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Welcome Letter

Dear Faculty Director,

After years of planning, the day of departure for your off-campus studies seminar is near! Whether you are a seasoned director or a first-timer, by now you know that on OCS programs faculty are responsible for both academic and non-academic aspects of students’ experiences.

Off-Campus Studies, in collaboration with many other offices and services at the College, has provided resources and trainings to support you in this expanded role. We encourage you to refer to the following resources:

- Soup-to-Nuts Handbook
- OCS Website section for Faculty Directors
- Annual Faculty Director’s Workshop
- Individual meetings and consultation with OCS staff on any program-related issue
- Individual consultations and advice/help from Dean of Students, ITS, Student Health & Counseling, and other offices upon request
- CISI travel and medical assistance services

This handbook is designed to help you negotiate your many roles as a faculty director of an off-campus studies program. We encourage you to consult it as necessary, and to reach out for assistance in any matter. We are here to help, guide, and find solutions! We wish you a successful program and look forward to supporting you on site.

Safe travels,

Helena Kaufman, Director
Naomi Ziegler, Assistant Director
Leslie Vanderwood, Program Coordinator
Rob Quanbeck, Program Manager
Alysa Toov, Administrative Assistant
More about your role as a faculty director

Advice from the Dean of Students

1. The Role of the Faculty Director: The faculty 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 faculty director has broad latitude in making judgments about the appropriateness of student conduct. Though it is important for the 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 faculty director does not serve in loco parentis. He or she 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: The faculty director should be clear about program expectations. In effect, these expectations are the verbal contract with students and should be clearly communicated. If questions arise about a given expectation, the faculty director should 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 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 he or she is disruptive of the education process or the integrity of the group, then an intervention is warranted. The faculty director should confront student behavior that is, in his or her 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 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 faculty 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**: Faculty 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 Director has the responsibility of taking the health and safety of the participants into account. Faculty directors are not licensed counselors, 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 faculty director to contact parents. If there are behavioral issues that might warrant parental contact, the Director should contact the home campus for consultation.

**Community building & tone setting**

Building and nurturing a healthy group dynamic is extremely important. Each director will have their own style and means of communicating and enforcing their expectations for student conduct, and for developing friendly and respectful interactions within the group. Don’t forget that program support and teaching staff also play an important role in the program’s overall success and will need guidance from you.

The following resources have been helpful to previous OCS directors:

- **Division of Student Life at Carleton**—Very experienced in student programming, community building, facilitating healthy group dynamics, and responding to student concerns. The OCS office can provide specific recommendations of whom to contact if you are unsure.
- **Where there Be Dragons Resource Manual**—Developed for the 2013 Faculty Director’s Workshop, this manual describes the best practices of a highly successful experiential education program. Includes ideas for programming at the beginning, middle, and end of a seminar. Available on the OCS website.
• **Experienced faculty directors**—There is a wealth of knowledge among your colleagues and many experienced OCS directors would be happy to share their best practices with others. The OCS office can suggest directors to contact if you are need recommendations.

**Anticipating and responding to student concerns**

**Travel Health**
When preparing students for off-campus studies, the Director should 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. Students should be advised to consider their travel plans accordingly, and take a proactive role in their self-care.

All students had an individual medical consultation to complete their health assessment form and received a handout on travel health at the Health and Safety meeting. You can view the travel health handout and links/descriptions to travel health resources on the OCS website under health & safety.

**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. 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.

Water should be filtered and/or boiled in developing countries. There are many good options for treating water such as a jerry-can (www.jerrycan.com) or steri-pen (www.steripen.com). When necessary, bottled water may be purchased with program funds.

**Urgent Care**
Directors should 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. The following urgent situations may occur. It is the Director’s responsibility to contact the appropriate program resources when necessary.

*Alcohol/Drug Abuse:* If the Director sees concerning behavior, he or she should discuss these 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.

*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 or 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 him or 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.
• Sold, 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 the individual 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 the situation doesn’t improve.

Sore Throat, Colds, Infections
Colds/Upper Respiratory Infections:
• Tylenol 1-2 tabs every 4 hrs. If it lasts longer than 2-3 days, obtain a throat culture.
• May take over the counter medications as directed for relief of symptoms. Do not take aspirin due to the 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 or dressing.
• If wound might require stitches, this should be done within 6-12 hours.
Scrapes/Abrasions:
- Clean with soap and water.
- Apply antibiotic ointment. Preferably leave wound exposed to air.

Fainting:
- Remain with person until conscious.
- Encourage the individual 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 the individual is not returning to normal or there is a 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 an appointment is available OR call a doctor on call right away if “abnormal” symptoms are present.

Nausea, Vomiting, Diarrhea:
A short term stomach or bowel illness may necessitate a change in the diet. The following are guidelines for these changes. Usually symptoms will diminish after the first 12 hours, but 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.) 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 5 minutes. Continue pressure for 10-15 minutes. Apply ice to bridge of nose or back of neck. If bleeding continues, the 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 SHAC or a local medical provider if you are concerned.
Seizures:
- A physician must be notified each time a person experiences a seizure.
- Protect the 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.

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 or 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. 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 in the U.S.
Sexual Harassment and Assault

Applying the Carleton policy depends upon the circumstances of the situation. The Director must observe and use his or her best judgment. It is important for the Director to be direct about the College’s expectations and to define his or her role in sexual misconduct situations before problems arise. The Director should never promise that he or she won’t pass on information. If a situation arises and the Director is in doubt, he or she should consult others. The Director 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, the faculty director will be asked to consult directly with the Title IX Coordinator. Carleton’s sexual misconduct policy may be found at https://apps.carleton.edu/dos/sexual_misconduct/.

Confidential Consultations:
The counselors in SHAC and the College Chaplain will provide confidential consultations for program directors, but program directors themselves are required reporters and must report sexual assault/harassment incidents to the Title IX Coordinator via a Community Concern Form. These consultations will enable the counselors or the Chaplain to assist the program director in providing appropriate support, advice and information to students who have experienced sexual assault/harassment. The Chaplain and the counselors will also assist the program director in sorting through his or her own personal thoughts and feelings about having these sensitive conversations with students. The counselor or Chaplain will not report these allegations of assault/harassment to Carleton officials or to the police, although they will remind the Director of their requirement to report, and the additional option of encouraging students to make their own report if it seems appropriate to do so.

Exceptions to Confidentiality
The counselors 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 counselors must also report allegations of inappropriate sexual behavior by a professional licensed by the State of Minnesota such as a psychologist, physician or nurse.

1. Policy Violation between Carleton people: If there is a violation of policy within the Carleton community, it is the Director’s obligation to investigate. The Director sits as the authority on site to act appropriately and according to policy. The Director should be a sympathetic but neutral listener. He or she is not an advocate; each party is entitled to due process.

How does a Director establish that a violation has happened once he or she hears of an allegation? The Director should call Julie Thornton, Associate Dean of Students, for information on investigating the incident. The Director will collect facts to make a determination about policy violation, though adjudicating in the legal sense is not his or her responsibility. The Director should ask him or herself if there are safety issues involved for either party or other dangers to the principal parties and others on the program. If there are, the Director 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. He or she is 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. The Director should let the student know what the options are and then let him or her 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, the Director should consult with Julie Thornton regarding what expenses are reimbursable. The Director must not 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 or 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 SHAC for support.
- Date rape: Students will have heard about this concern before traveling on the program by attending the OCS pre-departure Health and Safety meeting, 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 three months post-assault)

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

**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 Survivor**

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 Survivor**

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 person need immediate medical assistance? Police protection? Legal assistance? Should you access on-call resources (Deans, psychologist, sexual misconduct personnel, etc.) at Carleton?
- Is the person physically safe right now? Is there anything you can do to increase the person’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 person under the influence of alcohol or other drugs and possibly at risk for other adverse events because of this?

Special Case: Responding to a Person who Experienced Sexual Assault

Interview Guidelines:
• Remain neutral about the facts but empathic about the person’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 person you are present to help rather than pass judgment on his or her behaviors.
• Avoid making statements that induce defensiveness, such as “Why did you drink so much?” or “Why did you go to his or 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 person.

Medical Care:
There is a 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 he or she is considering criminal investigation.

4. Sexual Climate: The Director should 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. The Director should talk about such things as how a student’s dress might send the wrong signal in a different
country, and be clear about his or her expectations of students while abroad—the Director should explain 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 the Director relates to local people the same way he or she relates to Carleton students on campus, he or she could end up in a potentially dangerous situation. The Director should advise students on the available resources of that country.

**Concerning issues of sexuality:** Faculty directors may find themselves in situations where they 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, it will provide some assistance in helping 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, female 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 the Director to be familiar with these issues and the College’s policies that address them so that he or she is 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. Instructions on how to deal with these situations are 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 Health & Safety meeting. However, the content introduced at this meeting can be reinforced by faculty 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 director 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, Directors 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 a Director is at a loss for the “right” thing to say, it is helpful to address his or her own difficulties with the situation. A Director 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 is perfectly okay for the Director to acknowledge that the situation is a little out of his or her realm of expertise, but that he or she wants to be as helpful and supportive as possible. 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).”

**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.
- Frequent complaints of 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, and/or 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.
- Blaming failure in social and professional community on weight.
- Holding the belief that food is their only friend or source of comfort.
- 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, and/or 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).*

**Emotional health and resilience**
Emotional well-being is important to learning. The ability to care for self and others is foundational to successful academic performance and cultural learning.

Janice Abarbanel, PhD, is a psychologist and health educator who works specifically with study abroad students (and presented a Faculty Director’s Workshop at Carleton in 2007). She has developed some helpful resources to conceptualize and facilitate emotional well-being in study abroad.

- Shifting cultures: the Emotional Passport—One page handout on staying mindful of the “big picture.” Available on the OCS website.
- Emotional Passport—Brochure (print-ready) for students on wellness and study abroad. Available on the OCS website.

Emotional health and resilience is also an important topic of the required OCS health and safety meeting. SHAC staff can provide consultation and further resources on this important topic.

**Depression**
*The Director should 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 hypsomnia 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.

**Suicide**
When depressed, a student may have suicidal thoughts. The Director should ask the student if he or she is thinking of hurting him or herself.

- The Director must 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.

**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 or 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 or her possession? Ask the student to turn them over to you.
- Indicate concern for the person. The fact that someone cares about him or her may make the difference whether or not that person actually takes any direct action against him or herself.
- Ask the person to repeat a promise not to hurt him or 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 or 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 risk is higher.
   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.

Additional resource: JED Foundation publication on Depression and Suicidal Behaviors in Students Studying Abroad, available on the OCS website for Faculty Directors.
Death of another student
A student death in the Carleton community is a devastating experience, and when students are away from campus, not all of the regular support services are available. You and the students will likely be notified at the same time as the rest of the campus via email, but if possible, you should inform students in person before they check their email. You should arrange for a time when the students can be together to share memories and support each other. Grieving students may also need to step back from their academic work for a while. You should accommodate any requests to return home for funeral services. OCS will help coordinate the response and provide resources and assistance as necessary.

The following web page provides excellent advice on responding to a death in the campus community:

- http://www.luther.edu/counseling/faculty/death/

High-risk activities
As described in the Soup-to-Nuts Handbook, Carleton advises students and their families to consider risks when participating in off-campus programs. 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.

All precautions should be taken to mitigate potential risks including staff training, working with experienced local staff, orienting students, and following the advice of local and international authorities.

Residential life issues
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: The Director should tell a student up front that he or she 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 and students know what to do.

Know the residents. The Director should note behavioral problems—and ask questions. He or she should learn to recognize something out of the ordinary. And he or she should let students
know what the expectation is: is “Joe” spending too much time in a pub? The Director should be up front—and never promise anything he or she 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, the Director should get the parties together to come to a compromise.

2. Roommate issues: The Director should 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 theater randomly or mix seating on bus travel, etc.
   - Have lunch with students, drawing from different subgroups.
   - Have a feedback session to get an open evaluation of how things are going. Maybe break into smaller groups, since one large group session can be an open invitation to complain.
   - If the Director senses a problem coming, he or she should deal with it early to avoid more serious problems down the road.
   - The College’s policy on co-habitation is generally followed, with broad latitude for restrictions based on the program structure and norms of the host country. When assigning rooms and roommates the general practice is to make same-gender assignments with input from students. If male and female students wish to share a room or an apartment, and the Director and OCS agree that this is appropriate, all students in that room or apartment must submit a co-housing request to Off-Campus Studies in advance of the program (form is available from OCS).

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

Principles:

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 Ethics
Confidentiality is often a conflict between respect of another’s privacy, the responsibilities of your role as program director, and your personal needs. Violating a student’s trust is a fundamental violation of the ethical responsibilities inherent in the program director’s position. Be informed about what is appropriate and what is not.

Appropriate:
• The student has given permission for you to discuss or refer him or 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 students 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.
- 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 or her the feeling that his or her particular problem is becoming
known to everyone on campus. Always secure the student’s permission before relating information about him or 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.

**Roommate Issues**

The relationship between roommates is an important issue for all of programs where students live together. A good roommate relationship enhances everything else about the program. An unpleasant roommate relationship can adversely affect every other part of a student’s life.

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 group meeting, you or your RAs 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 in your group to talk to their roommate(s)/each other. 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 Students
At some point, you will almost certainly be asked for help with a student problem. Remember that nearly all student interaction 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 students together or separately (or both) are decisions that will be dictated by each particular situation.

Here are some tips for you to share with students as you consult with them about their problems:
• Remind both parties that most people are not intentionally inconsiderate of others. Encourage the parties to work out their difficulties with each other before involving friends or you.
• Encourage both parties to clarify their objective in talking with the other party. How would they feel if the roles were reversed?
• Students should find an appropriate time to talk. They should never confront their student in front of others or as they’re rushing off to class.
• Encourage students to listen as well as talk, to keep an open mind, and to remember that their student will probably view the situation differently.
• Encourage students to talk about difficulties as soon as they develop. Letting things build up and then exploding is unfair and counterproductive.
• Encourage students 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, a director’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 a faculty director:

• 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 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.

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 or 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.

**Cross-Cultural Adjustments**

Engaging in cultural observation, reflection, and learning is at the heart of off-campus study programs. While students will engage extensively with each other and with you, due to the “island” nature of our programs, you should encourage them to engage with the local language and culture as much as possible. Previous program directors have designed assignments and activities to foster systematic cultural observation and self-reflection throughout their program. Some examples include:

- Journal—Nathan Grawe, Humberto Huergo
- Reflection papers—Fred Hagstrom, Jay Levi, Barbara Allen & Greg Marfleet
- Cultural observation assignments—Cathy Yandell
- Blogging – Diane Nemec-Ignashev
• Photo journal assignments – John Schott

The emotional health resources listed in the previous section give a framework and suggestions for how to understand and respond to students going through a natural transition stress associated with living in a new environment.

For more background on cross-cultural adjustments and how to recognize, engage, and mitigate them, consider the following resources:

• Learning Abroad Center Cross-Cultural Adjustments While Abroad, http://www.umabroad.umn.edu/parents/resources/cross-cultural-adjustments/abroad. This page (written for parents) covers feelings and reactions that are a normal part of cultural transitions.
• Engaging Study Abroad: Before, During & After, https://sites.google.com/site/engagingstudyabroad3/home. This website describes and links to many resources for engaged participation and reflection throughout the off-campus study experience.
• What’s Up with Culture http://www2.pacific.edu/sis/culture/index.htm. This website contains self-directed learning modules on various elements of culture that can be observed and studied.

Finally, the tips below give concrete suggestions on how to coach students to become cultural observers and learners.

• 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.

**Emergency response protocols**

Your program fact sheet and the emergency contact page under Health & Safety on the OCS website contain most of the emergency contact information you will need. Here are five key numbers to enter into your phone for quick access in case of an emergency:

<table>
<thead>
<tr>
<th>OCS Office Mainline, staffed weekdays 8-5 CST</th>
<th>507-222-4332</th>
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</thead>
<tbody>
<tr>
<td>Campus Security, staffed 24/7, can make calls to other emergency services as appropriate</td>
<td>507-222-4444</td>
</tr>
<tr>
<td>OCS Emergency Phone Number, 24/7 response</td>
<td>507-301-5039</td>
</tr>
<tr>
<td>AXA Assist, Carleton College, Policy Number N06566339 Policy Summary: <a href="http://apps.carleton.edu/curricular/ocs/health/travelassistance/">http://apps.carleton.edu/curricular/ocs/health/travelassistance/</a></td>
<td>312-935-1703 (calling from outside of the US, collect calls accepted)</td>
</tr>
<tr>
<td>Wells Fargo Purchasing Card (unique ID is your employee ID number)</td>
<td>1-800-932-0036, 612-332-2224 if calling from outside the US</td>
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**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.

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<tr>
<th>Faculty Director Responsibilities</th>
<th>OCS Responsibilities</th>
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<tbody>
<tr>
<td><strong>In the event of a natural disaster or civil crisis:</strong> contact AXA Assistance first, and if necessary, the U.S. Embassy or other government official for advice and assistance.</td>
<td>Contact the State Department and other institutions with programs in the same or nearby location to gather information about recommended action.</td>
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<tr>
<td><strong>In case of possible evacuation:</strong> use all resources available through the U.S. State Department, CISI/AXA Assist, and the College to determine the method and timing of evacuation. If consultation is impossible, the Director is authorized to terminate the program and evacuate the students.</td>
<td>Convene an emergency response team on campus to include the Dean of Students, Dean of the College, the Pandemic team and/or others if needed, to determine the appropriate course of action.</td>
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<tr>
<td><strong>In case of medical emergency for one or a few students:</strong> Call AXA Assistance, see that the student is treated immediately, and contact the OCS Director about subsequent actions. In discussion with colleagues at Carleton, decide what information other students in the group need and what help may be needed for individuals or for the group as a whole.</td>
<td>Work with Dean of Students to notify promptly the family or emergency contact persons of any affected student(s).</td>
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<tr>
<td><strong>Provide this or secure help from others.</strong></td>
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<td><strong>In case of student death:</strong> Inform OCS immediately. Inform local US consular staff. Inform other students and provide a safe place for them to grieve.</td>
<td>Inform appropriate offices on campus and coordinate communication with parents, repatriation through CISI/AXA Assist, notification to other students, and care of students on the program.</td>
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<tr>
<td><strong>In case of a director’s emergency or absence:</strong> Contact the OCS Office immediately. Establish a point person on campus who will help organize the response and will keep others apprised. Most likely, it will be the OCS liaison staff person who has worked with you on the program. Together, you will determine the best plan of action for the benefit of the director, the students, and the program. This will include activating the contingency plan developed before departure.</td>
<td>Activate the contingency plan. Arrange for leadership of the group in the director’s absence.</td>
</tr>
<tr>
<td><strong>In all cases:</strong> 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. Complete an Accident/Incident Report form and submit to OCS promptly. A copy of the form is available on the OCS website and at the back of this handbook. Refer media inquiries to your primary contact on campus.</td>
<td>Remain in close contact with the Faculty Director or another person on-site that the Director designates. Establish a point person back on campus who will help organize the response, keep others apprised, and start a log. Keep detailed records of all communications. Coordinate response with media relations.</td>
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