

Mental Health and Crisis Management:

Assisting University of Notre Dame Study Abroad Students, 4th edition
A Handbook for International Educators



University of Notre Dame

University Counseling Center

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University Counseling Center, University of Notre Dame, Notre Dame, IN 46556. Edited by Wendy Settle. Situations
described in this manual are not based on actual cases. Language is intentionally gender-neutral or, when necessary,
alternates between male and female pronouns. Please send feedback to [Wendy Settle Ph.D.](#)

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<u>Introduction</u>	3
----------------------------------	---

Section I

<u>Mental Health and Issues and Disorders: What You Need To Know</u>	4
---	---

The Study Abroad Student and Culture Shock	5
Helping the Study Abroad Student who is Depressed or Suicidal	10
Assisting Study Abroad Students with Eating Disorders	15
Assisting the Study Abroad Student Dealing with Grief and Mourning	18
Students Studying Abroad who Abuse Alcohol	22
Assisting the Study Abroad Student who has been Raped or Sexually Assaulted ...	26
Sexual Harassment and Notre Dame Students Studying Abroad	32
Reentry and Reverse Culture Shock: Helping the Study Abroad Student	
Transition Back Home	37

Section II

<u>International Educator Challenges and Dilemmas</u>	43
--	----

Tips for Identifying, Assisting, and Referring Students in Distress	44
Consulting with the University Counseling Center	48
Assisting the Notre Dame Study Abroad Student Who Needs to Withdraw	49

Section III

<u>Resources for International Educators on the Internet</u>	50
---	----

University of Notre Dame Offices and Contacts	50
Mental Health Crisis Management Resources	51
Mental Health Crisis Management Resources for International Educators	52
Sources for Articles on Mental Health for International Educators	53

<u>About the Authors</u>	54
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*You may have heard of the popular Western translation of “crisis” as “danger plus opportunity.” While it is true that wēijī does indeed mean “crisis” and that the wēi syllable of wēijī does convey the notion of “danger,” in Mandarin, the the jī of wēijī, in fact, means something like “incipient moment; crucial point (when something begins or changes).” Thus, a wēijī is indeed a genuine crisis, a dangerous moment, a time when things start to go awry. A wēijī indicates a perilous situation when one should be especially wary.**

So, in a sense, wēijī actually represents an opportunity for a situation to go either better or worse. However we do propose that every crisis contains the possibility of personal growth, building resilience, and allowing clarity for a new path in life to be taken.

Wendy Settle, PhD

**Adapted from Professor Victor Mair’s essay
<http://pinyin.info/chinese/crisis.html>*

Introduction

**Susan Steibe-Pasalich , Ph.D., Director
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Over the years, the staff of the University Counseling Center has been directly and indirectly involved with Notre Dame's Office of International Studies. When students return from these programs, they often contact us to talk about some of the difficulties they experienced while overseas or upon returning to Notre Dame. We also have had Directors, faculty, residence staff, international and on-campus administrators call us to seek consultation about individual students with problems or concerning conflicts among students.

When it was suggested that we prepare some materials for the staff of our International Programs, we saw this as an opportunity for us to take a preventive approach to these problems. We are hoping to describe some of the situations you can expect during a student's time in the program, provide some general information about typical problems and offer some suggestions for ways that you might intervene.

This handbook has been written to assist the International Study Programs' On-Site Directors, Associate Directors and staff to deal with problems of students as they develop. Staff are not expected to be counselors or psychologists to the students. However, having some basic notions about the nature of typical problems college students face along with some "do's and don'ts" can be useful in crisis situations.

Section I

Mental Health Issues and Disorders: What You Need to Know

As you are well aware, study abroad can be a personally rewarding, culturally expanding, growth-producing -- as well as a somewhat stressful -- experience. Almost one-tenth of the student body at Notre Dame seeks services from the Counseling Center for issues related to personal growth, in addition to depression, anxiety, grief and loss, family problems, interpersonal relationships, eating disorders, problems with alcohol, and sexual abuse, to name a few. Most Notre Dame students are young adults going through the usual emotional ups and downs of college life. Some navigate more stressful and unusual transitions into adulthood, causing them to feel alone and apart from their peers. Students do not necessarily leave their stresses at home when they come to study abroad, which may leave you, as the international educator, assuming that you must take care of all of their issues on your own. To some extent, you *are* assuming responsibility, probably more than any one human could be trained to provide. We hope that as you read this document, you will learn that you have more support and resources than you previously realized, so that you do not need to bear the burden of dealing with students' crises completely on your own.

It is also helpful to realize that sometimes what seems to be a crisis to the new study abroad student is actually a normal developmental phase of adjustment, typically called "culture shock." We follow our chapter on culture shock with descriptions on how to talk to students who are dealing with what could be more severe or chronic disorders and stresses. These include helping students who are depressed/suicidal, showing signs of eating disorders, or dealing with grief and loss, alcohol problems, sexual harassment, assault and rape. If you are concerned about a student, you are not expected to "diagnose" culture shock versus other, more severe issues. However we do believe that the more you know, the more you will be able to distinguish when a student may need intervention from a local mental health specialist and/or intervention in consultation with another specialist at University of Notre Dame, such as from within Student Affairs.

~ Wendy Settle, Ph.D.

The Study Abroad Student and Culture Shock

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Introduction

Culture shock is not a psychological disorder, but in fact, it is a *developmental phase* that is both common amongst sojourners and expected when one adjusts "properly" in a cross-cultural context. It is important to recognize culture shock since the symptoms can mimic more severe psychological disorders, such as depression. In addition, as an international educator, your role in assisting students to adjust to the new culture will help to prevent the development of psychological problems. This chapter describes culture shock and the common signs of the experience. In addition, approaches will be suggested on how to help your students adjust and work through the experience and how you can use the adjustment phase as an opportunity for the development of your students' intercultural sensitivity.

What is Culture Shock?

While there are many academic definitions of culture shock, the experience can be simply described as a clash between one's personal way of viewing and interacting with the world (which is determined by one's home culture) and the new cultural environment. This is the classic conflict between ethnocentric and ethnorelative views of the world, which is experienced as a perceived lack of control or a sense of helplessness. Anxiety, frustration, confusion, loss of perceptual cues, discrepant meaning systems - all these contribute to the "clash."

Culture shock has often been described as an adjustment cycle, with an initial high point upon entry marked by excitement and optimism, a low point during the sojourn (the culture shock phase), and a moderated "high point" near the end of the sojourn experience as the student learns to function more successfully. "W-Curve" model (Gullahorn and Gullahorn, 1963) is frequently cited because it describes not just the initial culture shock stages (Excitement, Disillusionment, Confusion, and Positive Adjustment), but replicates a similar adjustment cycle for reentry "back home." While reentry might seem a non-issue, in fact, it is often experienced as more stressful than initial culture shock.

Culture shock is about a student's struggle in becoming culturally competent in a new cultural environment, where the rules, behaviors, expectations, food, language, and systems are all different from home. Culture shock is perfectly natural. When a person struggles through such a challenge, the person grows; they mature. Evidence demonstrates how study abroad students, when they approach their experiences in a developmental manner (that is, they intend to learn and grow as a person from their overseas experience), they develop psychologically and socially. Positive changes in attitudes, behaviors, global awareness, worldviews, values, cultural understanding and empathy, and ethnorelativism, have all been documented. Many times when a student is experiencing culture shock, no intervention is needed because it is natural and developmental – a capable, self-aware, interested student will work through the experience.

Some researchers have indicated culture shock lasts for a few weeks, while others have documented longer time frames, including over a year. Still, other researchers have found that culture shock seems to be proportionate with one's sojourn time frame. Because culture shock is a developmental process within the adjustment cycle, the time frame is individualized and depends upon the student's resources (internally and externally). For the high functioning, mature, curious, flexible (these seem to be critical variables) young person, culture shock typically resolves itself within six months or less.

The bottom line is this: *culture shock appears to be a process of experience*. With time, support, learning and mindfulness, it can become a positive developmental experience, much like how we think it's good for our teenagers to leave home and "go out into the world" to become responsible young adults.

Is Culture Shock Always "Painful?"

This is an interesting question, as some sojourners seem to adjust with relative ease while others really struggle. What seems to make the favorable difference for many is their openness to cultural differences, readiness for change/growth, and tolerance for ambiguity and stress. For others, they may have a predisposition for some sort of disorder, and the stress of adjustment may bring this out. Culture shock can be exacerbated when a student is isolated or isolative. However, a difficult adjustment does not mean the student is in trouble; it may simply mean they are encountering a lot of challenges and a lot of questions. Support and assessment are essential.

Depression, discussed in the next chapter of this handbook, sometimes arises from cultural adjustment. Culture shock itself is not depression, though some of the signs mimic depression (see Table 1). What is important to watch for is if the student has the potential for depression; if so, then culture shock might bring the depression forward. The same can be said about substance abuse, eating disorders, anxiety disorders, or other difficult presentations. It is very important, though, to separate the adjustment data from more "clinical" data to avoid errors in labeling. Whenever in doubt, do what a competent mental health clinician does: consult!

Recognizing Culture Shock

Table 1 lists the more common signs of culture shock; the list is not complete but an introduction. It is fairly common for the "shocked" student to not even recognize culture shock because the student can "rationalize" the signs. Look for clusters, patterns, and behavioral changes; use the feedback of others who know the student. Remember that culture shock by itself is a normal part of the adjustment cycle to a new cultural environment.

Table 1. Some Emotional and Behavioral Signs of Culture Shock

Emotional Signs -----Behavioral Signs

Alienation	<ul style="list-style-type: none"> • No friends • "Self-imposed" isolation 	<ul style="list-style-type: none"> • Limited intercultural skill development
Anger Frustration Irritability	<ul style="list-style-type: none"> • Acting out (physical, verbal) • Excessive drinking • Ethnocentrism 	<ul style="list-style-type: none"> • Defensiveness • Complaining about the host culture/people
Anomie Loneliness	<ul style="list-style-type: none"> • Isolation • Withdrawal (social, academic) 	<ul style="list-style-type: none"> • Discontinues pleasurable activities • Writing or calling home a lot
Anxiety	<ul style="list-style-type: none"> • Nervousness • Tension (muscles, "nerves") • Insomnia 	<ul style="list-style-type: none"> • Poor concentration • Fear of being misunderstood
Apathy	<ul style="list-style-type: none"> • Regressive behaviors • Social and academic withdrawal 	<ul style="list-style-type: none"> • Lack of care for self/others • Poor personal hygiene
Confusion	<ul style="list-style-type: none"> • Judgmental • Stereotyping • Communication problems 	<ul style="list-style-type: none"> • Poor decision making • Questioning Self (identity, role, purpose)
Depression (See the Depression chapter)	<ul style="list-style-type: none"> • Insomnia • Substance abuse • Weight change • Appetite change 	<ul style="list-style-type: none"> • Social/Academic withdrawal • Emotional swings • Irritability/Anger • Decline in self-care
<u>Obsessions</u>	<u>Compulsions</u>	
<ul style="list-style-type: none"> • injury • inadequacies • not being understood • threat/harm/persecution • contamination 	<ul style="list-style-type: none"> • compensation • acting out behaviors • withdrawal, defensive 	<ul style="list-style-type: none"> • no appropriate risk taking • hand-washing, clothes • avoidance behaviors

Providing Support as Students Adjust through the Stages of Culture Shock

The kind of support you provide will differ across students, as their culture shock is different. Perhaps one of the greatest forms of support is to listen in a manner that validates the student's experience without solving their challenges for them (how else will they discover their competency?). Be comfortable with the expression of feelings – as there really is no such thing as a "good" or "bad" feeling – feelings just are feelings, and they give us good data on what's going on within us. Strong affect is OK too, as long as it's respectful of self and others. Below are some immediate ideas on support.

Basic Listening: While this may seem really obvious, using basic listening skills will go a long way in supporting a student. Basic skills are attending, reflection, asking questions, and summarizing. Try to use the student's words rather than your words to frame their experience. Validate experience; avoid the temptation to problem solve.

Journaling: Reflective writing has served as a productive "refuge" for many, allowing them to gather thoughts and feelings in one safe place. Journaling does require reflection for it to be useful. Encourage students who journal to talk about their reflections (not necessarily the actual content of what's written). Some students also write poetry, draw or paint as other forms of creative expression. Much of culture shock revolves around not connecting to (or fitting into) the host environment; questions and reflections should address these issues.

Field Trips: Design excursions that progressively allow students greater and greater autonomy, if your program has some control of this. Use trips to deliberately monitor how students interact with hosts and the environment; then promote skills acquisition based on assessed areas of competencies (e.g., language, systems knowledge, cultural knowledge, behavioral cues). This could be done through many approaches, such as an orientation class/program, a Talking Circle, or even individually.

Talking Circle: One approach to providing support is to allow your students and you to gather as a process group to talk about experiences and what's been discovered of the new environment. This nurtures the growthful aspects of culture shock and spreads the responsibility (and dynamics) of support to a network of peers. It is important the group avoids bashing the host environment, for this merely reinforces ethnocentrism, one of the keys to remaining locked in bitter dispute with one's situation.

"Mentors": If your program allows pairing more seasoned students with newly arrived students, this could be helpful, but only for short-term contact. New arrivals want to feel a sense of mastery and having an "old hand" showing them around does convey a message that the new arrival needs "baby sitting." Instead, design short-term contacts, such as one-day tours to generally introduce the "lay of the land," yet refrain from teaching the subtleties of the new environment. This might help prevent conveying a message of inadequacy, one of the culture shock themes. Conversely, in situations that require interventions, a more experienced sojourner may be the ticket because he/she can cut to the chase and the distressed student will likely trust their experience.

Cultural Mediator: One reason why people experience culture shock is that they feel overwhelmed by all the new things in the host environment. The cultural mediator's role promotes both intercultural exchange and competencies. However, be mindful to design the use of a mediator so that it tapers off so as to intentionally increase your students' competencies. Cultural mediators are almost always trusted "locals" who are sensitive to your students' needs and the student experience.

Identity: It is very important for individuals to have a sense of self – an identity. Sojourn experiences tax our identities beyond belief. Allow students to convene, to share experiences, to have a sense of national, ethnic and personal selves, to re-establish connection with Notre Dame through you and the program. Also allow for students to have personal time. No one expects a person to lose his or her identity to become "multicultural." In fact, to be really multicultural, one must start and end with oneself.

Conclusion

Culture shock is developmental and appropriate - it means a student is wrestling with cultural differences and trying to make sense of those differences. If the student remains in conflict, they may become "stuck" and experience depression, social problems, or even academic problems. Working through culture shock usually results in stronger, more interculturally competent students who are capable of resolving the daily stresses of living in a different country and culture. Perhaps one of the greatest joys as a country director is to be a part of this exciting (and challenging) growth experience of your students.

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Helping the Study Abroad Student who is Depressed or Suicidal

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Imagine this scenario. You notice that one of your students in your study abroad program isn't spending as much time with her friends, preferring to stay in her room. She appears sad but also irritable, which alienates people. She's picking at her food and complaining that she isn't sleeping well. Whereas she used to be enthusiastic about her classes and learning the new culture, now she's lost interest. She's not concentrating well and would rather sleep in than go to class. The others in the program have moved on to become more adjusted but she has continued to feel depressed now for several weeks.

Are these symptoms a continuation of the normal process of cultural adjustment or clinical depression?

As previously described, the symptoms of "culture shock" are very similar to the symptoms of depression. Students normally go through a period of adjustment which can include symptoms such as anxiety, sadness, depression, lack of energy, headaches, anger, confusion, despair, changes in eating and sleeping habits, loss of interest in activities, frustration, and loneliness. This adjustment phase is normal and occurs for a short period of time.

When might these symptoms be indicators that the student is clinically depressed and needs a referral for an assessment?

You may suspect that a student is "clinically depressed" and needs immediate intervention if the student has had symptoms for a prolonged period of time (several weeks), and is unable to function (e.g., not going to class, isolating). Immediate intervention is warranted if the student shows self-destructive or violent behaviors, or is also abusing alcohol or substances. Depression usually begins in adolescence or early adulthood, and is very common in college age students. Types of clinical depression include major depression, dysthymia (persistent mild depression for two years), seasonal affective disorder, and bipolar disorder (moods swing from depression to grandiose, energetic, possibly irritable, abnormal "highs"). People with major depression often suffer with the following symptoms, which are significantly impairing their personal or academic functioning:

- Change of appetite; significant weight loss or gain
- Change in sleeping patterns, such as fitful sleep, inability to sleep, early morning awakening, or sleeping too much
- Loss of interest and pleasure in activities formerly enjoyed
- Loss of energy; fatigue
- Feelings of worthlessness or hopelessness
- Feelings of inappropriate guilt
- Inability to concentrate
- Recurring thoughts of death or suicide
- Withdrawing from social interactions
- Physical symptoms, such as headaches or stomachaches

Not everyone who is depressed experiences every symptom. Symptoms and their severity vary with each individual case of depression, and sometimes symptoms are not caused by depression but may be due to a general medical condition, such as problems with one's thyroid.

How do I refer a student who is depressed for an evaluation and/or treatment?

Students who are depressed should be referred to a local mental health practitioner, a psychiatrist, or a physician for an evaluation. Please note that in some countries (e.g., the U.K) a referral to a mental health practitioner must be made by a medical physician, and in other countries a mental health practitioner must make the referral to a psychiatrist. Consult your local embassy to learn about referral procedures in your country. In addition, please note that all Notre Dame study abroad students are required to purchase HTH Worldwide travel insurance. Consult the HTH Worldwide Insurance website for lists of local mental health practitioners, psychiatrists and physicians who are covered by the insurance. When making the referral, ask the student to sign the practitioner's release of information form so that you may consult with the practitioner to obtain his/her recommendations. Fortunately, once diagnosed by a qualified professional, depression is easily treated. About 80-90% of people who seek treatment for depression respond well to treatment, which usually consists of therapy and possibly antidepressant medication. If the student's depression is mild and intervention is begun early it is possible that treatment may be able to be handled locally on an outpatient basis. After the student has begun treatment, or if the student's depression is evaluated not to be severe enough for treatment, refer the student to self-help resources to alleviate their feelings of sadness (refer to the web sites listed below). Continue to provide support but do not attempt to provide treatment yourself. If the student's depression is moderate to severe, or is significantly impacting the student's cultural adjustment and/or academics, you will most likely counsel the student to go home for treatment. These decisions can be made through consulting with the student's local mental health practitioner or physician.

What if I suspect that a student is suicidal?

Studies show that depression underlies the majority of suicides. Suicide is the third leading cause of death among Americans aged 15-24. One of the best strategies for preventing suicide is early recognition and treatment.

Eight out of ten people who commit 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 "Does God punish suicides?" or "Voices are telling me to do bad things." The student may give away possessions, or write emails, texts, instant messages, Facebook posts, chat, or make Skype or telephone calls to people to "say goodbye." Another warning signal is if you notice that the student's depression suddenly and inexplicably lifts (perhaps because he has decided to end his pain).

Although you may be hesitant, for all students who are depressed, especially if you suspect that a student is suicidal, we *highly* recommend that you go ahead and privately talk to the student about her depression and then *directly ask the student if she is suicidal*. Asking will not put "the idea" in the student's head. You may say, "Sometimes people who are depressed think about harming themselves or attempting suicide. Are you thinking about harming yourself?" If the student is not,

she will tell you. If so, most likely she will be relieved to be able to talk about it. Some students say, "Well, yes, I have thought about wanting my pain to end but I would never hurt myself because [it is against my religious beliefs, it would hurt my family, etc]." Other students do have suicidal thoughts and their thinking leads them to make plans for how they would do it. Remember -- suicidal thoughts usually even scare the person who is having them. People who are suicidal are usually ambivalent about killing themselves and haven't done it yet because they are afraid. Ask the student, "If you've been thinking about hurting yourself since [date], what has kept you from killing yourself so far?" Then listen to her answer and stress her own (not your own) reasons she has offered for living. Next, find out if she has ever attempted before, and if so, how. Also ask how she is now planning to harm herself. Ask if she has been using alcohol or other drugs. All of these factors help you to judge the potential risk that the student might attempt suicide.

If the student is suicidal but has no specific plans, gently negotiate with him to allow you to help him to stay safe. Do not do this in a controlling, "punishing" manner, but with an attitude that is matter-of-fact and authoritative, showing concern for his safety. If he becomes passively or actively resistant, again, approach the situation with an attitude of, "Since my job is to keep all of the students safe in this program, I must take [this] action to help keep you safe and to help the community function." Your options include requiring that you or someone provide a 24-hour "watch" to help keep him safe while the risk is high, negotiating a "no suicide" contract, and requiring that he meet with a local mental health practitioner or a physician for an assessment. It is possible that you will eventually arrange for him to go home to the care of his parents and for treatment. Consult with university officials, including the University Counseling Center and one of the Office of Student Affairs CARE Consultants on the university's C.A.R.E. team (Campus Assessment, Response and Education) <http://care.nd.edu>.

If the student is suicidal and does have a means to harm themselves (pills, access to a weapon), gently but firmly negotiate with the student to give the means to you or a security officer for safekeeping, or otherwise arrange her environment so that she would not have access to the means. Again, she will most likely feel relieved that you are now helping her to stay safe. Tell the student that you are requiring her to go to the hospital for an evaluation by a physician, psychiatrist, or psychologist to provide an assessment. If the student refuses, consult with legal authorities to determine how to require an involuntary hospitalization. Maintain a connection with the student by talking to her. Have security officers on hand in the immediate vicinity if necessary. Go with the student to the hospital and make sure the student signs a release of information form with your name on it so that you may consult with the mental health practitioner to obtain his or her recommendations. Consult with the mental health practitioner about the decision to call the student's parents or people listed on their emergency list. Also please always consult with university officials, including one of the Office of Student Affairs CARE Consultants on the university's C.A.R.E. team <http://care.nd.edu>, and/or the therapist who is on-call through the University Counseling Center. In most cases if a student has been suicidal with specific plans for harm, you will eventually work with the C.A.R.E. team to help make arrangements for the student to go home for treatment.

If the student has attempted suicide, handle the situation as a medical emergency and arrange for the student to receive treatment from medical authorities immediately. If the student makes a "minor attempt," and, for example, says he "only took a few pills," don't believe him, and have the student examined anyway. Once medical attention has been provided, the hospital is likely to refer the student for a psychiatric evaluation. Talk with the hospital personnel to make sure that a release of information form is signed with your name on it so that you may consult with the mental health practitioner. Once the student is evaluated not to be in immediate danger of harming himself, the student will be released from the hospital. Be aware that the risk for a suicide attempt immediately after the student is released from the hospital may still be high, and take precautions. Also please always consult with university officials, including one of the Office of Student Affairs CARE Consultants on the university's C.A.R.E. team <http://care.nd.edu>, and/or the therapist who is on-call through the University Counseling Center. In most cases if a student has attempted suicide, you will eventually work with the C.A.R.E. team to make a plan of action for the likelihood of going home after the student is released.

The impact of a suicidal student on the other students in the program

It is likely that you will have become aware that a student in your program is suicidal because other students have come to you out of concern. Students may also find out that a student is depressed or suicidal from a friend or due to the student's behavior. Reassure them that it is indeed morally right for them to come to you with this information, even if the suicidal student tries to make them "promise to keep it a secret." When a life is concerned, they do not need to make or keep promises. However, it is very important that you stress to students who already know that they need to respect the suicidal student's privacy and to not whisper the situation to everyone else in the program. Offer information on how to help a friend who is depressed or suicidal (refer to web sites, below). Give them support while they are dealing with their friend's crisis. Help them to deal with and normalize the inevitable guilt that occurs when they start to second guess themselves with "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."

Carefully make decisions in consultation with a mental health professional about how to talk to the student yourself. You can also consult about whom to tell yourself, on a need-to-know basis, and if possible with the suicidal student's knowledge first. For example, in some cases the roommate or housemates or host family will need to know so that they can help to provide a 24-hour watch during a high-risk period.

Be aware that when a student is suicidal, or attempts or commits suicide, it can severely affect other students who may also be unknowingly depressed and suicidal, to the point that they may consider attempting themselves. Watch and listen for signs that other students in the program may be depressed or suicidal and intervene accordingly.

Finally, be aware that you, too will be affected by the student's suicidal crisis. We highly recommend that you seek confidential support for yourself.

Resources for the International Educator on the Internet

Screening for Mental Health: online screening for depression, bipolar disorder, anxiety, alcohol problems, PTSD and eating disorders

<http://www.mentalhealthscreening.org/screening/?keyword=NDCC>

Self-help tips for depression and "the blues:"

<http://ucc.nd.edu/self-help/depression-suicide/battling-the-blues/>

Helping someone in a suicidal crisis and Depression Self E-valuator:

<http://ucc.nd.edu/self-help/depression-suicide/>

Assisting Students Studying Abroad with Eating Disorders

**Susan Albers-Bowling, Psy.D., Psychologist
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Students living abroad are likely to experience dramatic changes in routine eating habits. Initially, students may have difficulty adjusting to eating unique dishes and food traditions that significantly contrast with American foods. In addition, students may consume meals at different times of the day or may be cooking their own food for the first time. Therefore, students will experience a normal adjustment period in their eating habits. As a result, it may initially be difficult to determine if an eating issue is present. In contrast to normal adjustments to eating habits, eating disorders are a psychological disorder that continue for an extended period of time and will not diminish with familiarity to the culture.

Why do eating disorders begin?

One maladaptive way people cope with stress or difficult problems is through one's eating behavior. When individuals have an eating disorder, eating can play a variety of psychological functions such as numbing or soothing emotions, or increasing self-esteem. The behavioral symptoms (bingeing, purging, restricting) are similar to the tip of an iceberg. Although you can see these behaviors, there are broader and deeper issues under the surface that you may not be aware of or recognize. For this reason, healing from an eating disorder requires more than changing eating habits and is only likely to improve with psychological treatment.

Unfortunately, anorexia and bulimia are prevalent psychological problems among college students. According to some studies, 20% of college women have a diagnosable eating disorder. Anorexia is characterized by a significant weight loss resulting from excessive dieting. Anorexic individuals consider themselves to be fat, no matter what their actual weight. Bulimia is characterized by a cycle of binge eating followed by purging to try and rid the body of unwanted calories. Purging methods usually involve vomiting and laxative abuse. Other forms of purging can involve excessive exercise, fasting, use of diuretics and diet pills. Although the number of women who have an eating disorder far exceeds men, it is a common misperception that only women are affected by eating disorders. Approximately 10% of those with eating disorders are men.

Signs Of An Eating Problem

- Dramatic weight loss
- Intense fear of gaining weight or becoming fat
- Obsessed with calories, fat content or exercise
- Food restriction
- Isolation; fear of being around others while eating
- Hiding food
- Preoccupied with thoughts of food and weight
- Mood swings, depression, fatigue
- Perfectionism-desiring the perfect body, grades etc.
- Purging behaviors (vomiting, diet pills, etc.)

If you have observed these symptoms or if other students have raised concerns about a particular student, it is important to approach the student as soon as possible. Do not wait until you see dramatic signs of each of the symptoms. Early intervention is important. More people die from anorexia than any other psychological problem. An estimated 10 to 20% will eventually die from complications related to anorexia. Although fewer individuals die from bulimia, the disorder leads to a variety of serious medical problems and emotional difficulties.

What if I suspect that a student has an eating problem?

The first step is to approach the student privately. Tell the student you are concerned about her. Make a list of specific behaviors that are causing you or others to be concerned (vomiting, restricting food, isolating herself, lack of energy). Stay calm, empathetic and use "I" statements such as "I have noticed that you don't go to meals with others" or "I am concerned about you and your eating." Describe her current behavior without using labels (anorexic) and avoid commenting on appearance. Never say, "you look terrible" or "you are wasting away." Statements like these can mistakenly be identified with a positive meaning. They may be interpreted by someone with an eating disorder as "I look really thin," which can inadvertently reinforce the problem behavior. Instead, comment on her unhappiness, lack of energy or mood. Do not watch her eating or force her to eat. This tactic will likely motivate the student to engage in eating disordered behaviors in secret. The goal is to help the student feel safe enough to discuss the problem and to feel confident she will not be judged or criticized for her behavior. Instead, you will communicate a desire to help.

Often, students who are in the beginning stages of an eating disorder are in a state of denial. Therefore, you should expect your suspicions to be rejected. The student may become angry, refuse help or deny he has a problem. Do not argue with him. If you do not feel he is in serious danger, revisit the issue with him again after he has time to reflect on the matter. However, be prepared with a list of resources or suggestions in case the student is ready to obtain help. If the student has received treatment in the past and has obtained therapy, you may recommend self-help suggestions or web sites that offer support. Although you desire to be of assistance to the student, there is a limit to what you are able to do. You should refer the student to a professional counselor. Also, due to the myriad of physical problems produced by anorexia and bulimia, a physician should be contacted. Nutritionists are another valuable resource for helping students structure meals. Please note that all Notre Dame study abroad students are required to purchase HTH Worldwide travel insurance. You may consult the HTH Worldwide Insurance website for lists of local mental health practitioners, psychiatrists and physicians who are covered by the insurance.

If the student has significant physical complaints, is fainting, is abusing drugs or alcohol, and/or is thinking about suicide, immediate intervention is warranted. At this point, consider requiring the student be evaluated in a hospital. If the student is treated by a medical or psychological professional, ask the student to sign releases so you can obtain information about treatment and assist in making sound decisions. If the severity of the eating disorder is interfering with her ability to enjoy being abroad or functioning in her classes, you will likely speak with her about returning home and coming back when she is better able to fully enjoy her study abroad experience. Consult with university officials, including one of the Office of Student Affairs CARE Consultants on the university's C.A.R.E. team <http://care.nd.edu>, and/or the therapist who is on-call through the University Counseling Center.

How can I assist friends and roommates of an eating disordered student?

Other students are likely to be the first to suspect a problem and may bring it to your attention. Provide the concerned friends with eating disorder information and alert them to eating disordered signs and symptoms that are likely to be present. Other students may wish to approach the individual with the suspected problem and speak about their concern. Provide the suggestions listed above or the web sites listed below to find more information about strategies for approaching a friend with an eating disorder.

When one student has difficulty with eating, often other students become more conscious and concerned about their body image and eating behavior. Emphasize that eating disorders are a serious and potentially dangerous problem. If the friends are having difficulty coping, encourage them to seek their own support. Talk with friends about setting limits for themselves that allow them to take care of their own needs. Often, friends can become overwhelmed when attempting to help someone with their eating disorders. Their efforts to help should not include dramatically altering their own lifestyle, such as how they eat, socialize, go to classes or travel. Altering one's own habits often leads to resentment rather than help.

International Treatment Centers

To contact or obtain information from treatment centers in the U.S. or International Treatment Centers in Argentina, Australia, Canada, Columbia, Croatia, Ecuador, England, Finland, France, Germany, Greece, Ireland, Israel, Mexico, New Zealand, Paraguay, South Africa, Spain, Sweden, Switzerland and United Kingdom consult <http://www.something-fishy.org/treatmentfinder.php> In addition consult the HTH Worldwide Insurance website for lists of local mental health practitioners, psychiatrists and physicians who are covered by the insurance.

Resources on the Internet for the International Educator and for Students

Screening for Mental Health: online screening for depression, bipolar disorder, anxiety, alcohol problems, PTSD and eating disorders
<http://screening.mentalhealthscreening.org/ndcc>

Web sites concerning general eating disorder information:
<http://www.something-fishy.org/>
<http://www.mirror-mirror.org/>
<http://www.findinfo.com/anorexia.htm>

College Student Eating Disorder Information:
<http://ucc.nd.edu/> click on Self Help
<http://www.dr-bob.org/vpc/> click on Eating Disorders

Males with Eating Disorders:
<http://www.caringonline.com/eatdis/topics/males.htm>

Assisting the Study Abroad Student Dealing with Grief and Mourning

**Adapted by
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More than likely some of your students are dealing with issues related to the death of a loved one. A few students may have recently lost a parent or a sibling prior to leaving for study abroad or they may have lost a significant loved one while in your program. The following are issues and suggestions to consider when supporting these students.

What are the Stages of Grief?

While each person's experience with grief differs, there are some common patterns of reactions. Experts who have researched grief and loss have suggested several stages. The first stage is characterized by numbness, shock, and disbelief. The sense of the loss is not fully felt until the second stage, when emotions are intense and fluctuate considerably. Individuals move through periods of disorganization, reorganization, and adaptation to a new type of life. Individuals also vacillate from avoiding painful cognitions and emotions to confronting the multiple realities of the loss. Healthy grieving eventually concludes with a return to productive functioning, although this process may take longer than most Americans expect.

Keep in mind that every person's experience with grief is unique. A person's previous experience with loss, her relationship with the deceased and the type and circumstances of death all affect the grieving process. For most people stages of grief are not experienced in a linear fashion. Recycling occurs, and healing may occur in one area while some other issues take longer. Regression to earlier stages with some issues is also possible throughout the grief process.

How Can Students Manage Grief?

Guidelines for managing grief in a healthy manner are suggested by Therese Rando, Ph.D. in her book, *How to Go On Living When Someone You Love Dies*:

- Acknowledge the death (to oneself and others)
- Understand what happened (including the actual cause of death and the circumstances around the death)
- Be open to awareness of all that is involved in the loss (some loss experiences are not immediately apparent)
- Experience the pain and allow grief to be expressed
- Allow adequate time to work through the many feelings that arise. Usually it takes much longer than we first realize.

Be aware that grief for someone who is particularly significant is never completely resolved. However, through the work of expressing grief, one becomes more reconciled to the loss. There will likely be times in which the bereaved re-experiences the pain, but if the work of grieving is attended to, the pain is not as intense nor does it last as long.

Signs of Normal Grief Reactions (Source: Alan Wolfelt, Ph.D. in *Death, Grief and Mourning*)

Feelings	sadness, anger, fear, despair, irritability helpless, loneliness, depression, anxiety
Cognitions	disbelief, confusion, difficulty concentrating, preoccupation with thoughts of the deceased
Physical Reactions	stomach distress, physical aches, dry mouth, low energy, startle reactions
Behaviors	sleep difficulty, loss of appetite, restlessness, frequent crying, withdrawal, isolation

The above symptoms are common for those experiencing loss, however, if symptoms persist for over two months, a referral to a mental health professional is recommended.

What Additional Signs Would Indicate the Need for Referral?

- Severe depressed affect/ Excessive guilt / Prolonged impairment in functioning
- Chronic insomnia / Increased isolation / Frequent thoughts of one’s own death
- Substance abuse / Excessive expressions of anger / Persistent decrease in appetite

Referral Suggestions

Ideally, you should already have a list of mental health professionals available who have experience working with grief and loss issues. All Notre Dame study abroad students are required to purchase HTH Worldwide travel insurance. You may consult the HTH Worldwide Insurance website for lists of local mental health practitioners, psychiatrists and physicians who are covered by the insurance. When suggesting a referral to a licensed mental health provider, emphasize that the person has training in providing a healing environment for normal, healthy individuals who are experiencing painful losses. The referral should be offered from a caring perspective rather than as a demand. Counseling that is not sought voluntarily is seldom beneficial. However, it is reasonable to require an assessment in very severe cases when the person’s functioning has deteriorated to a point where he is unable to function, or becomes a danger to himself or others. If this situation arises, you may find it helpful to consult with university officials, including one of the Office of Student Affairs CARE Consultants on the university’s C.A.R.E. team <http://care.nd.edu> and/or the therapist who is on-call through the University Counseling Center. In addition, we recommend that you ask the student to sign the practitioner's release of information form so that you may consult with the practitioner to obtain his/her recommendations regarding the student’s ability to remain enrolled in the program.

What are Some Strategies for Helping A Student Deal with Grief?

Regardless of whether a student decides to take advantage of counseling or other mental health services, there are things you can do to support a grieving student. Included below are suggestions from *A Time to Grieve, A Time to Dance* by Janet Leszczynsk and *Grief Counseling and Grief Therapy* by J. Worden.

- Initiate conversations. Ask questions about what happened, her reaction when she first heard, her funeral experience, her relationship with the deceased, how family members are doing. Don't be afraid to ask questions about the deceased. The opportunity to talk allows the student to express many of the thoughts that she is thinking and aids in acknowledging the death and some of its impact.
- If the student is comfortable enough to express emotions in your presence, be encouraging. Crying is a very healthy behavior. Don't be quick to stifle someone's tears. Instead offer comments that indicate you are comfortable being with his tears. Also, don't be alarmed with negative emotions. It can be very helpful for a grieving person to express anger, despair, or guilt and feel accepted.
- If you try to reassure with expressions that the deceased is no longer in pain and is rejoicing in the presence of God, your sentiments may not be comforting to those early in the grief process. Saying, "He is with God now" may be experienced by the bereaved as a negation of her anguish, and even anger at God. It's important for the grieving student to know that anger at God is okay.
- Don't feel that you have to say just the right thing. You can't fix what's causing the student's distress and he won't expect you to. Listening and asking questions shows you're interested and want to be supportive. This means a lot to someone who is grieving, particularly since so many people are uncomfortable with the expression of painful emotions. Your presence helps him feel less alone.
- Encourage her to expand and utilize her support network so that there are also other people to talk to or be with. Sometimes the bereaved may not want to talk. Alone time can be beneficial but too much isolation usually isn't helpful. Having company to eat with or just go for a walk with can be very supportive.
- Encourage some experiences removed from active mourning. Sometimes going to a movie or a sporting event can provide a much-needed break from the on-going pain of loss. Timing is important and the student's wishes need to be respected, but making the offer can be greatly appreciated. If the student doesn't accept at first, ask again later. Your invitation serves as a reminder that you don't find it disrespectful to the deceased for the student to take a break for some healthy diversions.
- Remind the student not to expect that he can resume his responsibilities at full productivity. Concentration can be temporarily affected after loss and some cognitive tasks are more difficult than others. Many students feel they must do well "for" the deceased and get discouraged when they can't. Students need to be reassured that getting extensions is not using the death "as an excuse."

Although the above suggestions may be implemented many times during the first few months after a loss, don't assume that the bereaved is over the loss just because time has elapsed and they seem like they're fine. Noninvasive questions about how they're doing months after the loss or at significant anniversaries are very important. It reminds the person that others realize that things have not

returned to normal, the deceased is still missed, and the grieving process continues. It's also important to keep in mind that students may initially seem to be doing well shortly after a loss, but then they "crash" the following semester. Their grief reaction is delayed, but they don't make the connection. Intervening with them and their professors can be especially beneficial during this difficult time.

Practical Suggestions for Helping A Student when A Parent Dies

When a student is informed of a parent or another significant person's death, some specific interventions can be immensely helpful. In some cases you may be called upon to break the news.

1. Find out who the student is closest to and if that person is available to be a support. Also make arrangements for contact with appropriate clergy for the student's religious background.
2. Arrange to talk to the student in person and provide factual information in a calm manner. Indicate who died and how. Include expressions of your sadness. If an accident was involved provide accurate updates on who is safe and/ or their medical status.
3. Reassurance that others are ok is very important.
4. Help the student make travel arrangements including calls to schedule flights. Some students may also need emergency financial aid.
5. If the student has a delay in travel plans, arranging a small prayer ceremony may be beneficial depending on the student's religious beliefs.
6. Help the student prepare for the trip home. Some students may be too much in shock to remember to pack formal clothing for funeral services.
7. Arrange for someone to travel home with the student if possible.
8. If possible, also have an official of the program attend the funeral.
9. Contact the dean of student's program or individual professors notifying them that the student has returned home for the funeral of a family member.
10. Make arrangements for someone to pick up the student at the airport when he/she returns to resume classes. Some students in may decide to withdraw for the semester and may need long distance help with the process.

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Students Studying Abroad Who Abuse Alcohol

Adapted by
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Problems you may encounter related to alcohol abuse will likely fall into one or all of the following categories: acute crisis due to alcohol poisoning; problematic behaviors related to incidents of alcohol abuse, some of which may be chronic in nature; and complaints of non-alcohol abusing students, staff, and faculty related to secondary effects of binge alcohol use by others. The following will provide suggestions and referral information for dealing with crisis situations, chronic alcohol abuse, and the secondary effects of alcohol abuse.

Alcohol poisoning occurs when a person consumes more alcohol than her body can metabolize. At low levels one may become drunk and suffer the effects of a hangover the next morning. At higher levels a person may vomit as the body tries to rid itself of what is now a toxic substance. Some people drink to the point that they pass out, and still others drink to the point that their brain shuts down respiration and they eventually die. Over twenty or more college students typically die every year from alcohol poisoning. Some of those who die drink themselves into a state of unconsciousness. High proof alcohol, drinking games, hazing rituals, and 21st birthday drinking are often associated with incidences in which a young person drinks him/herself to death. Often victims of alcohol intoxication are left alone to "sleep it off." *The decision to leave a significantly intoxicated individual alone can be a fatal one.* Many victims literally drown in their own vomit.

If you become aware of a situation in which a person is seriously drunk, be sure that someone remains with the person who is vomiting so that he/she is protected from choking while throwing up. If the intoxicated person cannot be roused or is having respiratory problems, get medical attention immediately. Blood alcohol levels of 3.0 can be fatal for many individuals. For some, death can occur at even lower levels. If other drugs are involved (such as some types of sleeping pills) a synergistic effect may occur that induces death at lower blood alcohol levels than would typically cause serious problems. You should also consult medical experts if large quantities of alcohol have been consumed by someone who is taking medication. If an intoxicated person is found unconscious in a prone position, he should be laid on his side unless injuries preclude such positioning. If an injury requires that the intoxicated person be placed on his back, turn his head to either side so that the person not choke on anything that might be regurgitated. However, if neck or back injuries are suspected, do not turn the head.

Alcohol abuse involves a pattern of alcohol use leading to significant impairment or distress manifested by one (or more) of the following within a 12-month period.

- Recurrent drinking resulting in a failure to fulfill major role obligations at work, school, or home.
- Recurrent drinking in situations in which it is physically hazardous.
- Recurrent alcohol-related legal problems.
- Continued alcohol use despite having persistent social or interpersonal problems caused or exacerbated by the effects of alcohol.

Although individuals who abuse alcohol typically develop abuse patterns over time, negative events can occur for moderate drinkers and even first time alcohol users if on occasion they consume large amounts. Among the possible outcomes include the following:

Problems Related to Intoxication

- Death or serious injury through car accidents, bicycle accidents, falls, drownings, and overdose.
- Physical and sexual assaults.
- Unwanted sexual contact, promiscuous sexual behavior, risky sexual behaviors, and unwanted pregnancy.

Problems Related to Binge Use

- Lower GPA / Missed Classes / Behind in Work
- Arguments/Fights / Unwanted Sex / Promiscuous Sex
- Vandalism Physical Assaults/ Regrets About Behavior
- Legal Difficulties / Accidents / Driving Under the Influence

Binge Use Defined

A male "binge drinker" is defined as a male who drinks FIVE or more drinks in a row during a two-week period. A female "binge drinker" is defined as a female who drinks FOUR or more drinks in a row during a two-week period. Binge drinking is defined differently for males and females since similar amounts of alcohol has a more significant impact on a woman's body due in part to metabolism and absorption rates. Frequent binge drinkers are defined as those that binge drink three or more times in a two week period.

Frequent binge drinkers are 15 times as likely to experience the problems listed above compared to moderate and light drinkers.

Binge Related Issues

Increasingly non-alcohol abusing members of university communities are voicing their frustrations about the second hand effects they are experiencing due to binge alcohol abuse by other students.

Second Hand Binge Problems that non-binge drinking students, faculty, and staff experience include:

- Car accidents / Physical assault/ Unwanted sexual advances
- Arguments/ Sexual assault/ Disrupted study time
- Property destruction / Uncivil behavior / Disrupted sleep
- Bathrooms "trashed" with vomit

Intervention and Referral

Your involvement with students who abuse alcohol will obviously depend on the type of negative consequence they have experienced due to their drinking. Some students may need prompt medical attention and medically supervised recovery. Others may need disciplinary intervention. Some will benefit from rape support counseling and counseling for other forms of victimization. And others will benefit from pregnancy aid counseling and related support services.

Provide direct feedback and clear messages about the impact of their alcohol abuse to students who have chronically abused alcohol and have experienced repeated negative consequences and recurrent problems. When providing feedback to a student, use specific examples when her use of alcohol is clearly linked to negative outcomes. When confronting someone about alcohol-related abuse, avoid opinions and generalizations but instead present specific behaviors that have occurred in a non-judgmental manner. You may find it useful to contact the University Counseling Center to discuss guidelines for confronting someone who may have alcohol abuse problems. You may also find it helpful to consult with university officials, including staff from the Office for Community Standards <http://communitystandards.nd.edu/> or one of the Office of Student Affairs CARE Consultants on the university's C.A.R.E. team <http://care.nd.edu/>. You may encourage the student to take the self-assessment tests available online through Notre Dame's McDonald Center for Student Well-Being at <http://mcwell.nd.edu/services/substance-abuse-risk-reduction/alcohol-education/#echeck>. As part of your confrontation, include referral information. Find out what alcohol abuse treatment professionals are available in your area. All Notre Dame study abroad students are required to purchase HTH Worldwide travel insurance. You may consult the HTH Worldwide Insurance website for lists of local mental health practitioners, psychiatrists and physicians who are covered by the insurance. An Alcoholics Anonymous support group, if available in your country, may be appropriate for some students. Some students in the early stages of alcohol abuse are more likely to benefit from work with a counselor knowledgeable about alcohol abuse. Licensed mental health professionals can also provide services related to problems that may have occurred when alcohol was abused such as rape, promiscuous sexual behavior, suicidal statements, and anger management.

During your confrontation, recognize that the student may likely choose to minimize their problems with alcohol. Sometimes the more abuse present, the greater the denial. Make clear to the student that he has the choice whether to seek treatment, abstain from all alcohol use, or limit the amount he consumes. Emphasize, however, that if problematic behaviors occur, there will be clear consequences. Conclude your discussion with the student expressing your genuine concern and encourage him at the very least to complete an alcohol assessment with a qualified professional.

Prevention of Secondary Binge Problems

A three-stage response can be used to deal with problems related to binge drinking.

1. **Information:** Provide factual information about binge drinking and the associated negative behaviors. Consequences for problem behaviors related to alcohol abuse should be made clear to the study abroad program participants. Also provide information on legal issues and educational materials regarding safe drinking behaviors and the dangers associated with alcohol intoxication.

2. **Guidelines:** Guidelines should be implemented that encourage social functions and recreational opportunities that are alcohol free. In social situations in which alcohol is present, responsible use can be encouraged by limiting the amount and types of alcohol available (i.e., no kegs, no punch bowls with indeterminate amounts of alcohol, and beer and wine in standard servings versus mixed drinks).
3. **Consequences:** When problem behaviors occur appropriate negative consequences should be implemented for those involved in the binge use. As part of the consequences it will most likely be useful to require an alcohol assessment.. Consultation with the Office of Drug and Alcohol Education or the Office of Student Affairs will be beneficial in determining other appropriate consequences and responses.

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Wechsler, H. (1995). *Binge Drinking on College Campuses*. Boston: Harvard School of Public

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Resources on the Internet

University of Notre Dame McDonald Center for Student Well-Being (includes alcohol and drug education services) at <http://mcwell.nd.edu/> -- Education, self assessment instruments, BAC Calculator and more: <http://oade.nd.edu/>

Screening for Mental Health (select locator: Indiana, University of Notre Dame to access online screening for depression, bipolar disorder, anxiety, alcohol problems, and eating disorders)
<http://www.mentalhealthscreening.org/screening/default.aspx?keyword=NDCC>

Dealing with Alcohol, Pre-Departure Health Training Handbook, SAFETI Adaptation of Peace Corps Resources: <http://globaled.us/peacecorps/dealing-with-alcohol.asp>

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Assisting the Study Abroad College Student who has been Raped or Sexually Assaulted

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Adapted for Notre Dame Study Abroad Students by
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Rape is a crime of violence. It is motivated by the desire to control, dominate and humiliate, not the desire for sex. College-age students are more likely to be raped than any other age group. Nationally, the majority of reported victims and offenders are of college age, with the rate of rape victimization highest among 16 to 19 year olds. The second highest victimization group is women between 20 and 24 years of age. The offender population shows a similar age distribution. (Adams & Abarbanel, 1988). While most rapes are committed against women, men are also victims of sexual assault. Sexual assault can be just as traumatic as rape. Rape or sexual assault may be committed by either a stranger or by someone known to the victim. Many victims of rape or sexual assault involving college students are assaulted by an acquaintance. An acquaintance may be a date, friend or someone the victim knows only casually through their place of residence, a class or mutual friends.

Sexual misconduct of any kind is inconsistent with the University of Notre Dame's values and incompatible with the safe, healthy environment that the community expects. All members of the community share responsibility for creating and maintaining an environment which promotes the safety and dignity of each individual. You can do your part by offering sexual assault and harassment prevention and education. In addition, we recommend reading this chapter, the Rape Response Handbook <http://globaled.us/peacecorps/rape-response-handbook.asp> as well as the University of Notre Dame's information on sexual assault and sexual harassment *before* an incident occurs: <http://dulac.nd.edu/community-standards/important/>

How Study Abroad Program Staff Can Provide Support

Promote safety: The most important role that staff can play after a student has been raped is to get to him or her as soon as possible and begin creating an environment where he or she can feel safe. This includes, if at all possible, arranging the victim's environment so that he or she is not likely to personally come in contact with his or her attacker again.

Allow the victim to be in control: It is paramount to allow the victim to be in as much control of making decisions as possible, even in small ways. (Obviously, if there are injuries in which a victim is not able to make decisions, you may need to assist.) Don't decide everything for him/her. Examples: "Do you want to talk to the police?" "Do you want to drink a soda or have some water?" "Where or with whom would you feel safe spending the night tonight?"

Provide supportive messages: There are three basic messages she or he needs to hear verbally and behaviorally from everyone who is in a supportive role: "It was not your fault." "You are not alone. I / We are with you." "I am so sorry this happened to you."

It is NOT helpful to point out ways that the victim may have used poor judgment. Avoid all statements or attitudes that would imply blame, criticism or judgment. Remember that no matter what the victim did or did not do, she or he did not ask to be attacked. The rapist is to blame for the rape, not the victim.

Respect privacy: Except for those who "need to know (see below)," respect the victim's need for privacy. Do not tell others that she or he has been raped unless you have the victim's permission.

Encourage access to seek medical and other legal services: Consider contacting the Department of State at 202-647-4444 or call the emergency number for U.S. citizens at the U.S. Embassy in your country which can be found through <http://travel.state.gov/content/passports/english/country.html> (click on Emergencies). Someone at each U.S. embassy will answer the phone 24 hours a day with advice regarding local laws and customs.

Following a sexual assault, the victim's physical well-being is a primary concern because of the risk of sexually transmitted diseases, pregnancy and/or physical injuries which may not be visible. If the rape just occurred, victims would especially benefit from immediate medical assistance; however, even if time has passed, it is still very important to obtain medical care. Not seeking medical attention could have long-term physical and emotional consequences. It is important for study abroad program administrators to be aware of local hospitals that have services for rape victims. Before a victim goes to the hospital, she or he should be advised to avoid changing clothes, showering, rinsing one's mouth, cleaning under the fingernails, douching or using the toilet, because such activities may destroy important evidence. Inform the student that this request is to help obtain evidence, which might later be used in court and is not in itself for medical reasons. A victim's clothing may be kept as evidence, so she or he may want to bring a change of clothing to the hospital. At the hospital, a physical exam will occur.

Medical exams can be a source of stress and fear for a victim, so a calm, supportive, non-judgmental support person accompanying the victim to the hospital and remaining throughout the examination is crucial. Allow the victim to have input into who will be accompanying him or her as the support person. In addition, hospital staff may be required to contact the police. Seeking medical attention, however, usually does not mean that a victim will be forced to talk to the police or cooperate with criminal prosecution. Asking the hospital staff about the process will be helpful for the victim during the crisis. Because of the trauma, a victim may not recall all the information, so it is helpful for you to be aware of the information, so information can be clarified at a later date if necessary.

Victim's Options for Reporting Sexual Assault

Unless the laws of the host country supersede, confidentiality cannot be guaranteed unless the victim reports the assault to a confidential source such as a health care provider or a religious leader such as a priest, deacon, sister or brother. These individuals will honor confidentiality unless there is an imminent danger to the student or to others. *Thus if a University of Notre Dame student discloses an experience of sexual harassment and/or assault to any program staff member or study abroad advisor, that staff member or advisor will be required to make a report of the assault to the University of Notre Dame's Deputy Title IX Coordinator.* The Deputy Title IX Coordinator will

follow-up with the student regarding what was reported. An administrative investigation under Title IX must be initiated if the university has enough information to reasonably determine key facts, e.g., time, date, location and names of parties involved in an alleged incident. Victims are usually hesitant to report to university officials because they are concerned that they themselves may be charged with university policy violations, such as intoxication. The university recognizes that it is in the community's best interest that victims feel supported and encouraged to report sexual assaults or misconduct; accordingly, student victims will not be subject to disciplinary action in connection with their reporting of sexual assault or misconduct.

Legal Options

Legal options vary according to the laws of the host country, but if the student is assaulted by a U.S. citizen, including a Notre Dame student, faculty, or staff, U.S. laws for criminal prosecution and/or civil litigation may apply. See the SAFETI Rape Response Handbook's recommendations for legal counsel at <http://globaled.us/peacecorps/rape-response-handbook.asp> . Program Directors are encouraged to consult with the University of Notre Dame's Legal Counsel for legal advice. Contacting local police agencies or attorneys to determine how a criminal or civil case is handled will also be helpful when assisting a victim. The victim needs to be accompanied by a responsible program staff member to the police station or to any legal proceeding. Never leave him or her alone there.

On-Campus Disciplinary Options

If the victim was assaulted by a University of Notre Dame student, the victim may elect to pursue university disciplinary options. The same procedures will be followed and the same sanctions will be imposed as those outlined in University Standards of Conduct and Disciplinary Procedures (see the excerpt on sexual assault and sexual misconduct from *duLac: A Guide to Student Life*, which can be found at <http://dulac.nd.edu/community-standards/important/>). If the victim was sexually assaulted or harassed by a University of Notre Dame-affiliated faculty or staff, the victim may choose to report the assault to university officials and pursue university disciplinary options. See the next chapter on sexual harassment, in addition to reading the information and procedures under Notre Dame's Sexual Harassment Information web site at <http://equity.nd.edu/sexual-harassment-title-ix/>

Arrange for Counseling/Support; Decisions About Withdrawing from the Program

It is recommended that *all* sexual assault and rape victims have access to the option of receiving professional counseling for the treatment of symptoms of acute and/or post-traumatic stress ("PTSD"). Symptoms of psychological trauma can be subtle and even misleading. Denial, shock, numbness, and a strong desire to avoid thinking/talking about the trauma can create the illusion that the student is okay. In fact, avoidance is the strongest symptom that keeps victims from even reporting or acknowledging that a traumatic event has occurred. These symptoms rarely resolve on their own and trauma specialists are not located in many countries.

Please review the following list of symptoms of acute or post-traumatic stress. In spite of what the student says about being okay, pay close attention to:

- Sleep disturbances
- Appetite changes
- Impaired concentration
- Mood instability (irritability, anger, tearfulness, fear, sadness)
- Flashbacks (intrusive memories / images of the event)
- Avoidance (of places, people, things that remind him/her of the event, also avoidance of thinking about it, feeling it, and therefore talking about it)
- Isolating self -- not participating in usual activities

If a student is not able to function and carry on with her studies, she would be best served to withdraw from the program and return to the states for treatment. Avoidance, numbing of responses, and impaired concentration are potentially dangerous symptoms to be carrying in a foreign country where one needs to be fully alert and present. Unresolved PTSD places a student at greater risk for subsequent attack. You may refer the student for an assessment with a local mental health treatment provider, if available, to assist you with the decision about withdrawing from the program. All Notre Dame study abroad students are required to purchase HTH Worldwide travel insurance. You may consult the HTH Worldwide Insurance website for lists of local mental health practitioners, psychiatrists and physicians who are covered by the insurance. When making the referral, ask the student to sign the practitioner's release of information form so that you may consult with the practitioner to obtain his/her recommendations.

Sometimes students are reluctant to leave their host country and their friends to go back to the U.S. Yet at the same time they do not feel safe in their host country, if this was where the assault occurred. It can be helpful to validate that concern and point out to the student that others have felt the same way at first. Tell him/her that those who have gone to the U.S. have been very glad they allowed themselves to benefit from the care they received there. Although individual circumstances must be taken into account, there are a number of advantages for the traumatized student to going "back home." Students who return to the U.S. can access immediate medical and psychological treatment in a more familiar environment, and with a treatment provider who speaks their primary language. "Going home" also gives students an opportunity to talk to and perhaps see friends and family for additional support and sense of safety. One of the most important factors in creating a healthy recovery from assault is to establish a consistent environment of safety and support, something that is almost impossible to do in country where there are so many reminders of the trauma.

We recommend that you consult with university officials, including one of the Office of Student Affairs CARE Consultants on the university's C.A.R.E. team <http://care.nd.edu/>, the University Counseling Center or the University Health Center to discuss the option of the student taking a medical withdrawal. Notre Dame students who take a medical withdrawal are able to withdraw without penalty to their grades. Students who take a medical withdrawal for psychological reasons stay out of school for a period of time to receive treatment. See the chapter in this handbook on withdrawals and consult with Student Affairs for further information on this option.

Once the person is re-enrolled as a student at Notre Dame back in Indiana, he or she may choose to seek further counseling through the University Counseling Center on the main campus. The University Counseling Center is staffed by trained professionals who can provide specialized support and help toward continued recovery. Enrolled students may seek counseling at any time, whether it

be days, months or years later. This confidential service is available to the victim and her or his friends who may need support in assisting a victim.

If the student strongly desires to stay in your program, with or without treatment in your host country, we recommend that you ask the student to see a mental health provider at least one time for the purposes an assessment so that you may consult regarding the decision to stay. Ask the student to sign the treatment provider's release of information form so that you may consult. Realize that if the student wants to stay, he or she will most likely need support from you, your staff, and/or other students in the program -- are you prepared and trained to provide this? Be aware that she/he may have a number of fears and reactions, many of which may occur for weeks or months after the attack:

- Fear of remaining in the same residence or site
- A need for continuous support from family or close friends
- Difficulty sleeping, recurrent nightmares, intrusive thoughts about the event
- Fear that the assailant will return
- Fear of crowds but also fear of being alone
- Fear of being either indoors or outdoors, depending on where the rape occurred
- Fear of sex or lack of sexual desire
- Periods of depression or anger
- Feelings of guilt
- Feelings of being damaged or unclean
- Feelings of paranoia that other people are talking about her or laughing at her/him
- Feelings that s/he can't trust anyone

Research indicates that, depending on the situation, about 90% of those exposed to trauma experience adverse psychological reactions in the hours immediately following the trauma. By 12 weeks the number drops to 20-50%, and by 12-24 months the number drops to around 25%. Some survivors' symptoms will surface up to two years after (National Center for PTSD Fact Sheet, 2002). Most programs are short term, and therefore it is highly likely that your student would experience adverse reactions while enrolled, especially without treatment. If the student stays in the program, you and/or your staff must be knowledgeable and well trained to provide continued support while the student is healing from any trauma, even if the assault happened a long time ago. In very few cases would this option be viable, but if it is, we recommend that you consult with the University Counseling Center to receive suggestions for providing on-going support.

References

Adams, A. & Abarbanel G. (1988). *Sexual Assault on Campus: What Colleges Can Do*. Santa Monica Hospital Medical Center, Santa Monica, California.

Resources for International Educators on the Internet

Sexual Harassment and Prevention In College Students Studying Abroad:

Read the full text version of the article excerpted and adapted for this handbook by Nancy Newport: http://globaled.us/safeti/v1n12000ed_treatment_of_sexual_assault.asp We recommend that you develop an orientation session designed to increase awareness of safety issues. This

article, also by Nancy Newport, makes a number of excellent suggestions that you might include in such an orientation program to increase awareness of safety issues (also see the next chapter on sexual harassment):

http://globaled.us/safeti/v1n22000ed_sexual_harassment_and_prevention.asp

SAFETI Adaptation of the Peace Corps Resources: Rape Response Handbook:

<http://globaled.us/peacecorps/rape-response-handbook.asp>

Sexual Harassment and Notre Dame Students Studying Abroad

**Jeff Shoup, M.A., former Director, Office of Housing and
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University of Notre Dame**

What is Sexual Harassment?

The University of Notre Dame prohibits sexual harassment by all faculty, students and employees, and by any other person associated with Notre Dame. Sexual harassment is a barrier to the educational, scholarly and research purposes of the University of Notre Dame and is a violation of the law and University policy. The University of Notre Dame affirms its commitment to maintaining a learning and working environment that is fair, respectful, and free from sexual harassment. Additional information regarding sexual harassment may be obtained on the University of Notre Dame web site at <http://equity.nd.edu/sexual-harassment-title-ix/>, from the Sexual Harassment Ombudsperson listed on <http://equity.nd.edu/where-to-turn-for-help/>, from supervisors and department heads, or from *duLac: A Guide to Student Life*, which can be found on the web at <http://dulac.nd.edu/>. *Note: these pages contain only excerpts or summaries of University policy. For more information, please see the complete Policy on Sexual and Discriminatory Harassment at http://equity.nd.edu/assets/119525/policy_on_sexual_and_discriminatory_harassment.pdf.*

Definition of Sexual Harassment

The determination of what constitutes sexual harassment will vary with the particular circumstances, but may be described generally as:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

1. Submission to or rejection of such conduct is made either explicitly or implicitly a term or condition of education, employment, or participation in other University activities;
2. Submission to or rejection of such conduct by an individual is used as a basis for evaluation in making academic or personnel decisions affecting that individual; or
3. Such conduct has the purpose or effect of unreasonably interfering with an individual's performance or creating an intimidating, hostile, or offensive University environment.

Educating Study Abroad Students about Sexual Harassment

I would like to educate my students about sexual harassment so that they: 1) understand our host country's cultural variations in expectations and boundaries; and 2) are prepared to respond to sexual harassment if it occurs. What can I tell them?

We highly recommend that you spend some time with your students to educate them about sexual harassment and inform them about the cultural expectations and gender relations in your country. A guideline to use for planning your program would be Nancy Newport's article on *Sexual Harassment and Prevention In College Students Studying Abroad*, which can be read at http://globaled.us/safeti/v1n22000ed_sexual_harassment_and_prevention.asp. You may wish to invite

residents from your host country who are able to speak candidly about dating, gender relations, and how various non-verbal behaviors are interpreted or misinterpreted. In addition, inform students about how they can obtain information and assistance regarding sexual harassment from the university's ombudspersons and contact persons, along with general procedures to follow if sexual harassment needs to be reported.

How can I assist a student who reports she/he has been sexually harassed?

Listen carefully and do not judge -- Provide the complainant the opportunity to discuss the incident informally. Take all complaints seriously and offer the complainant emotional support and guidance, without any conclusionary comments on the validity or merits of the complaint. Ask the complainant to describe in non-evaluative terms (facts only) the specific incident or incidents of sexual harassment. Listen carefully to the complainant. Complainants of sexual harassment often feel "powerless," worry about retaliation, and are afraid of being branded or labeled a "trouble maker" or "whistle blower." Complainants also may feel that they will not be believed or will be blamed by others for the incident. Therefore, it is very important for members of the campus community to offer genuine support and timely assistance.

Questions not to ask [Source: <http://www.admin.mtu.edu/ao/sexwww.htm#supervisor> Please note that this link is no longer active and therefore cannot be updated]

- Avoid "why" questions such as, "Why didn't you do something about this before?" 'Why' questions are perceived as being judgmental, implying the complainant did something wrong.
- Don't ask leading questions such as, "Would you want to continue studying here if he/she continues his/her behavior?"

Highly encourage the complainant to consult an official at the university, or the anonymous Integrity Line, see <http://equity.nd.edu/where-to-turn-for-help/> . It is important for the student to have someone with whom to discuss the harassment situation and to obtain information on informal and formal resolution options. If, however, the complainant chooses to handle the situation on his/her own, tell the complainant that you wish to confidentially consult with the Ombudsperson to obtain advice to pass on to the complainant. The complainant may only wish to consider self help approaches, such as assertively telling the harasser to stop or writing the harasser a letter to request an end to the harassing behavior. The complainant should also consider keeping detailed records of the incidents of sexual harassment, in addition to keeping records of efficiency reports, progress reports, grades, etc. Encourage the complainant to consult written materials on how to respond to sexual harassment, such as web sites listed at the end of this chapter.

Important! You yourself may not take any actions to investigate or resolve the matter informally without contacting the Ombudsperson. If the student asks you to assist with an informal resolution, the student needs to know that you will not be able to keep the matter completely confidential. Tell the student that you will consult with an Ombudsperson or other appropriate University official to resolve the matter.

Keep the complainant informed: As soon as possible, inform the complainant what actions you have taken or intend to take in response to the complaint.

Refer the complainant: You may refer the complainant to a professional counselor or a member of the clergy as a confidential resource to discuss sexual harassment and its effects. Because of the confidentiality afforded to these relationships, however, one should know that counselors and members of the clergy are not in a position to report the harassment to University officials or to end the sexual harassment.

Notre Dame Resources: Obtaining Information and Reporting Sexual Harassment

We highly encourage you to thoroughly read the university's web site on sexual harassment procedures and policies at <http://equity.nd.edu/sexual-harassment-title-ix/>. We have highlighted a few relevant points from the web site below:

Ombudsperson

Notre Dame has designated a Sexual Harassment Ombudsperson to provide *information and assistance* regarding sexual harassment to the entire University community (students, faculty, and employees). The Ombudsperson is a Notre Dame faculty or employee appointed by the President. It is important to understand the role of the Ombudsperson, which is described in greater detail on the university's web site at <http://equity.nd.edu/sexual-harassment-title-ix/policy/>. *Please advise study abroad students who wish to discuss sexual harassment with an Ombudsperson to read the web site thoroughly.* Once the Ombudsperson has knowledge that sexual harassment (by a Notre Dame-affiliated faculty, staff, or student) is or could be occurring, he/she has a duty to take action to make sure the harassment ends. Therefore, if the study abroad student wishes to consult via telephone on a general, *confidential* basis, the student should not reveal the details of the harassment such as the name of the harasser and the details of the incident. In some situations, with the agreement of the reporting party, an Ombudsperson may attempt to work directly with the parties involved to resolve the matter informally. However, it is noted that the Ombudsperson has a duty to ensure that all allegations of sexual harassment that are not resolved informally are reported to the appropriate University Contact Person to initiate the formal report process. The Ombudsperson will be available to advise and guide reporting parties prior to and throughout the formal report process, and to serve as a liaison between reporting parties and the University representative handling a formal report of harassment.

Reporting Harassment

See <http://equity.nd.edu/where-to-turn-for-help/>

Education to Prevent Sexual Harassment

The faculty, staff, and students in my study abroad program want to know how to try to prevent students from perceiving their behavior as sexual harassment. What should I tell them?

Consult with the University of Notre Dame's Provosts or Human Resources to obtain materials on sexual harassment prevention. We have included below a few short guidelines that may be helpful for you and your staff:

Could my behavior be viewed as sexual harassment?

[Source: <http://www.admin.mtu.edu/aao/sexwww.htm#behavior> Please note that this link is no longer active and therefore cannot be updated]

Remember that the receiver of the behavior decides what is welcome or unwelcome. Here are some signs to look for in determining if what you're doing is okay or not okay.

- If the other party is not participating - STOP.
- Look for non-verbal cues: lack of eye contact, nervousness, lip biting, variations in voice pitch, and physical withdrawal.
- Avoid teasing. What you view as humorous may be considered offensive to others.
 - Caution is advised. All faculty and staff in positions of authority need to be sensitive to the hazards of personal relationships with students or subordinate employees. When disparities in age or authority are present, questions about professional responsibility and the mutuality of consent to a personal relationship may arise. It will be up to you to prove the situation actually was with mutual consent. (Note the University of Notre Dame's policy on consensual relationships <http://hr.nd.edu/nd-faculty-staff/forms-policies/consensual-relationships/>).

The organization, "9 to 5," urges the following short-hand test if you're not sure if what you're about to say or do is ok:

- Would I say or do this if my significant other were present?
- Would I want someone to say or do this to my daughter or someone I love like a daughter?
- Would I want to be seen on the national news saying or doing this?
- If it's a picture or poster, would I have it in my home?
- Will what I'm about to say or do make this person feel good or uncomfortable?

Are You the Harasser?

Accused harassers are often surprised to learn how others view their behavior.

[Source: <http://www.northwestern.edu/sexual-harassment/harasser/index.html>]

- Review your attitudes and actions toward others. Do you base your behavior on stereotypes of others? Is your behavior sex neutral and bias free?
- Consider the impact you have on others' attitudes toward their work, education, and self-esteem.
- Examine how others respond to what you say and do.
- Do not assume that colleagues, peers, employees, or students enjoy sexually oriented comments, remarks about their appearance, being touched, or being stared at.
- Do not assume that others will tell you they are offended - or harassed - by what you say and do.
- Be aware that unwelcome sexual humor and innuendoes may violate the University's sexual harassment policy.

What Notre Dame policies apply to those who could be accused of sexual harassment?

Notre Dame's Policy on Retaliation

Please see <http://studenthandbook.nd.edu/community-standards/standards/non-retaliation/>

Notre Dame's Policy on Consensual Relationships

Please see <http://hr.nd.edu/nd-faculty-staff/forms-policies/consensual-relationships/>

Resources for the International Educator on the Internet

Sexual Harassment And Prevention In College Students Studying Abroad: Nancy Newport's article written for students who are enrolled in a study abroad program --
http://globaled.us/safeti/v1n22000ed_sexual_harassment_and_prevention.asp

Personal Safety and Adjustment – Sexual Harassment and Assault: From The Center for Global Adjustment SAFETI Resources for Program Administrators
http://globaled.us/safeti/personal_safety/sexual_harassment_and_assault.asp

Re-entry and Reverse Culture Shock: Helping the Study Abroad Student Transition Back Home

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Introduction

Every year college students from across the country travel to foreign places to study and live abroad. There is generally much discussion to prepare or at least make students aware of the possibility of experiencing culture shock upon their arrival to the host country. The culture shock that occurs when students return home is often ignored. The expectations are generally that study abroad students should feel "happy to be home" or "back to normal", however, students are confronted with an equally difficult challenge to readjust to their homeland. As an international educator, your role is not only to assist students to adjust to their new foreign culture, but also to prepare students for their readjustment back to their home culture. This chapter defines reverse culture shock, common symptoms of reverse culture shock, and suggestions to consider when helping prepare students for their reentry to their home country.

What is Reverse Culture Shock?

The experience of reverse culture shock has many scholarly definitions, however, it may be simply described as the difficulties one experiences readapting and readjusting to one's own home culture after one has sojourned or lived in another cultural environment (Gaw, 2000). Similar to culture shock, students who return from studying abroad and reenter into their home environment will often feel out of place in their own home country and culture and question American cultural norms and values. While everything seems familiar, the student may feel different. They may experience a sense of estrangement from their former selves and lives. Students have likely gained a new world view, helping them to see choices where formerly there was no question of how something should be done. The everyday routines of eating, bathing, dressing, commuting, and sleeping can all be affected by different customs and beliefs.

A student's return home is usually characterized by two unique elements or mistaken attitudes, which frequently result in frustrated expectations, various degrees of alienation, and mutual misunderstanding between returnees and their friends and family (La Brack, 1999-2000). The first element is an idealized view of home. Students often have a picture perfect memory of their home life that they cling to while away, often as a coping strategy to manage homesickness. This memory may be challenged and dislodged upon their return home, leading to feelings of disappointment and discontentment.

The second element is a familiarity with the home culture. This familiarity fosters the illusion that neither home nor the sojourner will have changed since he/she has gone away. This illusion often evokes confusion and frustration, as the student becomes more aware that he/she has changed and his/her home is different.

There are four recognized states that seem to be relevant to reverse culture shock (adapted from the original SUNY-Buffalo's web site on reverse culture shock which has since been changed, http://wings.buffalo.edu/studyabroad/ret_reverse.htm).

1) *Disengagement:* The anticipation the student experiences while still abroad as he/she begins to think about moving back to his/her home country and move away from his/her overseas experience and friends. Although they may generally remain very involved and engaged in their overseas experience, their mind begins to shift towards returning home.

2) *Euphoria:* The initial excitement of being back in his/her country, which includes others' equal delight to have him/her back home. However, after the initial welcoming weeks, the student may experience sudden or painful realizations that others may not be particularly interested in his/her overseas experience, or may not be able to understand or relate to the student's overseas experience.

3) *Alienation:* The student may feel disengaged, frustrated, and angry for feeling like an outsider in his/her own home, school, and country. The returnee may feel resentment, loneliness, and a sense of helplessness as he/she feels disoriented in his/her home country. It is often during this phase that the returnee experiences a "hidden immigrant" identity – they might look like their peers, but they feel very different.

This state may also include confronting confusing changes in identity. Returning home for many students highlights how their prior immersion in another country has changed their cultural and personal identities. Students tend not to realize the full extent of their changes until they return and see themselves anew, in contrast to how they used to be and in contrast to how people still treat them. Developmentally, the college years are ripe for identity confusion and reintegration, and this process can be both accelerated and further confused by immersion in another culture. While immersed in the other culture, the student has hopefully been able to experiment with new roles and try out new choices. The student may also have adopted a new lens through which they view the self, judging some self characteristics more positively and some more negatively. Students may experience both validation and transformation of their world views, and they may reexamine such issues as competition vs. cooperation, degree of emotional expression, independence vs. interdependence, and individual vs. extended self.

Students may have absorbed the impact of the host country's stereotypes of Americans or other cultures, which can affect their self image and self esteem. They may assume inappropriate guilt and shame for being American as if they are individually responsible for causing negative views.

Students develop a new lens through which to view their home country, for better or for worse. Particularly for American students, many come home disillusioned and critical of such differences as the American consumer-focused lifestyle. Some students return and are surprised at the intensity of their feelings when they walk into an American grocery store, viewing the over abundance of food when the people in their host country had either just enough or too little. Additionally, American politics and news media may be viewed with greater distrust and disillusion.

Students returning to campus may be surprised to notice how much they have changed in relation to the campus culture, which taken as a whole, may be stereotyped as reinforcing rigid, narrowly-defined roles for interpersonal relationships, gender, culture, beauty, and achievement. Many study abroad returnees may have grown in maturity and they may be impatient when they encounter some

college students' "petty" interpersonal conflicts, narrow views of the world and cultural differences, and emphasis on partying and having a good time. Students who return from studying abroad usually tend to want to hang out with their new "abroad" friends, but they don't want to lose their "old stateside" friends either, thus they may feel torn between the two groups and may feel frustrated as they try to accommodate both. Their old stateside friends may treat them as if they had never changed and may respond to the returnee's stories by changing the topic or minimally listening when their "abroad" stories are told. And yet returnees also feel distanced from their returned study abroad friends as well, now that they no longer currently share the day-to-day experience of surviving in their host country. Once they are back on campus, their abroad friends generally scatter back into their various former social groups or cliques. When they get together they may reminisce, but it is generally not experienced the same as being there. The returnee begins to realize that some of his/her abroad friendships were formed not due to true compatibility, but due to proximity and the bonding that formed from being placed together into unfamiliar circumstances. Students go through a process of assimilation and accommodation- changing the self-and they may want to be with people who appreciate their new selves. But they may not know where they fit anymore.

For some, the process of going through reverse culture shock can be more difficult than the initial culture shock. Culture shock may be an easier transition to make because the student expects to have to adjust, which involves opening oneself up. Unfamiliarity forces change and assimilation. Whereas reverse culture shock can be more challenging because it involves a reintegration of the old with the new self. The student can never quite return "home" again because the student has likely changed and home has changed – both literally and in how the student may view home.

4) *Gradual readjustment:* The student readjusts to life at home and/or school as he/she begins to resolve the problematic cultural conflicts, begins to behave with competence, and feels less shocked by his/her surroundings and readjusts. Readjustment is commonly noticed by a new sense of self and a broader definition of identity.

On the positive side, the process of navigating reverse culture shock is more than just readjusting to one's former culture. Study abroad can facilitate an identity crisis, which, once integrated and resolved, is good for normal self development. Returning home and wading through the mess of an identity crisis allows students the opportunity to crystallize their self-awareness, accommodate and validate new characteristics and choices, and give new purposes and meaning to life. Some students' reverse culture shock propels them to change majors and career choices, and realize that there is more to life than getting A's. They may reexamine old friendships and relationships, decide to get out of the bar scene as a way to meet dates, express their sexual identity, find a renewed purpose in religion/spirituality, or join new service organization. They may also become more dissatisfied with relationships that they may not consider to be genuine. After trying to remain friends with all of their returned study abroad and stateside friends, they may inventory and cull through them, new and old, deciding who is truly a close friend and who will be treated more like an acquaintance. They may take risks to be more assertive not only with friends, but also with professors, bosses, and family.

Possible Symptoms of Reverse Culture Shock

self-isolation	disorientation
uncertainty	loneliness
restlessness	communication problems
inability or unwillingness to fit in	confusion
boredom	withdrawal
increased need for sleep	change in goals and priorities
irritability	compulsive eating or drinking
crying spells	exaggerated cleanliness
loss of interest in activities	physical ailments
feeling overly focused on how things were done in the student's place of sojourn	degrading home culture and people
	intense identification with non-nationals

It is important to recognize that some of the symptoms of reverse culture shock may mimic more severe psychological disorders, such as depression. To ensure that adjustment symptoms are not confused with more clinical symptoms, consult with a competent mental health professional who, in particular, understands reverse culture shock and the stresses of intercultural adjustment.

What Does Reverse Culture Shock Feel Like?

During students' sojourns overseas, they may have acquired a new way of thinking or expressing themselves, or simply become more empathetic or sympathetic to other ways of viewing things. They may have made significant life choices that have influenced changes in their identity. They may also have become critical of their home culture or questioned their patriotic feelings. As a result, students may experience a significant challenge to their self-concept when they return, triggering questions and possibly leading to confusion and disorientation (Wang, 1997). It should be noted that much of this intensity is appropriate when considering intercultural development (Bennett, 1998). Intercultural development postulates that a sojourner must confront his/her own biases and social biases and injustices, as well as develop a strong identity stance, prior to resolving the relative differences observed across cultures and people.

When students return home, they may realize that their expectations of what home would be like are disconfirmed. They may find themselves being more critical of others, disappointed with family and friends, and feeling like they don't have much to say to those closest to them. In addition, the student's family and friends' expectations may be disconfirmed, as they may think that the student should be thrilled to be home and should want to hear only about what has happened at home since the student left, rather than talking solely about his or her experience.

Finally, it is natural for a student to experience a sense of loss and miss the lifestyle, cultural advantages, sense of community, sense of uniqueness, and the friends he or she had overseas, as all of these aspects were a significant part of his or her experience and life (Wang, 1997).

Preparing Students for Reverse Culture Shock

Prepare Early: Rather than wait to prepare sojourners for reentry right before they leave, consider ways you can begin preparing them as they prepare to leave, as they arrive, and at various times throughout their stay (La Brack, 1999-2000). Remind students to keep the needs and limitations of their home situations in mind to maintain a realistic memory.

Reverse Culture Shock is Normal: Educate students about the positive aspects of reverse culture shock and emphasize the benefits that can come from the developmental process of changing identity. Prepare them for the normal process of identity shifting and reorganization.

Education: Make students aware that reentry may be problematic for some people and encourage them to think about it before it happens. Encourage the students to make plans that will preempt some of the problems and come up with solutions that work for them as individuals.

Recording Experiences: Encourage students to journal throughout their stay about how their study abroad experience may be changing how they view themselves. Encourage students to share aspects of their journal with each other. Possible questions to ask self and journal about include:

1. What did I learn about the host culture? About myself?
2. How can I apply what I learned to my life back in the U.S.?
3. Who will listen to my stories? Who could I meet with to get more involved in international activities? (Study Abroad Office, campus organizations, etc.)
4. Do I think of the U.S. any differently now that I have returned? What do I like most about my home culture? The least?
5. How could I describe the "world" that now surrounds me? How does this differ from the "world" I am originally from?

Encourage Student to Seek Support Services Upon Returning to Notre Dame: Encourage students to take advantage of Notre Dame services such as the International Study Abroad Programs Office and the University Counseling Center to discuss normal reactions that may result from reverse culture shock such as alienation, loneliness, isolation, anxiety, friendship difficulties, shyness, or feelings of inferiority. Encourage them to take advantage of academic support services as well.

Encourage students to prepare themselves and others for change: Encourage students to prepare themselves by finding out all they can about their home culture before returning, asking questions about changes to expect. Also encourage students to prepare those to whom they will be returning by relaying their thoughts and concerns about returning, as well as to prepare them for the changes in them.

Stay Involved: Place returnees in touch with "alumni" or people who have insight into what their international/intercultural experience was like and who can help them understand the reentry process and avoid common areas of conflict. Encourage students to immerse themselves in an international community upon their return home who may have shared in similar experiences to reduce feelings of alienation. Encourage returnees to continue their intercultural development by staying involved – as speakers for the study abroad program, as community volunteers, or as student activists for diversity work on campus.

Conclusion

Reverse culture shock is a natural process that occurs as students reenter and transition back to their home culture. Returning sojourners will likely experience frustrations, disappointments, and confusion as they reacquaint themselves with their home life, school, family, and friends. They may experience changes in their identity evoking confusion upon their return. Working through reverse culture shock may be challenging, but international educators may facilitate this process by helping prepare and support the returning students by promoting awareness, discussions, and sensitivity. It is important for those involved in study abroad programs to offer thoughtful and structured settings within which the returning students may discuss their foreign experience and the impact of the reentry into their own culture and society.

Selected Reference List

Bennett, M. J. (Ed.). (1998). Basic concepts of intercultural communication: Selected readings. Yarmouth, MA: Intercultural Press.

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Wang, M.M. (1997). Reentry and reverse culture shock. In K. Cushner & R. Brislin (Eds.), *Improving intercultural interactions: Modules for cross-cultural training programs*, Vol. 2 (pp. 109-128). Thousand Oaks, CA: Sage Publications.

Resources on the Internet

The Missing Linkage: The Process of Integrating Orientation and Reentry, Bruce La Brack (2000) http://globaled.us/safeti/v1n12000ed_missing_linkage.asp

Study Abroad Handbook: Reentry or Reverse Culture Shock, USC Center for Global Education
<http://www.studentsabroad.com/handbook/reverse-culture-shock.php?country=General>

University of Toronto Safety Abroad: Reentry
http://www.utoronto.ca/safety.abroad/go_global_guide_reentry.html#reentry

Section II

International Educators' Challenges and Dilemmas

Your ability to recognize and assist students who are in distress can make a positive difference at a critical juncture in these students' lives. Research shows that most crises last about four to six weeks, from the buildup of subtle signs, to the eruption of more obvious symptoms which the student cannot ignore, to the progression toward a resolution. Your caring support can help the student to approach rather than avoid the crisis, which, in turn means that the student is more likely to harness its energy to propel him or her towards greater personal growth. The process of helping the student to find meaning in the midst of the chaos, express feelings, and generate solutions increases the chances that the student will resolve the crisis positively.

This next section addresses general principles for identifying, assisting, and referring students in distress, with an emphasis on your role in the process. We also address how you can consult with the staff of the Counseling Center to assist you with supporting students in crisis, in addition to describing procedures for students who may need to withdraw from Notre Dame for psychological reasons.

~ Wendy Settle, Ph.D.

Tips for Identifying, Assisting, and Referring Students in Distress

**Indira G. Hogan, Ph.D.
Psychologist, Starkville, MS**

Students experience distress when their stress level exceeds their coping resources. This distress can have a profound impact on students' academic progress, personal relationships, and enjoyment of their experiences abroad. While most students are able to cope successfully with their problems, other students find their difficulties to be overwhelming and insurmountable. These students might experience feelings of isolation, helplessness, and hopelessness. Given that you might be the first person that these students seek out in obtaining support and advice, it's important that you feel prepared to assist them in working through their problems. Your ability to express interest, care, and concern could be vital in maximizing their potential for change and growth. The following information will provide you with some guidelines for assisting students in distress. These guidelines will include: 1) signs of distress, 2) basic questions to ask a student who is in distress, 3) suggestions for assisting students in distress, and 4) suggestions on how to make referrals.

Signs of Distress Checklist

Behavioral Changes:

- Decline in the quality of work
- Frequent absences from class
- Inability to sit through classes
- Disruptive behavior in classes
- Assignments not completed
- Repeated requests for special accommodations such as extensions or postponed examinations
- Turning in coursework that has suicidal and homicidal themes
- Impaired speech or thought patterns

Physical Changes:

- Marked change in physical appearance and personal hygiene
- Dramatic weight gain or loss
- Chronic tiredness, headaches, gastrointestinal problems without a medical explanation
- Difficulties sleeping or sleeping too much Increase or decrease in appetite

Personality Changes:

- Extreme sadness and tearfulness
- Severe depression
- Irritability
- Hostility
- Marked anxiety
- Outbursts of anger

- Withdrawn
- Hyperactive
- Excessive dependency on others
- Mood swings

Safety Risk Changes: Expressions of hopelessness, powerlessness, or worthlessness -Verbal statements or notes that have a suicidal or homicidal tone to them - Expressions of concerns about death or life after death - Giving away important possessions - Self-injurious or self-destructive behaviors - Violent threats against others - Out of control behavior

Other Risk Factors, including Stressful or Traumatic Events

- Culture shock
- Lack of close, supportive friends, and family ties
- Increased isolation
- Death of a family member
- Sexual assault
- Break-up of a relationship
- Poor academic performance
- Intense academic pressures
- Serious illness
- Substance abuse issues
- Poor problem solving and coping skills

Note: Any one symptom by itself may not indicate that the student is in distress. In your assessment, look at the combination of symptoms and the overall picture of the student's functioning. You may also attempt to establish the student's typical behavior before the crisis. For example, you may find out very useful information from someone who has known the student and has seen his/her behavior change. An example of this would be a friend, classmate, or teacher that says "I've never seen him/her act like this."

Some Basic Questions to Ask a Student in Distress

1. What do you see as the problem?
2. What are your feelings and thoughts about your problem?
3. What would you like to change?
4. What are you willing to do to accomplish those changes?

Some Suggestions for Assisting Students in Distress

Given that you might be someone that a troubled student seeks out for assistance, it's important that you feel prepared to help the student. Here are some suggestions for assisting students who are experiencing distress.

Establish a Climate of Trust and Safety

- Get to know your students and be available to them.
- Maintain a professional relationship.
- Establish clear and consistent boundaries.
- Ask to see the student in private.
- Acknowledge with care that you are concerned about the student's welfare.
- Express reasons for your concern in a calm and direct manner.
- When acknowledging your observations, use non-judgmental descriptions.
- Show interest and support.

Gather Information

- Listen respectfully to the student's thoughts, feelings, and concerns.
- Try to refrain from making quick judgments.
- Take the student's concerns seriously and try not to minimize his/her pain
- Be patient and allow time for the student to tell his/her story.
- Express that you understand that the student is going through a difficult time.
- Demonstrate that you understand what the student is disclosing by paraphrasing what the student has told you.
- Ask follow-up questions for better clarification and understanding.

Explore Possible Solutions

- Assist the student in identifying several options and a plan for action.
- Review past coping strategies.
- Explore the possible consequences of the student's action and non-action.
- Develop a backup plan.
- Keep the lines of communication open.
- Arrange time to follow-up with the student.

Some Examples of Statements You Can Say to Students Include

1. "I've noticed that you appear to be having some difficulties in your life."
2. "Tell me more about the changes in your life."
3. "It sounds as though you feel overwhelmed."
4. "This appears to be hard for you to talk about. I appreciate your courage in sharing your feelings."
5. "I think that we all have had feelings like that at times."
6. "Let's explore some possible options for you."

Suggestions on How to Make Referrals

There may be times when you will need to make referrals. Some examples of these times include:

1. When the student's problem is outside of your range of knowledge,
2. When the student is reluctant to talk to you, and
3. When your attempts to help the student have been ineffective.

Here are some suggestions for making referrals:

- State clearly why you believe a referral would be helpful.
- Be open to listening to any concerns or fears that the student might have about seeking help.
- Try to normalize seeking help by conveying that everyone has problems at times that require assistance.
- Communicate that you view seeking help as a sign of courage instead of a sign of weakness.
- Demonstrate that you are hopeful that change is possible.
- Learn about available referral resources so that you can provide specific and appropriate information.
- Have a list readily available that includes the names, phone numbers, and locations of referral sources.
- Encourage the student to take responsibility for whether he/she will seek assistance.

You will not be able to identify every student in distress nor will every student in distress be receptive to your assistance. However, your 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. Your assistance can help the student experience positive changes, growth, and resolution.

Sources and References

Students in Distress: Guidelines for Faculty & Staff :

This excellent online workshop was developed by Penn State University's Counseling Center. Be sure to watch the three 2-3 minute video role-plays showing faculty and staff helping and referring students for general stress, a suicide attempt, and sexual assault.

<http://studentaffairs.psu.edu/counseling/distress/workshop/>

University Counseling Center, University of Notre Dame video on helping distressed students: <http://ucc.nd.edu/referring-students-to-ucc/> and resources for helping someone who is suicidal: <http://ucc.nd.edu/self-help/suicide/>

Consulting with Notre Dame's University Counseling Center

Wendy Settle, Ph.D., Staff Psychologist
University of Notre Dame Counseling Center

The University Counseling Center is committed to promoting an atmosphere which is conducive to the personal growth and psychological health of Notre Dame's students. While the UCC cannot provide telephone assessments or counseling services for students who are abroad, telephone *consultation* services are available for administrators, teachers, advisors, and students. If you are concerned about a student who may be struggling with emotional issues and are unsure how to help, you can contact the UCC to request a consultation. Our counselors can help you deal with situations in both a preventative and a remedial manner. Please do not provide UCC's phone number or email address to the student in distress, however, as we cannot provide "long-distance" crisis assessment or counseling to someone who is not local to the Notre Dame / South Bend community. Our professional licenses as treatment providers are limited to providing assessment, diagnosis, and treatment only for clients located in the state of Indiana. Therefore, for the more serious cases, we would like to support you in your efforts to locate and facilitate a referral to a mental health agency so that the student can speak to a treatment provider in your own vicinity. Please note that all Notre Dame study abroad students are required to purchase HTH Worldwide travel insurance. Consult the HTH Worldwide Insurance website for lists of local mental health practitioners, psychiatrists and physicians who are covered by the insurance.

How to Request a Consultation

To request a consultation, you may call the University Counseling Center at 1-574-631-7336 Monday through Friday, 9:00 a.m. to 5:00 p.m. (EST). *Since our office closes at 5:00 pm, we advise you to call no later than 4:00 p.m. EST, however, to ensure that you will have enough time to discuss your situation.* When you call you will be referred to one of the "on-call" psychologists or counselors who are specifically available to discuss emergencies. If the psychologist or counselor is not immediately available, your number will be taken and a counselor will return your call shortly.

In addition to consulting with the University Counseling Center, in most cases we will also recommend that you also consult with other university officials, including one of the Office of Student Affairs CARE Consultants on the university's C.A.R.E. team (Campus Assessment, Response and Education) <http://care.nd.edu/>.

Assisting the Study Abroad Student Who Needs to Withdraw

Patrick Utz, Ph.D.
Director of the University Counseling Center, 1983-2003
[Our current Director is Susan Steibe-Pasalich, Ph.D.]
University Counseling Center
University of Notre Dame

A student in your program may manifest or report psychological distress at a level that suggests he/she needs to withdraw from the program and return home.

Should something like this happen (e.g. suicidal ideation, out of control eating problem, severe depression) you need to follow a number of steps in managing this situation. It may be useful to contact the University Counseling Center so that a staff member can discuss options with you. We are likely to also recommend that you consult with university officials, including one of the Office of Student Affairs CARE Consultants on the university's C.A.R.E. team <http://care.nd.edu/>. The decision to have the student stay or to go home will need the support of a professional who is local and trained in the assessment of human behavior, such as a psychologist, psychiatrist, or social worker. Please note that all Notre Dame study abroad students are required to purchase HTH Worldwide travel insurance. Consult the HTH Worldwide Insurance website for lists of local mental health practitioners, psychiatrists and physicians who are covered by the insurance.

Notifications (family, etc.) should be handled on a need-to-know basis. Usually other students in the program do not need to know any details of the situation. If and when the student decides to return, the fact that privacy has been maintained may ease reentry.

Students who take a medical withdrawal (including a medical withdrawal for psychological reasons) are typically withdrawn from all classes without jeopardy, before finals, but even if this is after the last drop date. There are specific university procedures and forms which must be completed and followed for a student to withdraw. Procedures are detailed at <http://dulac.nd.edu/academic/separation/>. Students who are given a medical withdrawal for psychological reasons are usually expected to seek treatment with a mental health professional before their readmission to return to Notre Dame. The student and/or his or her parents should speak to the Office for Student Affairs to discuss the timeline and procedures for reapplying to Notre Dame after taking a withdrawal for psychological reasons. Readmission forms are available at <http://ucc.nd.edu/readmission/>

In working with a distressed student, it may be helpful to tell them that a high percentage of students who take this type of withdrawal are able to return to school and successfully graduate.

Section III

Resources for International Educators on the Internet

University of Notre Dame Offices and Contacts

UND Homepage: <http://www.nd.edu/>

International Studies – 574-631-5882 -- <http://international.nd.edu/international-studies/>
and <http://international.nd.edu/international-studies/international-studies-faculty-staff/>
Director: Ms. Kathleen Opel 574-631-9525 Opel.1@nd.edu

Division of Student Affairs -- 574-631-5550 -- <http://studentaffairs.nd.edu/>
Vice President for Student Affairs: Erin Hoffman Harding eharding@nd.edu 574-631-7394
Associate Vice President for Student Services: William Stackman, PhD
william.stackman.1@nd.edu 574-631-5550

C.A.R.E. Team, Office of Student Affairs - 574-631-5550 <http://care.nd.edu>
The Campus Assessment, Response, and Education team encourages any member of the University community to make a notification when concerned about their student or in need of direction or clarification. Contact either Dr. Bill Stackman, Associate Vice President for Student Services William.Stackman@nd.edu 574-631-5550 or one of the CARE Consultants. If you prefer, you may complete an online referral form to describe your concerns about a student:
https://publicdocs.maxient.com/reportingform.php?UnivofNotreDame&layout_id=3

Office of Residence Life -- 574-631-5878
Associate Vice President for Residential Life: Heather Rakoczy Russell 574- 631-2553
h.rakoczy.russell@nd.edu

Notre Dame Security Police – <http://ndsp.nd.edu/>
Emergency contact 574-631-5555 sos@nd.edu
Director: Phillip Johnson: johnson.30@nd.edu 574-631-8338

University Health Services -- 574-631-7497 -- <http://uhs.nd.edu/>
Director: Sharon McMullen, RN, MPH, Sharen.E.McMullen.16@nd.edu 574-631-5550

Campus Ministry – 574-631-7800 -- <http://campusministry.nd.edu/>
Director: Rev. James B. King, C.S.C. 574-631-8725

Office of General Counsel -- Office of the Vice President and General Counsel
<http://generalcounsel.nd.edu/> 574-631-6411
Vice President and General Counsel : Marianne Corr Marianne.Corr.10@nd.edu

Risk Management and Safety - 574-631-5037 -- <http://riskmanagement.nd.edu/>
Director: Robert M. Zerr Robert.M.Zerr.1@nd.edu
Reporting/Preparing for emergencies: <http://riskmanagement.nd.edu/international-travel/international-travel/crisis-emergency/>

Rev. James E. McDonald, C.S.C., Center for Student Well-Being (includes alcohol and drug education services)– 574-631-7970 -- <http://mcwell.nd.edu/>
Director: Kelly Hogan Stewart, MPH. kellyhogan@nd.edu (574) 631-6399

Office of Public Affairs and Communication -- 574-631-6798 – <http://opac.nd.edu>
Associate Vice President for Public Affairs and Communications: Timothy Sexton
Timothy.D.Sexton.30@nd.edu

University Counseling Center -- 574-631-7336 -- <http://ucc.nd.edu/>
Emergencies/consultations: Call between 9:00 - 4:00 EST to arrange a call with an on-call therapist between 9:00 - 5:00 EST at 574-631-7336.
Director: Susan Steibe-Pasalich, Ph.D. Susan.Steibe-Pasalich.1@nd.edu

Academic Deans and Department Heads – <http://www.nd.edu/academics/departments-colleges-schools/>

Mental Health Crisis Management Resources

Mental Health Information:

University of Notre Dame University Counseling Center Self Help:
<http://ucc.nd.edu/self-help/>

Internet Mental Health: Sponsored by the World Assembly for Mental Health. Includes descriptions of disorders, medications, online "diagnosis," and research.
<http://www.mentalhealth.com/>

The Unabridged Student Counseling Virtual Pamphlet Collection: An extensive collection of self-help articles written by university counseling center professionals.
<http://www.dr-bob.org/vpc/>

National Institute for Mental Health Online Information:
<http://www.nimh.nih.gov/index.shtml>

American Psychological Association Help Center: Online self-help brochures including health and wellness, disasters and terrorism
<http://www.apa.org/helpcenter/>

Psychology Self-Help Resources on the Internet: A "mega-site" of links.
<http://www.psychwww.com/resource/selfhelp.htm>

Mental Health-Crisis Management Resources for International Educators

Center for Global Education's Resources for Study Abroad: <http://www.globaled.us/>

Recommended links:

Study Abroad Safety Handbook: Handbook written for study abroad students
<http://www.studentsabroad.com/>

Emergency Planning [Guide]: Includes printable materials such as an **Emergency Information Card** (to carry with you), a **Personal Emergency Action Plan**, and an **Emergency Action Plan Steps form** (a strategy card to carry with you).
<http://www.studentsabroad.com/handbook/emergency-planning.php?country=General>

SAFETI Resources for Clearinghouse: Safety Abroad First - Education and Travel Information <http://www.globaled.us/safeti/> Recommended links:

SAFETI Index: Alphabetical links to mental health, crisis management, alcohol and drugs, sexual harassment, rape and sexual assault, AIDS/HIV, crime and violence, etc.
http://www.globaled.us/safeti/safeti_index.asp

SAFETI Policies for Program Administrators:

Mental Health http://globaled.us/safeti/health_and_medical_care/mental_health_issues.asp

Special Needs - e.g., psychological, learning disability:

http://globaled.us/safeti/health_and_medical_care/support_for_students_with_special_needs.asp

SAFETI Adaptation of Peace Corps Resources: Training Manuals for maintaining strong mental & emotional health, crisis management, STDs, alcohol/drugs, rape:

<http://www.globaled.us/peacecorps/>

SAFETI Crisis Management Handbook

<http://globaled.us/peacecorps/crisis-management-handbook.asp>

World Wide Colleges and Universities: Connect to colleges and universities via a world map. Along with a link to the home language home page, the site also provides direct links to an English Language Home Page and the Website of the International Relations Office

<http://www.globaled.us/wwcu/index.html>

Emergencies: Locate English Speaking Psychologists, Psychiatrists, and Doctors Abroad

Department of State: 202-647-4444 US Embassies: <http://usembassy.state.gov/>

Source for emergency numbers for U.S. citizens at the U.S. Embassy in your country, click on

Emergencies: <http://travel.state.gov/content/passports/english/emergencies.html> Someone at each

U.S. embassy will answer the phone 24 hours a day with advice regarding local laws and customs.

All Notre Dame study abroad students are required to purchase HTH Worldwide travel insurance.

Consult the HTH Worldwide Insurance website <https://www.hthtravelinsurance.com/> for lists of local mental health practitioners, psychiatrists and physicians who are covered by the insurance.

NAFSA's Guide to Best Practices in Addressing Mental Health Issues Affecting Education Abroad Participants, e-book, downloadable for \$10.00:

https://www.nafsa.org/Find_Resources/Supporting_Study_Abroad/Network_Resources/Education_Abroad/Best_Practices_in_Addressing_Mental_Health_Issues_Affecting_Education_Abroad_Participants/

Crisis Management in a Cross-Cultural Setting Revised edition, 2001. Edited by Patricia A. Burak and William W. Hoffa. NAFSA: Association of International Educators. Go to <https://www.nafsa.org/wcm/Product?prodid=31> to order this book. .

Sources for Articles on Mental Health for International Educators

International Journal of Intercultural Relations: conduct your own search for full text articles available on the University of Notre Dame Library's electronic resources. Type the title of the journal in the catalog search box - requires access to Notre Dame's network.

Study Abroad Research Online: Bibliographies and Abstracts:

A database on study abroad research: <http://globaledresearch.com/>

SAFETI Clearinghouse Online Newsletter:

Study Abroad and Mental Health: Identifying, Assisting, and Referring Students in Distress by Wendy Settle, Ph.D. and other articles on sexual assault, alcohol, drugs, etc.

http://globaled.us/safeti/online_newsletter.asp

International Educator, Health and Insurance Supplement, 2012: *Their Baggage Goes, Too: Mental health issues don't stay behind when students go abroad.*

http://www.nafsa.org/File/ie_novdec11_mentalhealthabroad.pdf

International Student Affairs Websites:

<http://www.studentaffairs.com/web/internationalstudentaffairs.html>

Working with International Students or Scholars with Mental Health Issues, NAFSA:

(excellent checklist) <https://www.nafsa.org/findresources/Default.aspx?id=27117>

About the Authors

Wendy Settle, Ph.D. edited this handbook and may be contacted to provide suggestions and feedback. She is a licensed counseling psychologist at the University of Notre Dame's University Counseling Center, as well as a Concurrent Assistant Professor in Psychology. She has represented the University Counseling Center for the Office of International Studies' annual orientation session for faculty members planning to teach or direct study abroad programs for Notre Dame. She traveled to Notre Dame's study abroad programs in Santiago, London and Dublin to consult with program staff, faculty and host families regarding how to assist Notre Dame students who experience mental health issues abroad. She specializes in the treatment of depression and anxiety, obsessive compulsive disorder, recovery from trauma, stress management, and women's issues.

Susan Albers, Psy.D. is a psychologist at the Cleveland Clinic Women's Health Center who specializes in relationship and weight issues. She obtained her masters and doctorate degrees from the University of Denver. Susan completed her APA internship in 2001 at the University of Notre Dame in Indiana and her post-doctoral fellowship at Stanford University in California. She was invited to submit a chapter for this handbook due to her expertise in the treatment of college students with eating disorders. Dr. Albers is the author of several recommended books, including *50 Ways to Soothe Yourself Without Food* (2009) and *Mindful Eating 101* (2006): New Harbinger Publications. <http://www.eatingmindfully.com/>

Elissa Blake-Noble, Psy.D. is a licensed clinical psychologist in private practice in Chicago, Illinois. She completed her doctoral internship at the University of Notre Dame Counseling Center in 2001-2002. She was invited to co-author our chapter on reverse culture shock drawing upon her experiences as a consultant to the International Studies Office when she was at Notre Dame as well as her own experiences as a study abroad student while living overseas for four years.

Kevin Gaw, Ph.D. is a licensed psychologist and Director of the Career Center at Georgia State University in Atlanta. He was invited to submit two chapters for this handbook due to his extensive experience as an author, researcher and a practitioner for the study abroad student population. Dr. Gaw's interest in intercultural issues arose from his living experiences in Malaysia and Indonesia and his encounters with other cultures and self during his travels and work.

Leonard Hickman, Ph.D. is a licensed counseling psychologist at the University of Notre Dame's University Counseling Center and a Concurrent Assistant Professor in Psychology. He specializes in the treatment of anxiety disorders; depression; men's issues; grief and loss; and substance abuse.

Indira Hogan, Ph.D. was previously a staff counselor at the University of Notre Dame's University Counseling Center and a Concurrent Assistant Professor in Psychology from 1996 to 2003. She is currently practicing in Starkville, Mississippi. She specializes in the areas of multicultural counseling, diversity training, empowerment issues, and prejudice reduction.

Nancy Newport, L.P.C, L.M.F.T is a psychotherapist in private practice in Fairfax, Virginia. She was invited to submit chapters for this handbook due to her extensive experience in providing the Peace Corps Medical Officer Training on sexual harassment and assault treatment. She has been a counseling consultant to the Peace Corps since 1992 and has a specialty in treating trauma, especially sexual and physical assault. Ms. Newport is a Returned Peace Corps Volunteer (Brazil). Her web site is: <http://www.nancynewport.com/>

Jeffrey Shoup, M.A., is the Assistant Director of Housing and Residence Life at the Ball State University in Muncie, IN. He previously served as one of the Contact Persons for Notre Dame for students who have been sexually harassed by students. When he was local to South Bend, he was one of the few male volunteers for the South Bend community mental health agency's Sex Offense Services Program. He has presented at numerous conferences on the topics of sexual assault, harassment, and stalking.

Patrick Utz, Ph.D., now retired, was the Director of the University Counseling Center (1983-2003) and Concurrent Associate Professor in Psychology at the University of Notre Dame. Dr. Utz specializes in the areas of college student counseling and brief psychotherapy. He served on the Editorial Board of the journal, the Counseling Psychologist, from 1991-93. Licensed Psychologist; National Register of Health Service Providers in Psychology.

Settle, W., Albers, S., Blake, E., Gaw, K., Hickman, L., Hogan, I., Newport, N., Shoup, J., & Utz., P. (2002-2016) ***Mental Health and Crisis Management: Assisting University of Notre Dame Study Abroad Students, 4th edition.*** University Counseling Center, University of Notre Dame, Notre Dame, IN 46556. Edited by Wendy Settle. Situations described in this manual are not based on actual cases. Language is intentionally gender-neutral or, when necessary, alternates between male and female pronouns. Please send feedback to Wendy Settle Ph.D.

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