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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 faculty 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 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, Program Coordinator
Rob Quanbeck, 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

Dean of the College, Bev Nagel: (507) 222-4303 office, (507) 645-4634 home, (507) 646-5427 fax; bntagel@carleton.edu

Dean of Students, Hudlin Wagner: (507) 222-4248 office, (507) 222-5549 fax, (507) 645-9573 home; hwagner@carleton.edu; On Call (507) 301-8586

Director, SHAC, Marit Lysne: (507) 222-4080 office, (507) 222-5038 fax; mlysne@carleton.edu, On Call (507) 301-8744

Nurse Practitioner, SHAC, Natalee Johnson, njohnson@carleton.edu, (507) 222-4080 office, (507) 222-5038 fax

**Note that SHAC has limited hours during summer and winter break.**

Associate Director, Office of Intercultural and International Student Life, Luyen Phan, (507) 222-4451 office, (952) 454-0068 cell, phan@carleton.edu

Off-Campus Studies, Helena Kaufman, Director: (507) 222-4349 office, (507) 301-5666 cell; hkaufman@carleton.edu; Naomi Ziegler, Assistant Director (507) 222-4031 office, (612) 788-6328 cell; nziegler@carleton.edu. Leslie Vanderwood, Program Coordinator (507) 222-4541 office, (507) 222-5614 fax; lvanderw@carleton.edu, Rob Quanbeck, (507) 222-4332 office, (507) 222-5614 fax; rquanbeck@carleton.edu

Other Useful Resources

State Department Citizen’s Emergency Center & Travel Advisories, (202) 501-4444 (From outside the U.S.), 1-888-407-4747 (From within the U.S.), http://travel.state.gov/travel/travel_1744.html


International SOS Travel Assistance, (215) 942-8226 (Philadelphia), +44-(0)20-8762-8008 (London), +61-2-9372-2468 (Sydney), +65-6338-7800 (Singapore), www.internationalsos.com/world-network
Advice from Carleton Staff

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 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 faculty director to contact parents. If there are behavioral issues that might warrant parental contact, the 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**: 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).

**SHAC Counseling Staff**

SHAC welcomes phone calls from Directors off-campus to discuss issues.

1. **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.

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

3. **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.

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).”

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.

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 faculty 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 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:

OCS Health & Safety: http://apps.carleton.edu/curricular/ocs/health/
Travel warnings: http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html
Traveling healthy: www.tripprep.com
Center for Disease Control: www.cdc.gov
Entry requirements: http://travel.state.gov/travel/cis_pa_tw/cis_pa_tw_4965.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 and students’ individual consultations with a medical provider cover most of the following topics, but Directors are encouraged to supplement the general training with site-specific information.
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<tr>
<th>Basic hygiene</th>
<th>Anxiety and stress</th>
<th>Altitude sickness</th>
<th>Emotional problems</th>
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<tr>
<td>Medical insurance</td>
<td>Nutrition</td>
<td>Jet lag</td>
<td>Health care overseas</td>
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<td>Immunizations</td>
<td>Eating disorders</td>
<td>Sexuality issues</td>
<td>Disease prevention</td>
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<td>Personal security</td>
<td>Emergency situations</td>
<td>STDs and HIV</td>
<td>Medical kit</td>
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<td>Eye care</td>
<td>Pre-existing conditions</td>
<td>Environmental risks</td>
<td>Contraceptive needs</td>
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<tr>
<td>Mental health issues</td>
<td>Alcohol and drugs</td>
<td>Accident prevention</td>
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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, faculty directors’ family members, etc. Students, faculty 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. In most cases, students should pay for their treatment themselves and retain the receipt to submit a claim to their insurance provider later. If this is impractical, the Director can pay for the treatment, save the receipt and either collect payment from the student on-site or submit the receipt to the Business Office. They can charge the student’s account for this cost.

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. Student should be advised to consider their travel plans accordingly, and take a proactive role in their self-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.

**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.

**OCS Safety Guidelines**

**Prior to departure**

**OCS Staff and the Faculty Director will:**

- 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.
OCS Staff will:

- 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 the Health and Safety pre-departure meeting.
- Procure contact and departure information from students, and family contact information, including email addresses.
- Procure electronic scans of each student’s passport; enter passport numbers into the State Department’s STEP online registration site for U.S. travelers; give director set of passport scans via email or uploaded directly onto a flash drive, keep copy of passports on a protected flash drive in OCS Office.
- Give students a hard copy of the program Fact Sheet and upload it to the program’s Moodle site.
- Send a letter to parents with health and safety and other program information via e-mail. Attach the program Fact Sheet.

During the program

The Faculty Director 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 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 faculty 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 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 U.S. 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 Office, 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 U.S. State Department, International SOS, and the College to determine the method and timing of evacuation.

In the event of Director’s personal emergency

The Director should contact International SOS and the OCS Office immediately. The OCS staff will work with the faculty director to determine the best action to take for the benefit of the Director and the program. If it is necessary for the Director to return home, the additional cost incurred becomes a program expense. Furthermore, the OCS office may authorize payment of up to $2,500 to help with other expenses incurred due to the emergency situation. These expenses may include the additional cost of returning the Director’s spouse, domestic partner, and dependents, hiring someone at home to act on the Director’s behalf, additional long distance telephone costs, etc. To qualify for this emergency fund, the emergency must pertain to the Director or the Director’s immediate family, the Director’s primary residence, or some other unforeseen situation that requires the Director’s attention.

Request for payment accompanied by expense documentation should be submitted to the OCS Office for approval. Payment from the emergency fund (not Director’s personal travel) is defined by the IRS as taxable income to the Director, thus subject to federal and state withholding and to social security taxes. The Director should discuss the timing of this payroll entry with Barbara Fowler in the Business Office.

In any event, the Director should:

- 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 other
  students in the group need and what help may be needed for individuals or for the group
  as a whole. Provide this or secure help from others.

**Crime Prevention**


**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 or 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 or 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.

**Clery Act**

According to Federal Law, specifically The Student Right to Know and Campus Security Act of 1990 (re-named the Clery Act in 1998), Carleton College is required to report “statistics concerning the occurrence of certain criminal offenses reported to the local police agency or any official of the institution who has “significant responsibility for student and campus activities”. OCS Program Directors are identified by Federal Law as a “Campus Security Authority”, or “an official of an institution who has significant responsibility for student and campus activities, including, but not limited to, student housing, student discipline, and campus judicial proceedings.”

The criminal offenses that we are required to report are murder/non-negligent manslaughter, negligent manslaughter, sex offenses (forcible and non-forcible), robbery, aggravated assault, burglary, motor vehicle theft, arson, liquor law violations, drug violations and/or illegal weapons possession.

We are also required to report statistics for hate (bias) related crimes for the following classifications: murder/non-negligent manslaughter, negligent manslaughter, sex offenses (forcible and non-forcible), robbery, aggravated assault, burglary, motor vehicle theft, arson, larceny, vandalism, intimidation, and simple assault.

We are required to report offenses that occur on campus, in residence facilities, in non-campus property and on public property. This law applies to OCS program sites as well. If any crime occurs at or near a facility where your OCS program is located, you MUST fill out a crime statistic report form, included in this handbook as a reference document. If you have any questions about what or how to report, contact OCS or Wayne Eisenhuth, Director of Campus Security at 507-222-4427.

**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 Sexual Harassment and
Sexual Assault Consultant, or with the Dean of Students. Carleton’s sexual misconduct policy may be found at https://apps.carleton.edu/dos/sexual_misconduct/.

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 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 three 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 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 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 he or she 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 [https://apps.carleton.edu/campus/dos/handbook/policies/](https://apps.carleton.edu/campus/dos/handbook/policies/). 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 faculty 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. 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 faculty 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, faculty 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 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 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 faculty 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 constituencies—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:** The 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 events—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, the College 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 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 or 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 or 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 or 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’ 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 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.

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.

• 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).

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 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 the Director’s responsibility to contact the appropriate program 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 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 his 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 s 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.

Scraps/Abrasions:
• Clean with soap and water.
• Apply antibiotic ointment. Preferably leave wound exposed to air.

Fainting:
• Remain with person until conscious.
• Encourage the individual too 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 International SOS 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.

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 SHAC, 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), HTH Worldwide (hthworldwide.com), 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 faculty director may pay on behalf of the student and the student can reimburse the program for any expense incurred.

International SOS Travel Assistance
Carleton College considers the Director’s health and safety to be a top priority during off-campus studies. Carleton has contracted with International SOS for travel assistance and evacuation services. Faculty directors and students should familiarize themselves with, and register for,
International SOS Travel Assistance (www.internationalsos.com), provided at no cost to everyone traveling on behalf of the College.

These services, available to all cardholders 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 an individual’s own health insurance, which must be valid in international settings. Prior to travel, all students must submit written proof that their health insurance covers medical expenses overseas. Some SOS services have additional charges, which if used, will be billed to an individual upon completion of travel. International SOS services are designed to help with medical, personal, travel, security information, and legal referrals when away from home. Call one of the three SOS Alarm Centers listed on the SOS card (direct, collect, or toll-free) at any time to speak with a physician or security specialist about simple or critical matters.

Individuals should carry their SOS cards 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).

Individuals can also access Country and Security Guides at this website using their membership number as the 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. Individuals can also create personal on-line accounts with SOS into which they can save medical, family, and emergency information.

Note that International SOS is not an insurance product.

Blue Cross Blue Shield Insurance

Carleton’s Blue Cross Blue Shield insurance includes access to medical assistance services, doctors, and hospitals abroad through the BlueCard Worldwide Program. Before you leave, contact your Blue Plan for coverage details. Call the BlueCard Worldwide® Service Center at 1.800.810.BLUE (2583) or call collect at 1.804.673.1177 to locate doctors and hospitals, or obtain medical assistance services when outside the United States. An assistance coordinator, in conjunction with a medical professional, will arrange a physician appointment or hospitalization, if necessary. In most cases, you should not need to pay upfront for inpatient care at BlueCard
Worldwide hospitals except for the out-of-pocket expenses (non-covered services, deductible, copayment and coinsurance) you normally pay. The hospital should submit your claim on your behalf.

In addition to contacting the BlueCard Worldwide Service Center, call your Blue Plan for precertification or preauthorization. Refer to the phone number on the back of your Blue ID card. *Note: this number is different from the phone number listed above.*

If you need to pay upfront for care received from a doctor and/or hospital, complete a BlueCard Worldwide International claim form and send it with the bill(s) to the BlueCard Worldwide Service Center (the address is on the form). A copy of the claim form is included in the reference documents and available at [www.BCBS.com/bluecardworldwide](http://www.BCBS.com/bluecardworldwide).

**During the program**

Should a student or 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 U.S., 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 faculty director should check with International SOS Travel Assistance or the U.S. 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:


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 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 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 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.

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 SHAC. Failure to consult is inappropriate.

Confidential Consultations:
The psychologists in SHAC 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 or 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 SHAC 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 a Director may have to offer. Although there are no hard and fast rules as to how to do this, faculty directors 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 Directors may already have and to offer certain guidelines that may assist them in establishing constructive relationships.

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 prejudgment 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 Directors be familiar with these skills in order to be effective as advisors and helpers.

Communicating

There are a lot of ways of breaking down helping skills into lists, etc. One approach that Directors 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 or 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 or 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 him or 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 or 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 or 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 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.

**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 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.
Behavioral Contracts
A Director may wish to have students sign behavioral contracts before the start of the program which lay out his or her expectations and the ground rules of conduct on the program. Here are examples of three such contracts from Al Montero (2011), Steve Schier (2007), and Cathy Yandell (2012).

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 faculty 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 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

Carleton in Paris 2012 – Cathy Yandell
“The Social and Linguistic Contract”

During the Paris program, you are not only a single agent – you represent Carleton AND the United States (as well as other countries of origin in our group). Your words and actions reflect not only on you, but on the entire group, the College, and your country/countries of origin.

GRATITUDE AND TOLERANCE
Gratitude is probably the single most important thing to practice while living abroad (and maybe while living anywhere!). The program is being hosted by CUPA (Center for University Programs Abroad) – they are sharing their space with us -- and you are being accepted into a French family. Saying thank you frequently, offering to help, and being respectful of others (including members of the Carleton group) are all ways to manifest your gratitude. “Suspend judgment” makes a terrific mantra. You will see and experience things that are different to you in France. If, rather than judge these differences, you try to understand, to look at the situation from another point of view, and to be tolerant, you might be surprised by what you learn.

ACADEMICS
Though your workload will probably not be as heavy as it is at Carleton, this is primarily an academic program. You will be learning constantly through living in French, and also through doing research in libraries that will be required for the lit/culture and art history classes. You should plan in advance to miss no classes during the program except in case of illness.

VISITS FROM FAMILY OR FRIENDS; TEXTING, SKYPING AND CALLING THE U.S.
If your family or friends plan to visit, ask them to delay their visits – if at all possible -- until the end of the program. Such visits inevitably interrupt your French learning curve and take you away from what you’re in Paris to do. Also, if you spend all your free time texting, emailing, Skyping or calling friends in the U.S., you might as well not be in Paris! Limiting communication in English – for just this one term -- and living in French will increase your linguistic ability and your cultural understanding exponentially.

PUNCTUALITY
It is imperative to be on time for ALL activities of the program: classes, visits, lectures, shows, celebrations. It may take longer than you imagine to get across the city, so leave early. If you are late for the theater or other spectacles, the ushers may not let you in for part or all of the show. If you miss a bus or a train, it could be difficult to join the group.

SAFETY
• Exercise caution in Paris, as you would in any big city.
• While the violent crime rate in France is extremely low, there are many incidences of pickpocketing in tourist areas and on the metro. Keep your valuables close at hand at all times (NOT in your backpack behind you).

COMMUNICATION
It is our commitment to keep the lines of communication open. If a problem emerges or if something is unclear, please communicate as soon as possible with the person in question (CUPA staff, professors, or other students). The Director (Cathy) and the T.A. (Isabel) will also be available for discussion throughout the term.

TAKE THE INITIATIVE
This is your experience – make it the trip of a lifetime!

*     *     *

I have read and understood this “contract.” I agree to speak ONLY French while on the premises at CUPA (except in dire circumstances), and to speak French on other occasions as much as possible.

___________________________________  ___________________________________
Name                                                                                     Signature      Date

Seven Deadly Sins
Al Montero

1. Physical assault and battery; accosting colleagues or local citizens.

2. Theft or wanton destruction of the property of others.
3. Sexual misconduct – harassment, psychological and/or physical abuse.
4. Abuse of controlled substances involving threats to the safety of oneself or others.
5. Disruption of the community in which the program is housed, involving disturbance of neighbors or the peace within the house, especially to the level of threatening the program’s comity and continuation. Note: rumor-mongering will be singled out as a pervasive threat upon being detected.
6. Academic misconduct – plagiarism and other violations of College ethics as defined by Carleton College; non-cooperation in collaborative research, habitual tardiness or absence from program-related coursework or activities.
7. Sustained disappearance and non-communication at any point during the program.

Intercultural Learning

Culture Shock
From “Cultural Adjustment Strategies,” Learning Abroad Center, University of Minnesota.
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:


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 OCS Office. Their comments about the courses, excursions, food allowances, and group dynamics are very useful in refining the program for the future. 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, he or she should send them to OCS for review and filing.

**OCS Photo Contest and other OCS events:**

OCS sponsors an annual contest for students’ photographs from off-campus studies. The contest takes place spring term, with the deadline for photo submissions during the first week of April. The top five 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. Directors should speak with the OCS staff if they 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*, the *Lens*, 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 Clifford Clark, Director of Cross-Cultural Studies, 507-222-4208, office, cclark@carleton.edu.

**Communications**

**Off-Campus Studies Office**

Directors should 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 on site, Directors should
contact OCS so that the OCS staff will know that everyone is safe and send updates to parents as necessary. The OCS staff asks that Directors write at least one letter to parents during the program, and email this letter to OCS so that the office can send it out to parents. Directors are also encouraged to keep in touch on a regular basis throughout the seminar and to contact OCS if there are any issues on which they would like consultation with others on campus.

**Parents**
While OCS fields as many parent questions and concerns as possible, parents have the Director’s email and telephone number and may contact him or her directly. Directors should respond to issues if they can, but should never hesitate to refer parents 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 Director will submit a final report at the end of the program, no later than one term after returning to campus. Guidelines for the report are in the Soup to Nuts Handbook. The report is circulated to the department chair, the Dean of the College, and the OCS Committee.

**Academics**

**Registration Information**
See also [http://apps.carleton.edu/campus/registrar/webregistration/](http://apps.carleton.edu/campus/registrar/webregistration/)

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, [http://apps.carleton.edu/campus/registrar/webregistration/](http://apps.carleton.edu/campus/registrar/webregistration/), 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**
S/CR/NC policies apply to off-campus studies. The Director will distribute S/CR/NC cards at the beginning of the seminar and collect them by the published deadline for S/CR/NC declaration (7th Friday of the term), signing off as the instructor for all seminar courses. The faculty director will then notify the Registrar’s Office via email of all S/CR/NC declarations, and will also deposit the cards with the Registrar’s Office upon his or her arrival back on campus.
**Academic Year Calendar**

**FALL TERM 2013**
- September 10-15  New Student Week
- September 16  Classes Begin 8:30 a.m.
- September 20  First Five Week Course Drop/Add Deadline 5:00 p.m.
- September 27  Ten Week Course Drop/Add Deadline 5:00 p.m.
- October 4  First Five Week Course Late Drop Deadline and S/CR/NC Deadline 5 pm
- October 17  Last Day First Five Weeks
- October 18  First Day Second Five Weeks
- October 19-21  Mid-Term Break
- October 22  Classes Resume 8:15 a.m.
- October 25  Second Five Week Course Drop/Add Deadline 5:00 p.m.
- November 1  10 Week Course Late Drop Deadline and S/CR/NC Deadline 5:00 p.m.
- October 28-Nov 5  Advising Days
- November 4-Jan 3  Registration for Winter Term
- November 8  Second Five Week Course Late Drop Deadline & S/CR/NC Deadline 5pm
- November 20  Last Day of Classes
- November 21-22  Reading Days
- November 23-25  Exams
- November 26  Winter Recess Begins after last exam Monday, November 25
- December 4  Grades Due 8:30 a.m.

**WINTER TERM 2014**
- January 6  Classes Begin 8:30 a.m.
- January 10  First Five Week Course Drop/Add Deadline 5:00 p.m.
- January 17  Ten Week Course Drop/Add Deadline 5:00 p.m.
- January 24  First Five Week Course Late Drop Deadline & S/CR/NC Deadline 5 pm
- February 6  Last Day First Five Weeks
- February 7  First Day Second Five Weeks
- February 8-10  Mid-term Break
- February 11  Classes Resume 8:15 a.m.
- February 14  Second Five Week Course Drop/Add Deadline 5:00 p.m.
- February 21  10 Week Course Late Drop Deadline and S/CR/NC Deadline 5:00 p.m.
- February 28  Second Five Week Course Late Drop Deadline & S/CR/NC Dead. 5 pm
- February 17-25  Advising Days
- Feb 24-March 28  Registration for Spring Term
- March 12  Last Day of Classes
- March 13-14  Reading Days
- March 15-17  Exams
- March 18  Spring Recess Begins after last exam Monday, March 17
- March 24  Grades Due 8:30 a.m.

**SPRING TERM 2014**
- March 31  Classes Begin 8:30 a.m.
- April 4  First Five Week Course Drop/Add Deadline 5:00 p.m.
April 11  Ten Week Course Drop/Add Deadline 5:00 p.m.
April 18  First Five Week Course Late Drop and S/CR/NC Deadline 5:00 p.m.
May 1    Last Day First Five Weeks
May 2    First Day Second Five Weeks
May 3-5  Mid-term Break
May 6    Classes Resume 8:15 a.m.
May 9    Second Five Week Course Drop/Add Deadline 5:00 p.m.
May 16   10 Week Course Late Drop Deadline and S/CR/NC Deadline 5:00 p.m.
May 23   Second Five Week Course Late Drop Deadline and S/CR/NC Dead. 5 pm
May 19-27 Advising Days
May 26-Sept 12 Registration for Fall Term 
June 4   Last Day of Classes
June 5-6  Reading Days
June 7-9  Exams
June 11   Senior Grades Due 8:30 a.m.
June 14   Commencement
June 18   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 \textbf{ALL} receipts detailing the charges.

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

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

\textbf{WHO:}
Personal and/or dependent expenses should \textbf{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.

\textbf{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

CARLETON COLLEGE OFF-CAMPUS STUDY 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 STUDIES, 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. Student conduct that might disrupt the program, bring it into disrepute, or its participants into jeopardy, will result in penalties up to and including dismissal. This decision, made by the Program Director, in consultation with the Dean of Students, 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. All features of the program, including coursework, home stays, and excursions are considered essential to the program's academic structure and cannot be changed, omitted, or replaced with a different option. 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, 20____. 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 ____________
(print or type)

Student Signature ______________________________________ Age ___

Parent’s signature is required below if student is under the age of 18

(To be completed by Off-Campus Studies)

Received this ___________ day of _____________________________, 20____,
Carleton College

by ____________________________________________, OCS Office
Representative
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.). Students withdrawing for documented medical reasons will pay a $500 withdrawal fee only. 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.

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 (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 Carleton faculty director or the non-Carleton program.

5. Carleton program participants must attend pre-departure orientation during the term prior to departure. The dates and times of the sessions are available on the program’s Moodle site at the beginning of the term prior to departure. Non-Carleton program participants must attend at least one pre-departure meeting or complete an on-line activity as described in the petition approval letter.

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 programs and with ONE approved non-Carleton program.

9. Carleton programs 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 an OCS Petition submitted to the Carleton OCS office 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.

**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.

13. Off-Campus Studies consults with the Dean of Students office about concerns that may affect students’ participation in an OCS program. Information is shared on a need-to-know basis and is limited to the time period immediately before, during, or after the OCS program. Students are encouraged to keep each office informed of any relevant developments in their lives and to share any concerns they have directly with the appropriate office.

14. OCS maintains a list of current students who have participated in OCS programs so that students who are interested in the program may contact you. Your name will be added to the list of
students who are willing to be contacted unless you indicate otherwise in writing to the OCS office.

I have read and understood the policies of participation.

_____________________________________________________
Print Name

_____________________________________________________
Signature Date
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: __________________________________________________________

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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
SHAC Director
CARLETON COLLEGE

2012 CRIME STATISTIC REPORT FORM

Please forward this completed form to: weisenhu@carleton.edu

Complete this box if a Clery Act reportable crime (see below) was reported to you during calendar year 2012, if more than one crime was reported to you, fill out one of these forms for each crime reported.

<table>
<thead>
<tr>
<th>Reporting Person (print name):</th>
<th>Phone Number:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Classification (see definitions below):</th>
<th>Date Incident Occurred:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Location of Incident (building name or address):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Brief description of the incident:</th>
</tr>
</thead>
</table>

Check the appropriate answer to the following questions:

<table>
<thead>
<tr>
<th>Did the crime occur in a building or on the street?</th>
<th>Building:</th>
<th>Street:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the crime occur on Carleton owned, controlled, or leased property?</td>
<td>Yes:</td>
<td>No:</td>
</tr>
<tr>
<td>Did the crime occur at a College-sponsored activity or event?</td>
<td>Yes:</td>
<td>No:</td>
</tr>
</tbody>
</table>

Murder/Non-Negligent Manslaughter: the willful (non-negligent) killing of one human being by another. NOTE: Deaths caused by negligence, attempts to kill, assaults to kill, suicides, accidental deaths, and justifiable homicides are excluded.

Negligent Manslaughter: the killing of another person through gross negligence.

Robbery: the taking or attempting to take anything from value of the care, custody or control of a person or persons by force or threat of force or violence and/or by putting the victim in fear.

Aggravated Assault: an unlawful attack by one person upon another for the purpose of inflicting severe or aggravated bodily injury. This type of assault usually is accompanied by the use of a weapon or by means likely to produce death or great bodily harm. It is not necessary that injury result from an aggravated assault when a gun, knife or other weapon is used which could or probably would result in a serious potential injury if the crime were successfully completed.

Burglary: The unlawful entry of a structure to commit a felony or a theft. For reporting purposes this definition includes: unlawful entry with intent to commit a larceny or a felony; breaking and entering with intent to commit a larceny; housebreaking; safecracking; and all attempts to commit any of the aforementioned.

Motor Vehicle Theft: The theft or attempted theft of a motor vehicle. (Classify as motor vehicle theft all cases where automobiles are taken by persons not having lawful access, even though the vehicles are later abandoned - including joy riding)

Arson: The willful or malicious burning or attempt to burn, with or without intent to defraud, a dwelling house, public building, motor vehicle or aircraft, or personal property of another kind.

Weapon Law Violations: The violation of laws or ordinances dealing with weapon offenses, regulatory in nature, such as: manufacture, sale, or possession of deadly weapons; carrying deadly weapons, concealed or openly; furnishing deadly weapons to minors; aliens possessing deadly weapons; all attempts to commit any of the aforementioned.

Drug Abuse Violations: Violations of state and local laws relating to the unlawful possession, sale, use, growing, manufacturing, and making of narcotic drugs. The relevant substances include: opium or cocaine and their derivatives (morphine, heroin, codeine); marijuana; synthetic narcotics (Demerol, methadone); and dangerous non-narcotic drugs (barbiturates, Benzedrine).
**Liquor Law Violations:** The violation of laws or ordinance prohibiting: the manufacture, sale, transporting, furnishing, possessing of intoxicating liquor; maintaining unlawful drinking places; bootlegging; operating a still; furnishing liquor to minor or intemperate person; using a vehicle for illegal transportation of liquor; drinking on a train or public conveyance; all attempts to commit any of the aforementioned. (Drunkenness and driving under the influence are not included in this definition.)

**NOTE:** The above listed crime definitions from the Uniform Crime Reporting Handbook

**Sex Offenses- Forcible**

**Forcible Rape:** The carnal knowledge of a person, forcibly and/or against the person’s will; or not forcibly or against the person’s will where the victim is incapable of giving consent because of his/her temporary or permanent mental or physical incapacity (or because of his/her youth).

**Forcible Sodomy:** Oral or anal sexual intercourse with another person, forcibly and/or against that person’s will; or not forcibly against the person’s will where the victim is incapable of giving consent because of his/her youth or because of his/her temporary or permanent mental or physical incapacity.

**Sexual Assault With An Object:** The use of an object or instrument to unlawfully penetrate, however slightly, the genital or anal opening of the body of another person, forcibly and/or against that person’s will; or not forcibly or against the person’s will where the victim is incapable of giving consent because of his/her youth or because of his/her temporary or permanent mental or physical incapacity.

**Forcible Fondling:** The touching of the private body parts of another person for the purpose of sexual gratification, forcibly and/or against that person’s will; or, not forcibly or against the person’s will where the victim is incapable of giving consent because of his/her youth or because of his/her temporary or permanent mental incapacity.

**Sex Offenses- Nonforcible**

**Incest:** Nonforcible sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by law.

**Statutory Rape:** Nonforcible sexual intercourse with a person who is under the statutory age of consent.

**NOTE:** The above listed Sex Offenses Definitions From the National Incident-Based Reporting System Edition of the Uniform Crime Reporting Program

**HATE CRIMES**

(INSTITUITION NAME) is also required to report statistics for hate (bias) related crimes by the type of bias as defined below for the following classifications: murder/non-negligent manslaughter, negligent manslaughter, sex offenses (forcible and non-forcible), robbery, aggravated assault, burglary, motor vehicle theft, arson (see definitions above) and larceny, vandalism, intimidation, and simple assault (see definitions below).

**Larceny:** The unlawful taking, carrying, leading, or riding away of property from the possession or constructive possession of another.

**Vandalism:** To willfully or maliciously destroy, injure, disfigure, or deface any public or private property, real or personal, without the consent of the owner or person having custody or control by cutting, tearing, breaking, marking, painting, drawing, covering with filth, or any other such means as may be specified by local law.

**Intimidation:** To unlawfully place another person in reasonable fear of bodily harm through the use of threatening words and/or other conduct, but without displaying a weapon or subjecting the victim to actual physical attack.

**Simple Assault:** An unlawful physical attack by one person upon another where neither the offender displays a weapon, nor the victim suffers obvious severe or aggravated bodily injury involving apparent broken bones, loss of teeth, possible internal injury, severe laceration or loss of consciousness.

If a hate crime occurs where there is an incident involving intimidation, vandalism, larceny, simple assault or other bodily injury, the law requires that the statistic be reported as a hate crime even though there is no requirement to report the crime classification in any other area of the compliance document.

A hate or bias related crime is not a separate, distinct crime, but is the commission of a criminal offense which was motivated by the offender's bias. For example, a subject assaults a victim, which is a crime. If the facts of the case
indicate that the offender was motivated to commit the offense because of his bias against the victim's race, sexual orientation, etc... the assault is then also classified as a hate/bias crime.

If a hate (bias) related crime was reported to you, please fill out the top section of Page 1 and then complete the following information about the type of bias involved in the crime.

**Type of Bias (circle one):**

- Race
- Religion
- Ethnicity
- Gender
- Sexual Orientation
- Disability
1. What were the most important aspects of this program for you?

2. If/when we offer this program again, which things . . .
   should we definitely keep (and why)--

   should we definitely change (and how)--

3. Please comment on the following aspects of the program:
   a. course work

   b. partner organizations (if any)

   c. excursions

   d. housing
e. food stipend

f. guest speakers

g. non-Carleton instructors

4. How well did the program balance structured activities and free time?

5. Evaluate the role and effectiveness of your program director

6. Which classes or activities at Carleton prepared you for this program?

7. How did the program contribute to your Carleton education?

8. What impact, if any, did the program have on you personally?

Please add any other comments on an additional sheet of paper. Thank you!
Blue Cross Claim Form

BlueCard Worldwide®
International Claim Form

Please see the instructions on the reverse side of this form before completing. Please type or print.

Send completed form to: BlueCard Worldwide Service Center or claims@bluecards worldwide.com
P.O. Box 26169
Miami, FL 33116 USA

1. Patient Information — 1A. Alpha prefix Identification number
   Copy this from your Blue Cross Blue Shield identification card.

1B. Patient's name (First, middle initial, last)
1C. Patient's date of birth
   MMDDYYYY
1D. Patient's sex
   Male ☐ Female ☐
1E. Name of subscriber (First, middle initial, last)
1F. Subscriber's date of birth
   MMDDYYYY
1G. Patient's relationship to subscriber
   ☐ Self ☐ Spouse ☐ Child
1H. Subscriber's current mailing address (Street, city, state and country or ZIP code)
1I. Patient's e-mail address

2. Other Health Insurance — Is the patient covered under other health insurance, including Medicare A or B? ☐ Yes ☐ No
   If yes, complete 2A through 2K below.

2A. Name and address of other insurance company

2B. Type of policy
   ☐ Family ☐ Individual
2C. Effective date
   MMDDYYYY
2D. Termination date
   MMDDYYYY
2E. Policy or identification number of other coverage

2F. Type of coverage
   Hospital: ☐ Yes ☐ No
   Medical: ☐ Yes ☐ No
   Mental illness: ☐ Yes ☐ No
2G. Name of subscriber
2H. Date of birth
   MMDDYYYY
2I. Employer of subscriber
2J. Employment status
   ☐ Active employee ☐ Retired employee
2K. If patient is covered under Medicare, complete the following:
   Medicare Part A: ☐ Yes ☐ No
   Medicare Part B: ☐ Yes ☐ No
   Effective date
   Effective date

3. Diagnosis — 3A. Describe illness, injury, or symptoms requiring treatment and onset date of symptoms or injury.

3B. Was patient's treatment due to a work-related accident or condition? ☐ Yes ☐ No
3C. Complete for care related to accidental injuries
   Date of accident
   Location: ☐ At home ☐ Auto ☐ Other
   Time of accident
   If the accident was caused by someone else, attach statement describing the accident.

4. Charges — Use a separate line to list each type of service or provider and attach itemized bills for all services.

4A. Name and address of provider making charge
4B. Type of provider
4C. Description of service
4D. Dates of service or purchase
4E. Charges

5. Payee — Select one of the following payment options:

5A. ☐ Make payment to subscriber; provider has been paid.
   1. Check/Deposit — Please check your preference for payment. ☐ Check/Deposit on itemized bill(s) ☐ U.S. dollars
   2. Payment Method — Please select your preference for how to receive your payment: ☐ Check/Deposit current telephone number
   ☐ Bank Wire. If you want to receive a bank wire provide the following:
      Subscriber name as it appears on bank account:
      Bank name:
      Bank’s Physical Address:
      Account #: RBAN:
      Routing #: ABA/RIC/SWIFT
5B. ☐ Make payment to provider (hospital, doctor), if appropriate. Please complete and sign to authorize direct payment to provider.
   (the undersigned, authorize and request payment for benefits due herein to be made to the following providers of services, if such direct payment is deemed appropriate by Blue Cross and Blue Shield)
   Name of provider
   Signature of subscriber or spouse
   Date

6. Signature — I certify the above is complete and correct and that I am claiming benefits only for charges incurred by the patient named above. Authorization is hereby given to any provider of service, that participated in any way in the patient’s care, to release to the subscriber’s Blue Cross and Blue Shield Plan and its business associates in any country any medical or other personal information that they deem necessary to provide service or adjudicate this claim, recognizing that applicable law concerning personal information may differ among countries. Authorization is also given to the subscriber’s Blue Cross and Blue Shield Plan and its business associates in any country to collect, use or release any medical or other personal information that they deem necessary to provide service, adjudicate a claim or as otherwise described in such Blue Cross and Blue Shield Plan’s Notice of Privacy Practices.

Signature of subscriber or patient
Date

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General Information

- The BlueCard Worldwide International Claim Form is to be used to submit institutional and professional claims for benefits for covered services received outside the United States, Puerto Rico and the U.S. Virgin Islands.
- For other claim types (e.g., dental, prescription drugs), contact your Blue Cross and Blue Shield Plan for filing instructions.
- Please complete all fields. If the information requested does not apply to the patient, indicate N/A (Not Applicable).
- Please attach receipts and medical records, if available.
- Please keep photocopies of all documentation for your personal records.

Itemized Bill Information

Each provider’s original itemized bill must be attached and must contain:
- The letterhead indicating the name and address of the person or organization providing the service
- The full name of the patient receiving the service
- The date of each service
- A description of each service
- The charge for each service in local currency

SPECIAL CARE SHOULD BE TAKEN WHEN CompleTING THE FOLLOWING FIELDS:

1. Patient Information
   1A. Name of subscriber — For check payments, provide your full name (initials are not acceptable).
   1B. Subscriber’s current mailing address — If check payment is requested, this address will be used. Please provide your physical address (payments cannot be sent to a P.O. Box).

2. Other Health Insurance

If the applicant holds other insurance coverage, please complete items A through K as completely as possible. It is especially important to indicate the name and address of the other insurance company and the policy or identification number of that coverage, as well as the name and birth date of the person who holds that policy.

In addition, if the applicant is someone other than the subscriber and has received benefits from any other health insurance plan held by reason of law or employment, the Explanation of Benefits Form furnished by the other carrier pertaining to these charges must be included with the claim. A clear photocopy of the other carrier’s Explanation of Benefits Form is acceptable in place of the original document.

4. Charges

Please list the attached bills. Although itemized bills from the provider showing a separate charge for each service must be submitted, your listing will enable us to process the claim more quickly. If additional space is needed, please use a separate sheet of paper to list the following information:
   4A. Name and Address of provider — as indicated on the bill. Multiple bills from the same provider may be included on the same line, as long as they are for the same type of service.
   4B. Type of provider — for example: hospital, nurse, physician, clinic, physical therapist, etc.
   4C. Description of service — for example: hospital admission, office visit, x-ray, laboratory test, surgery, etc.
   4D. Date of service or purchase — inclusive dates may be indicated for bills containing multiple dates of service.
   4E. Charge — as indicated on the bill. If the bill has already been paid, please indicate the date it was paid.

5. Payee

5A. Make payment to subscriber, designation of currency and payment method — 1) Please note that not all forms of currency may be available for payment. In the event that you select payment in a currency that is not available, you will be paid in U.S. dollars.

Banks may charge a fee to receive a wire. You may want to investigate fees charged by your bank prior to requesting a wire since you will be responsible for any such fees.

2) For wire payments, provide the bank’s physical address (not a P.O. Box). For the account number/IBAN and routing number (ABA / BIC / SWIFT), please contact your bank. Please provide a copy of a voided check or deposit slip so that the bank information can be validated.

5B. Authorization for payment to provider — complete item 5B if you prefer that benefits be paid directly to the provider of service.

Direct payment to the provider is at the discretion of Blue Cross and Blue Shield, except where required by law.

6. Signature

The International Claim Form must be signed and dated by the subscriber, spouse, or the patient.

Disclosure Statement

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Depression and Suicidal Behaviors in Students Studying Abroad: Identifying Students at Risk
A guide for faculty and staff produced by the JED Foundation.

Healthy Traveling Brochure from Mayo Clinic/Carleton College
This document is distributed to students at the OCS Health & Safety meeting.
A GUIDE FOR FACULTY AND STAFF

DEPRESSION AND SUICIDAL BEHAVIORS IN STUDENTS STUDYING ABROAD
IDENTIFYING STUDENTS AT RISK

TABLE OF CONTENTS

2   PREPARATION AND CHECKLIST
3   SCENARIO
3   SYMPTONS OF CLINICAL DEPRESSION
3   SIGNS OF MANIA
4   QUESTIONS
4   WARNING SIGNS OF SUICIDE
5   IF A STUDENT IS A SUICIDE RISK…
5   HELPING A STUDENT SEEK MEDICAL ATTENTION
7   FURTHER RESOURCES
**BE PREPARED**

**BEFORE ACCOMPANYING STUDENTS ABROAD**
Learn this about your college or university’s policy on students exhibiting suicidal behaviors:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whom to contact at the “home school” for help during a crisis</td>
<td></td>
</tr>
<tr>
<td>Who contacts the student’s parents</td>
<td></td>
</tr>
<tr>
<td>Whether the “home school” has a 24-hour emergency number for crisis counseling or referrals</td>
<td></td>
</tr>
<tr>
<td>How the decision is made to send a student back to the United States</td>
<td></td>
</tr>
</tbody>
</table>

**AFTER ARRIVING ABROAD**
Prepare a list of the following resources for an emergency situation:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling and crisis services offered by the “host school”</td>
<td></td>
</tr>
<tr>
<td>Names, phone numbers, and locations of hospitals and mental health services</td>
<td></td>
</tr>
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<td>Local equivalent to “911”</td>
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<td>Whom to contact about the need for involuntary hospitalization</td>
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For the past few weeks, you’ve noticed that one of the students in your study abroad program is exhibiting noticeable changes in her behavior. She is not spending as much time with her friends, preferring to stay in her room instead. She appears sad or irritable; she picks at her food or complains that she isn’t sleeping well. She used to be enthusiastic about her classes and the new culture but now seems to have lost interest. She is having difficulty concentrating and stays in bed instead of attending class.

Are these symptoms a continuation of the normal process of cultural adjustment, or do they indicate clinical depression?

**CULTURE SHOCK**
In a new cultural environment, students often go through a period of adjustment which can include symptoms, such as anxiety, sadness, lack of energy, headaches, anger, despair, changes in eating and sleeping habits, loss of interest in activities, frustration, and loneliness. This adjustment phase is normal and usually occurs for only a few weeks, although it can last longer depending on the student.

**DEPRESSION**
You may suspect that a student is clinically depressed and needs to be assessed by a mental health professional if the student has had symptoms for a prolonged period of time (several weeks or more) AND is unable to function (e.g., not going to class or becoming isolated). Immediate intervention is warranted if the student shows self-destructive or violent behaviors or is also abusing alcohol or other substances.

**SYMPTOMS OF CLINICAL DEPRESSION**
- Depressed mood (or irritable mood in late adolescence)
- Markedly diminished interest or pleasure in all, or almost all, activities
- Fatigue or loss of energy
- Significant increase or decrease in appetite or weight
- Inability to sleep or sleeping all the time
- Feelings of worthlessness or hopelessness
- Feelings of excessive or inappropriate guilt
- Agitation or lethargy
- Diminished ability to concentrate and/or indecisiveness
- Recurring thoughts of death, recurrent suicidal ideation without a specific plan, a specific plan for dying by suicide, or a suicide attempt

Depression as an element of other disorders. Symptoms of depression can also be part of other illnesses, such as bipolar (or manic-depressive) disorder, which is characterized by episodes of depression alternating with episodes of mania.¹

**SYMPTOMS OF MANIA**
- Excessively “high,” overly good mood
- Increased energy, activity, or restlessness
- Extreme optimism and self-confidence
- Extreme irritability
- Racing thoughts and fast speech, jumping from one idea to another
- Distractibility, difficulty concentrating
- Decreased need for sleep without feeling tired
- Increased sexual drive
- An unrealistic belief in one’s abilities and powers
- Poor judgment or impulsivity
- A lasting period of behavior different than usual
- Spending sprees
- Abuse of drugs, including alcohol
- Provocative, intrusive, or aggressive behavior
- Denial that anything is wrong

Usually the student having a manic episode doesn’t realize that anything is wrong, but you will hear from other students in your program that the student is “acting strangely.” Without treatment, individuals with bipolar illness are at an increased risk for suicide.¹
How do I know if a student is at risk for suicide?

Studies show that depression underlies the majority of suicides. **Suicide is the third leading cause of death amongst 18-22 year-olds** but may well be the second leading cause of death among **college students**. One of the best strategies for preventing suicide is early recognition and treatment of depression or other underlying mental illness.

Many if not most people who end their lives by suicide give overt or covert warnings that they are considering suicide. The student may make verbal hints or jokes, such as “You won’t have to worry about me anymore” or “I want to go to sleep and never wake up.” Or, s/he may give away possessions or call people to “say good-bye.” A sudden and inexplicable lift of the student’s depression can be another warning sign; s/he may have decided to end his/her life and found relief in having made the decision.

How do I make a recommendation for a professional mental health evaluation?

You will not be able to identify every student in distress nor will every student in distress be receptive to your assistance. However, **taking the time to directly share your concerns with and listen to a distressed student may be one of the most significant and powerful contributions that you can make.** If the student decides not to seek assistance right away and you do not believe that the situation is urgent, arrange a time to follow up with the student.

**WARNING SIGNS FOR SUICIDE**

**Bolded signs require immediate intervention**

- Threatening to hurt or kill him/herself, or talking about wanting to hurt or kill him/herself
- Looking for ways to kill him/herself by seeking access to firearms, available pills, or other means (e.g., high places)
- Talking or writing about death, dying, or suicide, when these actions are out of the ordinary for the person
- Rage, uncontrolled anger, revenge-seeking
- Hopelessness
- Acting reckless or engaging in risky activities, seemingly without thinking
- Withdrawing from friends, family, and society
- Feeling trapped, like there’s no way out
- Increased alcohol or drug use
- Anxiety or agitation
- Inability to sleep or sleeping all the time
- Dramatic mood changes
- Having no reason for living or no sense of purpose in life

**HELPING A STUDENT TO SEEK MEDICAL ATTENTION**

- State clearly why you believe a referral would be helpful using specific examples of behaviors observed or reported
- Listen openly to any concerns or fears that the student might have about seeking help
- Normalize seeking help by conveying that everyone has problems at times that require assistance
- Communicate that you view seeking help as a sign of strength instead of a sign of weakness
- Demonstrate that you are hopeful that change is possible
- Inquire about the student’s current and past support networks
- Have a list of referral sources readily available that includes names, phone numbers, and locations
- Encourage the student to take responsibility for whether s/he will seek assistance
What should I do if I suspect that a student is at risk for suicide?

Although you may be hesitant, it is strongly suggested that you privately talk to the student about his/her depression or other unusual behaviors and then directly ask the student if s/he is suicidal (e.g., “Sometimes when people feel sad, they have thoughts of harming or killing themselves. Have you had such thoughts?”). Asking about and exploring the subject of suicide will not put the idea in the student’s head. If necessary, you can consult with a mental health professional about how to talk to the student. If you then suspect that the student is at risk for suicide, it is highly recommended that you take immediate action to keep him/her safe.

Avoid leaving the student alone if you feel that s/he may be at risk for attempting suicide.

SOME SUGGESTED ACTIONS TO TAKE IF A STUDENT IS AT RISK FOR SUICIDE

- Arrange for close continuous supervision of the student
- Remove any lethal means of self-harm
- Consult with the student’s existing mental health practitioner (if any) about the next appropriate steps to take
- Accompany the student to the emergency room if the student either does not have a mental health practitioner or you are unable to speak to him/her
- Consult with legal authorities to determine how to initiate an involuntary hospitalization if the student refuses to accept professional help
- Talk with hospital personnel to make sure that a release form is signed by the student so that you may consult with the treating practitioner
- Consult with the student’s existing mental health practitioner (if any) and/or the treating practitioner to develop a plan for the student’s care
- Consult with officials from your college or university to create a plan of action for the student’s care and potential return to the U.S., including whether to contact the student’s parents or people listed on his/her emergency list

What should I do if a student has tried to end his/her life by suicide?

- **Always handle a suicide attempt as a medical emergency.** Arrange for the student to receive treatment from medical authorities immediately, even if the student reports that the self-harm was minor. For example, students may minimize the number of pills ingested or whether other medications were involved.
- Accompany the student to the emergency room.
- Consult with legal authorities to determine how to initiate an involuntary hospitalization if the student refuses to accept professional help.
Once medical attention has been provided, the hospital is likely to refer the student for a psychiatric evaluation. Additionally, once the student is deemed not to be in immediate danger of self-harm, s/he may be released from the hospital. Therefore, it is suggested that you contact your “home school” administration about:

- Your responsibility for the student’s health and welfare
- The decision to call the student’s parents or people listed on his/her emergency list
- The need for the student to sign a release form so that you may consult with the treating physician and/or mental health practitioner
- The need to create a plan of action for the student’s imminent care and potential return to the U.S.
- The high risk for suicidal behavior immediately after release from the hospital
- Arrangements for close, continuous supervision of the student
- Removing any lethal means of self-harm

What is the impact of a student exhibiting suicidal behavior or ending his/her life by suicide on other students in the program?

You will probably learn that a student in your program is at risk for suicide because other students come to you out of concern. Reassure them that it was right for them to come to you with this information, even if the at-risk student tries to make them “promise to keep it a secret.” Where a life is concerned, they do not need to make or keep promises. However, it is important that you encourage students to respect the privacy of the student in question and not discuss the situation with others in the program. Help them to deal with and normalize the inevitable guilt that occurs when they start to second-guess themselves with statements, such as “I should have known...,” or “I should have helped more,” or “I feel bad that I’m burnt out from helping and I don’t want to help more.” Offer information on how to help a friend who is depressed or suicidal (refer to Web sites listed on the following page).

Be aware that when a student exhibits suicidal behaviors or ends his/her life by suicide, it can severely affect other students. It is recommended that you watch and listen for signs that other students in the program may be depressed or at risk for suicide and intervene accordingly. Provide or seek support for the students who were involved in helping the student in crisis. And remember, helping a student in crisis affects you emotionally as well. Seek consultation and support for yourself.


3 Based on a list compiled by the American Association of Suicidology [cited 2005 July 15]. Available from: www.suicidology.org/displaycommon.cfm?an=2
FURTHER RESOURCES

INTERNATIONAL CRISIS HOTLINES AND COUNSELING SERVICES

Befrienders Worldwide
http://www.befrienders.org/support/helpline.php
Some helplines available in English

Samaritans
http://www.samaritans.org
Crisis hotlines for the U.K. and Republic of Ireland

Lifeline International
http://www.lifeline.web.za/
Some helplines available in English

National Suicide Prevention Hotline
(800) 273-TALK
Crisis counseling for all students and referrals for students in the United States

U.S. embassies and consulates worldwide
http://www.embassyworld.com/
The embassy can provide referrals to English-speaking physicians and mental health professionals

International Federation of Telephone Emergency Services
http://www.ifotes.org
Crisis services in the local language

MENTAL HEALTH AND SUICIDE PREVENTION RESOURCES

The Jed Foundation
http://www.jedfoundation.org

ULifeline
http://www.ulifeline.org
Check to see that your university is registered

American Association of Suicidology
http://www.suicidology.org

American Foundation for Suicide Prevention
http://www.afsp.org

Suicide Prevention Resource Center
http://www.sprc.org

National Mental Health Association
http://www.nmha.org

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HEALTHY TRAVELING

Preparing for a safe and healthy travel experience

Living and studying abroad means encountering new environments and interacting with different cultures. This handout is based on health advice from the Mayo Clinic and can assist you in safely and effectively planning for your study-abroad experience.

Healthy traveling is, in part, a result of the preparation you do before travel. But it’s also about being vigilant, flexible and creative while on your journey. There are things that you simply can’t control or plan for. For example, you can’t always avoid exposure to infectious disease or getting an insect bite or getting lost in an unfamiliar place. But being aware of your options and ready to respond to the challenges can help make your journey a gratifying and fulfilling experience.

Start planning

These questions may help guide your pre-departure decisions:

- How long will you be traveling? Will this be a short trip (about 14 days or less) or an extended stay? Will you stay at one location or visit different places in the region?
- How will you be traveling? What kind of transportation will get you to your destination? How will you get around once you’re there? Will you be using public transportation?
- Where will you be staying? What kinds of accommodations will you have for sleeping and bathing? Is food service prearranged during your stay or will you be responsible for some or all of your meals?
- What will you be doing? Will you spend your time primarily outdoors or indoors? Will you be in urban or rural settings? Will you be primarily in classrooms or doing fieldwork or service? Will you be visiting places of special religious or cultural significance to the host region?

Start planning!

• Get ready to go
• Insurance info
• Packing tips
• Travel hazards
• Food and water safety
• Outdoor safety
• Traveling with special needs
• Coming home

Credit: Material for this handout has been adapted from the Mayo Clinic Women's Health Source Healthy Traveling special report.
• What’s the weather forecast? What is a typical temperature range over the time of your stay? Will it be a rainy or dry season? What other elements might you encounter: bright sunshine, strong winds, high humidity? Will you stay primarily at high or low elevations?

• What are your health risks? Are you familiar with the location, or is it completely new? Are there health advisories for your destination? What do you know about the health care system? What about general standards of hygiene and sanitation?

• What is your current state of health? Have you had recent medical and dental checkups? If you have a chronic condition, are you aware of how to respond to an emergency? Will your health limit the type of trip you’re considering in any way?

Let your answers to these questions guide your travel planning. Good planning can prepare you for any circumstance.

**Health Advisories**

You can find health advisories for individual countries in the “Travelers’ Health” section of the Centers for Disease Control and Prevention (CDC) website (www.cdc.gov/travel). Click the “Destinations” link.

### Getting ready to go

We ask you to see a health care provider and complete the Health Assessment Form during the term prior to your study-abroad program. If you’re visiting a developing country, we recommend that you make an appointment at a travel medicine clinic. This consultation should take place at least four to eight weeks before the journey (six months ahead if you’re traveling for more than three months) to ensure that any necessary medications can be prescribed and that immunizations have time to take effect. A dental checkup also may be advisable. If you’re leaving on short notice, it’s still worthwhile to make an appointment as soon as travel plans are made.

Health risks may be slightly greater for certain groups — such as people with immunosuppression or other underlying medical conditions — although, if they are in good health and well prepared, they shouldn’t be deterred from traveling.

### Have you had your shots?

Before you leave, make sure you’re up to date on your immunizations. Start by visiting the websites of the Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO) or the U.S. State Department’s Overseas Citizens Services. These organizations can tell you which vaccines are recommended or required for the countries you plan to visit. It’s best to receive the vaccines well in advance, as it may take several weeks for immunity to develop. Preparing for travel may require:

- **Routine vaccines.** Annual shots are necessary to protect against influenza. Although you already may have been immunized in childhood for pneumococcal, measles, varicella, polio, tetanus, diphtheria and pertussis, your health care provider will advise whether an adult booster is needed.

- **Additional vaccines.** Some vaccines may be recommended to protect you from illnesses that are common in parts of the world where you are traveling, including hepatitis A, hepatitis B, Japanese encephalitis, meningococcal meningitis, rabies, typhoid and yellow fever. The decision about which ones you need is based largely on your destination, age, health status and previous immunizations.

- **Other preventative measures.** Parts of Africa, Asia, South America, Mexico and Central America are risk areas for malaria. Because malaria is transmitted by mosquitoes, insect repellents that contain DEET or picaridin are necessary. You may also need antimalarial medications such as chloroquine (Aralen), mefloquine (Lariam), doxycycline (numerous brands), or a drug that combines atovaquone and proguanil (Malarone).

Ask your health care provider or a travel medicine specialist which antimalarial medication is the right one for you. In order for it to be effective, you’ll need to start taking the drug before arriving in the malarial region in order to establish it in your system. You’ll also need to continue taking it for a period of time after you leave the region.
Words of caution: Some of the world’s most life-threatening infections, including HIV/AIDS and malaria, are not preventable by vaccines, and no vaccine is 100 percent effective at preventing illness. You still need to take common-sense precautions to decrease your risk of illness. Discuss the risks and benefits of any vaccine with your health care provider before getting immunized.

**Travel insurance**

“Expect the best, but prepare for the worst” should be the official travelers’ motto. All students on Carleton programs receive international medical, security, and travel assistance coverage through International SOS (www.internationalsos.com/en/). Most non-Carleton programs are insured.

Please note that International SOS does not provide you with health insurance. It provides physician referrals, covers medical emergency evacuation, medically supervised repatriation, security evacuation assistance, lost document advice, legal referrals, and other important services. This coverage is valid for the duration of the program, plus one week before and after. You are encouraged to create an account with International SOS and enter any pertinent medical information, especially regarding allergies or pre-existing conditions that a treating physician should know about.

You are responsible for carrying your own health insurance to cover your routine medical expenses abroad. Check with your U.S. health insurance company to know if you’re covered during an overseas trip and to what extent.

For example, are the overseas services from your insurance provider considered in-network or out-of-network? Many insurance companies have international networks, and you are responsible for knowing whether any hospitals at your destination are part of this network. Does your insurance company have billing agreements with certain hospitals abroad, or do you need to submit receipts and file a claim with your provider after your return home in order to get reimbursement? What is the deductible? Do you need to call your insurance company before being treated at a foreign hospital or clinic?

If your U.S. health insurance does not provide coverage while you are abroad, or if you determine that the coverage is inadequate, you can purchase a separate travel-health-insurance policy for the time you’re abroad. These policies typically have a low deductible and pay for most medical expenses you may incur abroad. They do not cover medical costs in the U.S., so you will need to maintain your U.S. health insurance during your travel. Two well-regarded companies that provide travel-health-insurance policies for students are: CISI International (www.culturalinsurance.com) & HTH Worldwide (www.hthworldwide.com).

**Packing your bags**

Good advice for all travelers is to pack light. This means careful planning so that you can satisfy whatever clothing changes you need with the fewest number of items. Anything that can be layered may be the best choice — layering allows you to adapt easily to weather changes. Wear comfortable shoes that you’ve already had a chance to break in. Make sure you have a waterproofed jacket or outer garment. Use lightweight luggage equipped with sturdy wheels, telescoping handles or shoulder straps.

Medical equipment, such as wheelchairs, spare batteries and battery chargers, isn’t included in your baggage limit with airlines and can be transported at no extra charge. Just be sure that the bags or boxes contain medical supplies and nothing else. Also, you may need to pack a plug or voltage adapter for using electrical appliances in a foreign country.
Supplies to carry with you

Be prepared for minor mishaps. Depending on your needs and health status, consider packing these basic supplies on your journey:

- Alcohol-based hand sanitizer
- Antacid tablets or heartburn medication
- Antibacterial cream
- Anti-diarrheal medication
- Antihistamines
- Cortisone cream (insect bites and itch relief)
- Decongestant
- Eyewash solution
- Eyeglasses (spare pair and repair kit) and sunglasses
- Fever and pain relief medication
- Mosquito repellent with DEET or picaridin
- Stool softener
- Sunscreen with a minimum sun protection factor (SPF) of 30
- Water purification supplies (tablets or purifiers)

Simple first-aid kit

- Adhesive bandages, tape and sterile dressing
- Cotton balls and swabs
- ACE bandages
- Moleskin (soft cotton padding for blisters)
- Scissors or pocketknife that has small scissors (not allowed in carry-on bags)
- Thermometer
- Tweezers

How can a travel medicine clinic help you?

Health care providers at a travel medicine clinic are often specialists in tropical medicine and infectious diseases. Services offered at the clinics vary widely. Some clinics provide vaccinations and general information while others give you comprehensive overviews of the health hazards you may encounter while traveling, with practical advice on how to stay healthy. The clinics typically are affiliated with medical centers or universities. Check the directory at the International Society of Travel Medicine website (www.istm.org).

In general, it’s useful to see a travel medicine clinic before taking long trips (four or more weeks) to any country and before traveling to most countries in Asia, Africa, and Latin America, especially if you have a medical condition.

Prescription medications

Carry all prescription medications in their original containers with clearly typed labels. Take more than enough to last through your trip — it can be challenging to get prescriptions filled abroad. Try to pack all prescription medications in your carry-on bag.

Bring a copy of your prescriptions with you, and be sure your health care provider indicates both the brand name and the generic name of the drug. Depending on where you are, medications with the same brand name may have very different active ingredients. It’s also a good idea to leave a copy of this information at home with a friend or relative.

If you have a medical condition that may require emergency care, wear a bracelet or necklace or carry a card that identifies your condition. If you’re taking a controlled substance, such as a prescription narcotic drug, spare yourself an embarrassing encounter with customs agents by obtaining a letter of authorization from your health care provider.

Important documents

In the event of a medical emergency, carry a card with you that contains basic medical information such as your blood type, drug allergies, contact information for your primary care health care provider and your insurance company (as well as your policy number), and contact information for a relative or friend.

For an extended trip or travel outside the U.S., consider bringing your most recent medical reports, such as electrocardiograms, immunization certificates and eyeglasses prescription. Your health care provider can provide you with copies.
Managing common travel hazards

The fastest way to travel — by airplane — is also one of the safest. Yet by placing you in a pressurized cabin thousands of feet in the air, moving at a speed of hundreds of miles per hour, air travel does subject your body to special challenges. Here are common problems that you might experience:

Dehydration

The cabin of an airplane has extremely low humidity. This dry environment makes it harder to keep up with your body's normal fluid loss, increasing the chances that you'll become dehydrated. Signs of dehydration include dry mouth, lack of tears, little or no urine, and feeling lethargic, fatigued, dizzy or lightheaded.

To prevent dehydration, drink plenty of liquids such as water and fruit juices during your flight. Limit alcohol and caffeine because of their diuretic and dehydrating effects. Consider carrying a bottle of water with you on the plane (purchased at the airport after you've passed through security) and make a point of drinking from it at regular intervals.

Blood clots

Sitting in a cramped seat for hours increases your risk of developing potentially dangerous blood clots in your legs. The problem can happen during any form of travel, but it's more common on long airplane flights. The clots interfere with normal blood flow through your blood vessels and can break loose and lodge in a lung artery. To prevent a blood clot from forming:

- While in your seat, stretch your legs occasionally and move your feet up and down.
- Walk around the airplane cabin every two to three hours.
- Drink plenty of water to prevent dehydration.
- Wear loose, comfortable clothes and shoes. Consider below-the-knee compression stockings, which improve blood flow by applying gentle pressure to your leg muscles.
- Ask your health care provider if aspirin might be helpful. Small doses of aspirin may help prevent clots. Remember to check with your health care provider first - aspirin is not recommended for everyone.

Jet lag

Flying across three or more time zones can disrupt your normal sleep-wake cycle. Until your internal clock adjusts, you'll find yourself awake and sleepless during the night and feeling tired, foggy and just plain cranky during the day. This out-of-sync feeling is called jet lag. To prevent jet lag:

- Plan a relaxing routine, including regular exercise, on the day before your trip. Also, get a good night's sleep.
- Adopt a sleep-wake pattern that's similar to what you'll have at your destination. Begin this a day or two before you depart.
- Wear loose, comfortable clothing in flight that may help you relax and rest more easily.
- Drink plenty of water during your flight to prevent dehydration. Avoid alcohol and caffeinated beverages.
- Adopt the schedule of your destination immediately upon arrival — don't stick with “home” time. Reset your watch to local time.
- Avoid sleeping pills during the flight. If you anticipate trouble sleeping after reaching your destination, consider taking a mild sleeping pill at bedtime for two to three days, unless your health care provider advises otherwise.

Motion sickness

It doesn't matter which type of transportation you use — car, boat, airplane, train — all can cause your stomach to feel queasy. Motion sickness is usually present from the moment you start moving, building rapidly from a restless feeling into a cold sweat, dizziness and then vomiting. The symptoms usually get better as soon as the motion stops.

You may be able to escape motion sickness by being careful about where you choose to sit. On a plane, try to reserve a seat over the front edge of a wing. Once aboard, direct the air vent toward your face. In a car, drive or sit in the front passenger's seat — avoid back seats. Never ride facing backward.
If you’re susceptible to motion sickness:

- Focus your eyes on the horizon or a distant, stationary object.
- Keep your head still, rested against a seat back.
- If possible, sleep or lie down.
- Breathe plenty of fresh air — take advantage of air vents, windows and open decks.
- Don’t smoke or sit near smokers.
- Don’t overeat. Avoid spicy foods and alcohol. Dry crackers and carbonated beverages may help settle your stomach.
- Don’t read.
- Ask your health care provider about over-the-counter medications, such as dimenhydrinate (Dramamine), or the prescription medication scopolamine (Transderm Scop). Natural remedies, such as ginger chews or ginger tea, may help with some symptoms.

**Constipation**

It’s not unusual for your digestive system to get out of balance while you travel. Sometimes, this results from holding the bowel movement in rather than negotiating a cramped airplane bathroom unit. It may also be associated with other factors related to travel, such as dehydration and lack of physical activity. To prevent or treat constipation:

- Don’t delay when nature calls - particularly after meals
- Drink plenty of fluids.
- Eat plenty of high-fiber foods such as fruits, vegetables (fully cooked) and whole-grain cereals and breads.
- Try to stay active. Regular activity stimulates normal bowel movements.
- Consider using over-the-counter stool softeners (docusate sodium). If you develop mild constipation, milk of magnesia or prune juice may help.

Significant constipation occasionally demands stronger medications and perhaps suppositories. Before using these on a regular basis, seek your health care provider’s advice. Also inform your health care provider if constipation persists after returning from your trip.

**Ear pain and head colds**

Air travel probably doesn’t make a cold worse. But landing with a cold can cause severe ear pain. The problem stems from changes in air pressure. When you have a cold, the eustachian tube that connects your throat and middle ear is often blocked. Normally, an open tube equalizes air pressure in your ear but the blockage creates a vacuum, building painful pressure on your eardrum.

To help keep the eustachian tube open and prevent ear pain when you fly with a cold, take an oral decongestant at least one hour before landing or use a decongestant nasal spray before the descent begins. Additionally, to avoid ear popping or “typical” ear pain during take-off or landing, chew gum, suck on hard candy, yawn or sip liquids.
Food and water safety

The choices you make for food and drink are absolutely critical for keeping you healthy while you travel. Food and drinking water can be contaminated with disease-causing bacteria or viruses, especially in developing countries. Accidental exposure to germs also can occur while you are swimming or when you are showering and brushing your teeth.

Practice safe eating habits

Select food with care in areas where hygiene and sanitation are poor. This means:

- Avoiding uncooked vegetables, fruits and salads. The raw produce might look clean but may have been rinsed in contaminated water.
- Avoiding fruits that don't have a thick rind that you personally peel with your own hands.
- Eating food that is freshly prepared and still hot at the time of consumption. Any food that has been allowed to stand for several hours is a breeding ground for new bacteria or is at risk of recontamination from improper handling. This can happen at restaurant buffets as easily as open markets or with street vendors.
- Avoiding unpasteurized dairy products, including cheeses and creamy dressings.
- Making sure that eggs, meat, fish and shellfish are fully cooked.

Be careful with drinking water

In areas where chlorinated water is unavailable or hygiene and sanitation are substandard, drink beverages made with boiled water, such as coffee and tea, or beverages in unopened cans or bottles, such as water, carbonated mineral water, soft drinks, beer and wine. Make sure you open the can or bottle yourself. Other important safety measures include:

- Avoiding ice cubes, since they may be made with contaminated water.
- Drinking directly from a can or bottle instead of a questionably contaminated glass. Be sure to dry wet cans or bottles before opening them and wipe clean any surface that comes in direct contact with your mouth.
- Boiling water to purify it and make it safe to drink. Bring water to a boil for about 10 minutes and then allow it to cool. Pour the water out of the container rather than dipping into it.
- Using bottled water or boiled water for brushing your teeth. Keep your mouth closed in the shower and while swimming.
- Exercising caution when following the habits of the country's residents. Keep in mind that they may be used to the drinking water, but it could still make you sick.

Traveler’s diarrhea

The usual culprit of traveler’s diarrhea is contaminated food and water, but excitement, anxiety, jet lag and lack of rest may make the problem worse. How ill you become depends on the type of organism, the amount of exposure, your age and your health. In addition to frequent loose stools, signs and symptoms may also include nausea, fever and stomach pain.

Diarrhea strikes suddenly and often lasts several days. The symptoms can make your life miserable, but diarrhea usually goes away on its own and is rarely life-threatening. Most cases of diarrhea don't require treatment other than replacing lost fluids, which you can do with canned fruit juices, hot tea (not made with tap water) and carbonated beverages. See a doctor if you experience bloody diarrhea, persistent vomiting or a temperature greater than 101 F.
Outdoor safety

Sometimes, you’re so busy enjoying the outdoors that you forget about (or ignore) damage that the elements can cause on your health. Simple precautions can usually reduce your risk.

Treating sunburn

Harmful ultraviolet (UV) radiation from the sun can damage your skin. Without proper protection, too much exposure may result in nasty sunburn and increase your risk of skin cancer. Play it safe and take the following precautions:

- Limit exposure to sun. Reduce time spent outdoors when the sunlight is strongest, usually between 10 a.m. and 4 p.m. Know that UV light reflected from water, sand, snow and cement can be as intense as direct sunlight. Clouds may block bright sunshine but still allow up to 80 percent of UV radiation to reach your skin.
- Wear protective clothing and sunglasses. Loose, long-sleeved cotton shirts and hats with at least a 4-inch brim offer good protection. Sunglasses should have at least 99 percent protection against both ultraviolet A (UVA) and ultraviolet B (UVB) sunlight. Wearing sunglasses is particularly important when you’re around water and snow.
- Use sunscreen. Liberally apply sunscreen with a sun protection factor (SPF) of 30 or higher about 30 minutes before you go outdoors, whether it’s sunny or cloudy. Be especially careful around sand and snow, which are highly reflective elements. Use water-resistant sunscreens and reapply every two to three hours — more often if you’re swimming or sweating.
- Talk to your health care provider about the medications you take. Many drugs can increase your sensitivity to sunlight, causing redness, itching, swelling and blisters.

Symptoms of sunburn, including pain, redness and swelling, usually appear within a few hours after exposure. Sunburn may be treated with an over-the-counter pain reliever. A cool bath or shower also provides relief. See a doctor if your sunburn is accompanied by fever, blisters and intense itching or rash.

Addressing temperature-related concerns

Being active in hot weather puts extra stress on your heart and lungs. Be aware of the symptoms of heat exhaustion, which include high body temperatures, faintness, nausea and cold, clammy skin. At the first sign of these symptoms, get out of the sun and rest in the shade or an air-conditioned building. Lie down and elevate your feet slightly. Drink cold water or an electrolyte-containing beverage. To prevent heat-related illness in warm climates:

- Pace yourself. Go slow in the first few days of your visit, if the temperatures are high.
- Take regular breaks in shade during the day.
- Don’t overeat.
- Regularly drink liquids such as water or fruit juice before you feel thirsty.

If travel takes you to colder climates, remember to use sunscreen, as sunburn is possible even if you’re cold.

Preventing altitude sickness

Low oxygen levels at higher altitudes (above 8,000 feet) can cause altitude sickness. Symptoms include headache, shortness of breath, fatigue, nausea, dizziness and disturbed sleep. More serious symptoms include coughing, confusion and trouble walking — if you experience severe symptoms, go to a lower altitude immediately and seek medical attention.

To help avoid altitude sickness:

- Ascend slowly. If possible, begin at an altitude below 6,000 feet. Reduce your pace or take a break whenever you feel out of breath or tired.
- Allow time for your body to adjust. Rest for a day after arriving in higher elevations to help you get used to the altitude.
- Limit your ascent in higher elevations. Once you reach 8,000 feet, don’t plan climbing more than about 1,000 feet a day.
- Consider medication help. Ask your health care provider about acetazolamide (Diamox) or other prescription medications that may help prevent or lessen symptoms.
Avoiding animal-related dangers

Attitudes in other countries towards animals and household pets may be different from in the US; in some nations, household pets may not have had the same vaccinations as in the US. Educate yourself about the risks that accompany interactions with animals, and exercise caution when handling any wildlife.

Reduce stress

A travel delay or turn of bad weather can cause stress. And stress may trigger a variety of health-related problems, such as headache, indigestion, insomnia, irritability, hypersensitivity and depression. Stress can also aggravate chronic problems, such as asthma, arthritis, digestive disorders and muscle pain.

Deal with stress by developing your coping skills. Learn to be more tolerant of yourself and of situations over which you have little control. Focus on the things you can control, like having appropriate clothing ready for bad weather. Accept that an unforeseen change of plans is always possible when you travel. Learn to decompress when your body needs downtime. Relaxation can slow your breathing rate and heart rate, reduce muscle tension, and ease anxiety and frustration.

Get enough sleep

The excitement of travel often interferes with a good night's sleep. Not sleeping well reduces your ability to deal with stress, resulting in fatigue and a greater risk of accidents. Disrupted sleep may also weaken your immune system, leaving you more susceptible to illness. If you're having problems getting enough sleep, try these tips:

- Take time to unwind. Slow the pace of your activities several hours before bedtime. Try to maintain a sleep routine that's similar to what you practice at home.
- Don't try to sleep when you aren't drowsy. Many times, the harder you try to sleep, the more awake you'll become. Stay up until you feel drowsy — for example, read or watch TV — and then return to bed.
- Avoid or limit caffeine, nicotine and alcohol. Caffeine and nicotine are stimulants that may interfere with your ability to fall asleep. Alcohol may help you doze off but can frequently cause you to wake up during the night.
- Create a comfortable sleeping environment. Try to keep your bedroom dark, quiet and cool. Earplugs and eye shades may help block outside noise and bright lights.

Enjoy yourself

Many travelers set an exhilarating — and unsustain-able — pace in the first few days of their visit. With the unrealistic expectations that often accompany trip planning, people are determined to squeeze the most out of every second of every day.

Very often, this frenetic pace is beyond what you're physically able to do. Add to that the mental fatigue of being in a new environment and using a new language, where simple tasks such as catching a bus or buying groceries can be difficult and time-consuming. There's also the challenge of adjusting your schedule to unforeseen disruptions. Take precautions to prevent anxiety, burnout and exhaustion.

Photo: Claire McGillem ’13
Traveling with special needs

If you have a chronic health condition or physical disability, make sure that you discuss the issue in relation to your travel plans with a health care provider, as well as with the Off-Campus Studies Director and your program Faculty Director.

Here are some helpful tips for specific conditions:

- **Food allergies and intolerances.** Learn what you can about the local cuisine to know what you’ll be facing — whether because of a food ingredient you’ll need to avoid for medical reasons or because you’re following a special diet. Try to recognize the names of specific foods or ingredients you wish to avoid (or request) in the native language. A translated language card for your specific dietary needs is handy for showing to a chef or cook (have multiple copies ready). For some destinations, negotiating the cuisine may be intimidating. Then again, with good preparation and a positive attitude, you may be surprised by the accommodations you’ll receive. Speak with your program director to formulate a strategy for how to negotiate dietary particularities. Special food requests should not prevent you from traveling and enjoying the cross-cultural experience. Keep in mind, though, that continuing a vegetarian diet is near impossible in some countries, so be flexible and understand that you may have to give that up in order to have a successful experience abroad.

- **Back pain.** If you normally don’t do stretching exercises for your back, start a conditioning routine two to three weeks before your trip. Continue the routine as you travel. Ask for assistance when lifting luggage to an overhead bin, or if you must do the lifting, do so in stages rather than a single lift. Use a pillow or rolled-up blanket to support your lower back during prolonged sitting. If flying, request an aisle seat so that you can stretch more easily.

- **Diabetes.** Carry medical identification with you and bring extra supplies and medications in case of scheduling changes. Major airlines allow you to put these supplies in carry-on bags as long as the medication has a pharmacy label. Before leaving, talk with your health care provider about the appropriate timing for taking your insulin as you cross time zones. Carry snacks with you as an emergency sugar source. In addition, pack two pairs of good walking shoes, and always check your feet at the end of the day for blisters. As much as possible, try to follow your daily walking and eating regimens.

- **Respiratory illnesses.** If you have asthma, carry extra inhalers in your carry-on and checked bags. If you have chronic obstructive pulmonary disease (COPD), such as emphysema, and need oxygen, call the airline ahead of time to arrange for an oxygen supply on the flight. Present your health care provider’s statement at the time of check in, dated within 10 days of your departure. Drink plenty of liquids during the flight.

After your return

Just because you’re back home does not mean your travel experience is complete. If you have acquired a viral, bacterial or parasitic infection overseas, you’ll typically become ill within six weeks. Some diseases, such as malaria, may not cause symptoms until six months to a year following the infection. Consider scheduling a medical exam after your return if:

- You experience signs and symptoms such as fever, diarrhea, vomiting, jaundice or skin rash
- You know you’ve been exposed to an infectious disease during your trip
- You’ve spent more than three months in a developing country

Be sure to inform your health care provider of the countries you’ve visited in the preceding year. If the illness persists, consider consulting a doctor who specializes in travel and tropical medicine.
Special diets when you travel

Celiac disease
- National Institute of Diabetes and Digestive and Kidney Diseases
  http://celiac.nih.gov/TravelingWithCeliac.aspx
- Celiac Travel
  http://www.celiactravel.com/
  (For restaurant cards in different languages: http://www.celiactravel.com/cards/)
- Coeliac UK
  A website devoted to living with celiac disease in the United Kingdom
  http://www.coeliac.org.uk/

Diabetes
- American Diabetes Association
- Centers for Disease Control and Prevention
  http://www.cdc.gov/features/diabetesandtravel/
- National Diabetes Education Program
  Staying Healthy On-the-Go with Diabetes Video

Inflammatory bowel disease
(Crohn's disease and Colitis)
- Crohn's & Colitis Foundation of America
  http://www.ccfa.org/resources/traveling-with-ibd.html
- Crohn's & Me

Kosher diet
- Kashrut.com
  http://www.kashrut.com/travel/
- Shamash Kosher Restaurant Database
  http://www.shamash.org/kosher/
- A kosher entry from the Amateur Traveler blog:
  http://amateurtraveler.com/kosher-travel/

Vegetarian diet
- “Ways to be a respectful vegetarian abroad”
- “Veg traveling and study abroad guide”
  http://www.exploreveg.org/resources/veg-study-abroad-guide

Readjustment
Returning home after extended travel may produce unexpected emotional stress. During your trip, you may have felt challenged, stimulated and special, and now you may be reluctant to let go of the experience. Home may seem routine, dull and demanding. Your relationships with friends may have changed. You may be frustrated by an inability to communicate the first-hand excitement of your experience. This may lead to a “reverse home-sickness,” which includes feelings of alienation, isolation and depression.

Give yourself time to readjust to your “normal” life. The stimulus of the trip may have given you a new perspective on familiar behaviors that can seem strange or unsettling. Learn to balance these insights with the positive aspects of your former lifestyle. Just as you kept an open mind while you traveled, avoid being judgmental and overly critical when you return home. Try finding support from other former travelers who may have had to work through similar feelings.

Travel Information Resources

These organizations may be helpful for your trip planning:
- International SOS
  Philadelphia +1-215-942-8226
  London +44-20-8762-8008
  Singapore +65-6338-7800
  www.internationalsos.com
- Centers for Disease Control and Prevention
  Travelers’ Health
  800-232-4636
  www.cdc.gov/travel
- International Association for Medical Assistance to Travellers
  716-754-4883
  www.iamat.org
- International Society of Travel Medicine
  404-373-8282
  www.istm.org
- Transportation Security Administration
  Traveler Information
  866-289-9673
  www.tsa.gov/traveler-information
- U.S. Department of State / Bureau of Consular Affairs
  www.travel.state.gov
- World Health Organization
  www.who.int