keep in touch on important occasions (host family birthdays, etc.) as a way of fostering the connection and acknowledging that the host nationals played a significant role in the student’s term.

Evaluations:

Students’ program evaluations are important to the faculty director and to the Off-Campus Studies Office. Their comments about the courses, excursions, food allowances, and group dynamics are very useful in refining the program for future use. Evaluations should be handed out near the end of the seminar with the assurance that the director will not read them until after final grades have been awarded and sent to the Registrar. To achieve that end, students should complete their evaluation forms and put them in a large manila envelope for safekeeping. Once the faculty director has read the evaluations, s/he should send them to the OCS office for review and filing.

OCS Photo Contest and other OCS events:

OCS sponsors an annual contest for students’ (and directors’!) photographs from off-campus studies. The contest takes place spring term. Deadline for photo entries is in the first week in April. The top three winners receive monetary prizes and the chosen photographs are displayed on campus and used in College publications.

Winning criteria include (photos or slides):

- high quality photograph; focus, light, composition, balance
- story-telling photo, not ‘just a pretty postcard’
- photo that reflects the educational program, the cultural experience and participation in the program or setting (we want to see YOU too!)

Publications:

Student-to-student handbooks are valuable resources, and their success depends upon one generation passing along their wisdom and advice to the next generation of program participants.

Some programs budget funds to publish students' writing (or artwork) at the conclusion of the seminar. Speak with the OCS staff if you are interested in this option. Students are also encouraged to publish their writings in the Center for Modern Languages' *Polyglot* magazine, department newsletters, the *Carletonian*, the *Voice*, or various online publications about intercultural experiences and education abroad.

International students and Cross-Cultural Studies:

Students returning from off-campus studies have much to offer resident international students on campus. They may also be interested in integrating their off-campus studies with the on-campus concentration in Cross-Cultural Studies. For further information about International students, contact the International Student Programs office, 507-222-5937. For more information about Cross-Cultural Studies, contact Sigi Leonhard, Director of Cross-Cultural Studies, sleonhar@carleton.edu.

Communications**Off-Campus Studies Office**

Please contact the OCS office via email or telephone as soon as all students have safely arrived at the program meeting site. If there is a safety emergency at your location, please contact the OCS office so that we can know you are safe and send updates to parents as necessary. We ask that you consider writing at least one letter to parents during the program which can be emailed to our office and we will send it out to parents. You are also encouraged to keep in touch on a regular basis throughout the seminar and to contact us if there are any issues on which you would like consultation with others on campus.

Parents

While we try to field as many parent questions and concerns as possible from the OCS office, parents will have your email and telephone number and may contact you directly. Respond to these issues as you can, but never hesitate to refer them back to the resources on campus.

Web Updates

Each seminar has a web page with the possibility to feature a section called "updates from the field" or something similar. In some cases the program assistant or you will maintain this page, in other cases you or OCS may hire a student (or several) to write blog entries and post photographs from your seminar. A "code of ethics" is posted on the OCS website as a guideline, but we encourage faculty directors to read their students' postings regularly.

Final Report

Each program director should submit a final report at the conclusion of the program, no later than one term after returning to campus. Guidelines for the report can be found in the Soup to

Nuts handbook. The report is circulated to the department chair, the dean of the college, and the off-campus studies committee.

Academics

Registration Information

See also <http://www.carleton.edu/campus/registrar/>.

All registration materials and information are on the web. Students who are studying off-campus may register on-line as per the instructions found on the Registrar's web page, www.carleton.edu/campus/registrar/adminweb/streghelp.html , or they may request that a proxy register for them on campus. Students on off-campus study who will not have internet access during registration must make arrangements to have a proxy register for them via the process described under Proxy Registration in the Academic Regulations and Procedures booklet.

S/CR/NC

Deadlines are the most important thing to remember when exercising this option. There are no exceptions if the deadlines are not met. During the first or second week of the term at Carleton, students may designate one course as a potential for this option. Before the last day of classes at Carleton, the student may exercise the option to S/CR/NC or not.

The Registrar is not concerned with how the option is exercised. The Director may do what is easiest for him/her or what is agreed upon by the students. Suggestions for handling the cards:

- You may provide students with individual envelopes where the card with the name of the designated course to be S/CR/NCed can be sealed for confidentiality. These may be held by the faculty until it is time to exercise the option.
- The Faculty may designate a student (R.A., teaching assistant, secretary) to keep the cards until the date by which the students want to exercise the option to S/CR/NC.
- A letter with the name of all students listed and the designated course to S/CR/NC may be sent (by mail or FAX) to the Registrar's Office (eliminating the use for the cards) and another letter may be sent to exercise the option to S/CR/NC; be sure the letters are received by the Registrar's Office by the designated deadlines above.
- The students may handle this option individually by sending the designated course to be S/CR/NCed to the Registrar using either the card or a letter, confirming the option by card or letter to the Registrar before the deadline.

Academic Year Calendar

FALL TERM 2009

September 14	Classes Begin 8:30 a.m.
September 18	1st Five Week Course Drop/Add & S/CR/NC Course Designation Deadline
September 25	Ten Week Course Drop/Add & S/CR/NC Course Designation Deadline
October 15	Last Day 1st Five Week Late Drop & S/CR/NC Option Exercise Deadline
October 19	Mid-Term Break
October 20	Classes Resume 8:15 a.m.
October 23	2nd Five Week Course Drop/Add & S/CR/NC Course Designation Deadline
Oct 26-Nov 3	Advising Days
Nov 2-18	Registration for Winter Term
November 18	Last Day of Classes 2nd Five Week & Ten Week Course Late Drop 4:30 p.m. S/CR/NC Exercise Deadline 4:30 p.m.
Nov 19-20	Reading Days
Nov 21-23	Exams
November 24	Winter Recess Begins
December 2	Grades due 8:30 a.m.

WINTER TERM 2010

January 4	Classes Begin 8:30 a.m.
January 8	1st Five Week Course Drop/Add & S/CR/NC Course Designation Deadline
January 15	Ten Week Course Drop/Add & S/CR/NC Course Designation Deadline
February 4	Last Day 1st Five Week Late Drop & S/CR/NC Option Exercise Deadline
February 8	Mid-term Break
February 9	Classes Resume 8:15 a.m.
February 12	2nd Five Week course Drop/Add & S/CR/NC Course Designation Deadline
February 15-23	Advising Days
Feb 22-March 10	Registration for Spring Term
March 10	Last Day of Classes 2nd Five Week & Ten Week Course Late Drop 4:30 p.m. S/CR/NC Option Exercise Deadline 4:30 p.m.
March 11-12	Reading Days
March 13-15	Exams
March 16	Spring Recess Begins
March 19	Grades Due 8:30 a.m.

SPRING TERM 2010

March 29	Classes Begin 8:30 a.m.
April 2	1st Five Week Course Drop/Add & S/CR/NC Course Designation Deadline
April 9	Ten Week Course Drop/Add & S/CR/NC Course Designation Deadline
April 29	Last Day 1st Five Week Late Drop & S/CR/NC Option Exercise Deadline
May 3	Mid-term Break
May 4	Classes Resume 8:15 a.m.
May 7	2nd Five Week Course Drop/Add & S/CR/NC Course Designation Deadline
May 17-25	Advising Days
May 24-June 2	Registration for Fall Term
June 2	Last Day of Classes 2nd Five Week & Ten Week Course Late Drop 4:30 p.m. S/CR/NC Option Exercise Deadline 4:30 p.m.
June 3-3	Reading Days
June 5-7	Exams
June 9	Senior Grades Due 8:30 a.m.
June 12	Commencement
June 16	Grades Due 8:30 a.m.

Finances & Management

Accounting Policies - Accounting for advances and cash withdrawals while directing OCS programs

WHY:

Funds in bank accounts on which you are a signer, cash advances to you, and cash withdrawals on the Carleton purchasing card are treated by the IRS as advances to you personally. Unaccounted for advances are considered personal income. With the IRS, items are taxable unless proven otherwise. So, the burden of proof is on us – you.

According to a recent edition of the NACUBO Business Officer magazine, IRS agents are being trained to audit higher education. Advances of any type are vulnerable and OCS program advances are particularly so due to their size.

WHAT:

1. Funds in foreign bank accounts on which you are a signer. That is calculated as:
Beginning balance + additions – ending balance.
2. Cash advances from the Carleton P-card.
3. Cash or traveler checks advanced
4. Refunds from students, vendors, etc. on site.

HOW:

Suggestions:

1. daily ledger supported by organized receipts to enable verification
2. envelopes by category to hold receipts, total expenses on front
3. envelopes by week to hold receipts and match ledger
4. Excel spreadsheet: enables adding without errors, sorting by category, additional column for future commitments. Most students know excel; hire a student to enter the daily ledger into excel.

Keep all receipts until recorded; may discard an individual receipt of less than \$75 although it does not hurt to keep as many receipts as possible.

Credit card charges must be accounted for separately with **ALL** receipts detailing the charges.

Ledger should be kept in foreign currency and then converted to dollars at the end.

**** Emphasis is on accounting for cash, credit card charges, or checks written on site not on budget categories or total program accounting.**

WHO:

Personal and/or dependent expenses should **not** be paid with program funds.

If dependent expenses are paid for as part of group i.e., theater tickets, admissions, clearly show the reimbursement for the dependent/personal expenses.

The IRS will hold you personally responsible for all advances. Advances unaccounted for represent taxable income. Expenses paid by the program for dependents are taxable income to the director and need to be identified.

WHEN:

According to the IRS, advances must be accounted for within 120 days of receipt. Since programs run for 10 weeks, accounting within 30 days of the end of the program would be reasonable. All cash or unspent traveler checks should be returned to the Business Office immediately upon return.

Reference Documents

Agreement Form

Note: Students offered places in Carleton off-campus seminars must confirm their intention to participate by their signature below. One copy is to be retained by the student; ONE COPY IS TO BE RETURNED TO OFF-CAMPUS STUDY, LEIGHTON 119 by the date set in the letter of admission.

INSURANCE COVERAGE

I understand that Carleton College does not undertake to provide health, accident, disability, hospitalization, personal property, or other insurance to participants in this seminar; I further understand that it is my responsibility to procure health/hospitalization insurance for the duration of the seminar and such other insurance as I require, and that I am responsible for the costs of such insurance and for any expenses not covered by this insurance.

PERSONAL CONDUCT

I understand the rights and responsibilities in the *Carleton Student Handbook* apply to off-campus study, except that local laws replace Minnesota/U.S. law where applicable. I understand that the living circumstances on off-campus study may require a standard of decorum, which differs from that of Carleton residential life, and I indicate my willingness to understand and conform to the standards of my host culture. I further understand that it is important to the success of the present program and the continuance of future programs that participants observe standards of conduct that do not compromise Carleton in the eyes of individuals and organizations with which it has relationships. I understand that the Program Director has the authority to: 1) establish rules of conduct necessary for the operation of the program during the entire period of the program, including free time, 2) establish rules of conduct that are stricter than local laws. I agree that, should the Director, in consultation with the Dean of Students, decide that I must be dismissed because of conduct that might bring the program into disrepute or its participants into jeopardy, that decision will be final and may result in the loss of academic credit and the loss of program fees. I understand that within the period of this program and after the period of the program, I may elect to travel independently at my own risk and expense. I agree to inform an official representative of Carleton College of my travel plans and understand that neither Carleton College nor its official representatives are responsible for me while I am traveling independently.

WITHDRAWAL OR DISMISSAL

I recognize that, although the credits on the seminar are distributed among courses, the seminar itself is offered as a complete package and there is no provision for crediting any part of the academic work if I do not complete the entire program of required courses. If I withdraw or am dismissed from the seminar, my status at Carleton for that and the succeeding term(s) will be determined by the Dean of Students in accordance with existing policy, as outlined in the *Academic Regulations and Procedures Handbook*. I have read and understand the statement on the refund policy for Carleton Off-Campus Seminars as stated on the back side of this form.

GENERAL RELEASE

I understand that Carleton College reserves the right to make cancellations, changes or substitutions in cases of emergency or changed conditions or in the general interest of the program. It is further expressly agreed that all programs and use of any and all off-campus programs, services, or facilities shall be undertaken by me at my own sole risk and that Carleton College shall not be liable for any and all claims, demands, injuries, damages, actions, or causes of actions, whatsoever to me or property arising out of or connected with the use of any and all off-campus programs, services, or facilities, whether or not

sponsored by Carleton College, or the premises where same are located, whether or not owned or leased by Carleton College, resulting from or related to any and all acts of active or passive negligence on the part of Carleton College and/or its officers, employees, or agents; and I do hereby expressly forever release and discharge Carleton College from any and all claims, demands, injuries, damages, actions, or causes of action, arising from or related to any and all acts of active or passive negligence on the part of Carleton College and/or its officers, employees, or agents.

PARTICIPATION

By my signature below, I indicate my intention to participate in the _____ seminar during ____ term, 200___. This commitment to the program both reserves the place offered to me in the seminar and authorizes the College to admit another student for my place on campus during the term I am away. This decision becomes effective on the date of my signature, not later than the date cited in the Letter of Acceptance.

SEVERABILITY CLAUSE

All provisions of the agreement shall be deemed severable. The unenforceability, illegality, or invalidity of any provision or portion thereof shall not affect the enforceability, legality, or validity of any other provisions, all of which will remain valid, binding, and enforceable in accordance with their terms.

Student Name _____ Date of Birth _____
Student Signature _____ Age _____

WITHDRAWAL POLICY

Students who withdraw from the Carleton Seminar after the signing of the OFF-CAMPUS STUDY AGREEMENT FORM and before the beginning of the seminar will be required to pay a \$500 withdrawal fee plus any costs incurred on their behalf (including, but not limited to, monies advanced on their behalf for non-refundable deposits, tickets, airfare or other travel document, legal documents and fees, housing deposits, etc.). All withdrawals before the start of the seminar should be made in writing to the Director of Off-Campus Studies at Carleton. Withdrawals after the off-campus seminar has begun should be made in writing to the Faculty Director on site.

Students who withdraw from a seminar in session with the permission of the Director of Off-Campus Studies and/or for documented medical reasons may be eligible for a partial tuition refund according to the standard College policy outlined in the *Academic Catalog*. Eligibility will be computed from the first day of the seminar abroad, not according to the on-campus calendar.

A refund of 25 percent of tuition will be made if the student withdraws during the first 25 percent of the term; financial aid will be reduced proportionately.

Tuition will be reduced in the case of illness: one-half will be returned if the student withdraws because of illness before the end of the fifth week of the seminar term, after which no fee will be refunded.

No refunds will be made to students suspended or dismissed from a seminar.

If the student withdraws from a seminar to participate in another off-campus study program, the student must apply and receive separate approval for the second program according to the procedures described in the *Off-Campus Studies Program and Planning Guide*.

If the student withdraws from a seminar and wishes to return to campus, the student may ask the Dean of Students to place his or her name on the space-available list.

Carleton College Policies for Student Participation in Off-Campus Studies

The student must sign this document, indicating that s/he has read and understood the following policies for participation in off-campus programs:

1. Off-campus programs for Carleton credit are open to sophomores, juniors, and seniors.
2. Students applying for off-campus study need to be in good academic standing and demonstrate satisfactory progress toward completion of their degree within 12 terms.
3. Students must meet a specific program's stated requirements, which may include a certain GPA, academic prerequisites, etc.
4. Applicants for off-campus programs must demonstrate maturity, responsibility, adaptability, willingness to initiate intercultural opportunities, among other traits as defined by the faculty director.
5. Carleton seminar participants must attend pre-departure orientation during the term prior to departure. The dates and times of the sessions are available no later than the first week of each term on the OCS website and OCS calendar. Non-Carleton program participants are strongly encouraged to attend.
6. Students on disciplinary probation may not participate in OCS programs.
7. Students on academic probation will be reviewed by the Academic Standing Committee prior to final approval for off-campus studies.
8. Financial aid may apply toward off-campus study with Carleton seminars and with ONE approved non-Carleton program.
9. Carleton seminars require application submission by the stated deadlines in departmental offices, as defined in the application. Application forms are available at the OCS office and from the faculty directors.
10. Non-Carleton programs require an application submitted by the stated deadline to the program provider and a petition submitted to Carleton no later than *the third Thursday* of the term prior to the off-campus term. Application forms are available from the program providers. Petitions are available at the OCS office. Late petitions will not be considered. A complete OCS petition must include your signature; your academic adviser's signature; your current degree audit; the signature of the department chair of your intended major, if you submit your petition as a sophomore; the signature of the Director of International Student Programs, if you are an international student; and answers to specific questions regarding the program, printed program information, and faculty evaluation of the

program, if requested in the petition. **Note: Financial aid is released to ONE non-Carleton program following program approval by OCS.**

11. Students may transfer no more than 54 non-Carleton credits from off-campus programs toward their Carleton degree. **Note: Programs will not be considered or approved retroactively, that is, during, or after participation in the program.**
12. Students who withdraw from a Carleton program are subject to the policy on withdrawal on the program agreement form. Students who withdraw from a non-Carleton program are responsible for informing the program provider and abiding by their withdrawal policies.

I have read and understood the policies of participation.

Print Name

Signature

Date

Incident Report Form

**ACCIDENT/INCIDENT REPORT
CARLETON COLLEGE
OFF-CAMPUS STUDIES**

Date of Report _____ Date of Incident _____ Time of Incident _____ AM/PM

Type of Incident _____

PERSONAL DATA-INJURED PARTY

Seminar name _____ Term _____

Student name _____ Class Yr _____ Gender _____

Birth date _____ Email _____ Phone _____

Home address _____

Mother/Guardian name _____ Email _____

Address _____

Home phone _____ Work phone _____

Father/Guardian name _____ Email _____

Address _____

Home phone _____ Work phone _____

Emergency contact person _____

Email _____ Relation _____

Home phone _____ Work phone _____

Additional emergency contact person _____

Email _____ Relation _____

Home phone _____ Work phone _____

INCIDENT REPORT

Location of Incident:

Description of Incident:

Was an injury sustained? Yes ____ No ____

If yes, describe the type of injury sustained:

Witnesses

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

CARE PROVIDED

Was care provided by facility staff? Yes ____ No ____

Did victim refuse medical attention by staff? Yes ____ No ____

Name of person that provided care: _____ Position: _____

Describe in detail care given (including medication):

After care instructions given (medications, if any) on site:

Complications, if any:

Was EMS called? Yes ____ No ____

If yes, by whom? _____ Position: _____
Time EMS called: _____ Time: _____ AM/PM

Was victim transported to an emergency facility? Yes _____ No _____
If yes, where? _____ Time: _____ AM/PM

If no, did person return to activity? Yes _____ No _____
Incident reported to authorities? Yes _____ No _____
Incident report to parent(s) or guardian(s)? Yes _____ No _____

Victim's signature: _____ Date _____

Report prepared by:

Name (please print) _____ Position: _____

Signature: _____ Date: _____

Other comments:

SEND COMPLETED INCIDENT REPORT FORM TO APPROPRIATE STAFF/DEPARTMENTS

Director, Off-Campus Studies
Department chair and administrative assistant
Dean of Students
Wellness Center Director

Healthy Traveling Brochure from Mayo Clinic (attached)

This document is distributed to students at the OCS Health & Safety meeting.