“Screening” for International Programs
Education Abroad Incident Database Pilot Project: Contributing factors for incidents

- Inadequate Supervision: 1
- Illegal Drugs: 2
- Terrain: 3
- Medications: 3
- Weather: 4
- Language (misunderstanding): 4
- Inadequate Training/Experience: 6
- Fatigue: 8
- Pre-existing Condition (disclosed): 15
- Cultural Difference: 20
- Pre-existing Condition (undisclosed): 25
- Failure to Follow Program Policies: 26
- Alcohol: 30
- Poor Judgment: 64
Forum on Education Abroad Incident Database Pilot Project
Types of Incidents Reported, by Number of Incidents

- Illness: 105
- Behavioral/Psychological: 59
- Theft: 55
- Injury: 53
- Physical Assault: 19
- Sexual Harassment: 5
- Missing/Separated Person: 5
- Sexual Assault: 4
- Motor Vehicle Accident: 4
- Civil Unrest: 1
- Earthquake: 1
- Disease Outbreak: 0
- Terrorist Event: 0
- Flood: 0
- Wildfire: 0
- Tropical Cyclone: 0
- Equipment Failure: 0
- Structure Fire: 0
Dr. Robert Quigley of International SOS: The number of mental health related RFAs that ISOS received over a 2 year period for higher ed study abroad students was 23 times the number received from all their other clients combined.
Psychological Screening for Outdoor Programs

Wilderness Risk Management Conference 2011
Screening for International Programming

Pre-existing condition(s) + Student competency + Destination hazards and resources + Program demands + program capabilities
Lost in Translation

A Haitian student new to your secondary school has been accepted into the Ecuador Program which will be based out of Quito.

Childhood immunization records were all lost. She has been previously diagnosed with sickle cell anemia but is symptom free. Her (also Haitian) doctor has cleared her for participation.
Diabetes

You have a teenager with childhood diabetes who has applied to go to your program in Spain for 2 weeks. Apparently, he has been hospitalized several times this year. He is monitored throughout the school day by the school nurse (who says it has become about 60% of her job). He still had a hypoglycemic event and was discovered after an hour’s search unconscious in a bathroom stall. His mother says that he’ll be fine in Spain and has even offered to serve as an extra chaperone.
Diabetes 2

You have a teenager with childhood diabetes who has applied to go to your program in Asia for 3 weeks. He is a dedicated athlete and does an excellent job of managing his diabetes. The trip is focused on service learning and will also include a hiking component that will culminate in final hike up a 4000+ meter peak.
Rumi

Rumi’s application indicates that she is very athletic. She has run a number of sprint triathlons and has completed several Spartan races. In high school she was a gymnast and she is majoring now in dance. Her physical, completed by a university clinic PA, indicates that she is healthy although her body mass index indicates that she far into the underweight end of the spectrum. During interviews, she says that she always gets questioned about eating disorders but that she’s always been lean and likes to eat healthy. She expresses concern about getting enough protein during the semester in Nicaragua.
Zebras and Giraffes

Heidi has been accepted for the Kenya sustainable development studies semester and has been slow to get paperwork in. She discloses that she has well managed depression and that she’d taken the last semester off owing to personal issues. After getting permission from Heidi to communicate with the program, her therapist indicates that Heidi had tried to commit suicide 4 month ago and has been in a structured facility up until 1 month ago. The therapist says she believes the study abroad program will be great for her.
On an overnight trip a Korean student new to your school suddenly starts to behave manically saying a lot of somewhat silly, nonsensical things and laughing loudly at her own comments. Two hours go by before he settles down just as abruptly as he’d started. After a pause he approaches you to ask if she had been behaving oddly during the preceding period...
Legal Concerns

- Increasing the Duty of Care
- FERPA
- HIPAA
- ADA
The Safety Matrix

| Less Aggressive | More Aggressive |

Medical & Mental Health Strategy

- Staff – experience, expertise, training, role
- Students – age, pre-existing conditions
- Destination - exposures & resources
- Activities – what’s required of students & exposures
- Homestays, camping, high end hotels?
- Mission – risk?
- How long?

Who/What/Where/When/Why/How/How Long

PROGRAM EXPOSURE
Screening

Essential Eligibility Criteria
Participant info gathering
Destination/program assessment
Evaluation & followup
Policies
Management plans
Staff training (field & admissions)
Networks of expertise
Next steps
Communicating Your Program

Essential Eligibility Criteria (EEC)

Each participant must…

• You must be able to effectively communicate to the staff if you are experiencing distress or need assistance.
• Recognize the hazards and risks as presented in the orientation and comply with the recommended measures.
• Be able to exercise sound judgment in the absence of direct supervision.
• You may need be able to tolerate significant levels of ambivalence and ambiguity that naturally occurs when one encounters a different culture than one’s own especially if you did not grow up speaking the local language.
• You must maintain a reasonable level of situational awareness appropriate to circumstances.
Essential Eligibility Criteria

Each participant must...

• Be able to navigate their way around a city where the language and the culture are not their own.
• Be able to effectively communicate to staff when they are experiencing distress or need assistance.
• Recognize the hazards and risks as presented in the orientation and comply with the recommended measures.
• Be able to exercise sound judgment in the absence of direct supervision
Participant Information Gathering

Safety Matrix

Self disclosure – perfunctory

Self disclosure – extensive

Physical performed by medical professional

Counseling questionnaire

Psychotropic med questionnaire

Follow up questionnaire
Destinations and Program

• HiC vs LMIC
  – Pathogen/allergen exposure
  – EMS
  – Medical Facilities
  – Mental Health Resources

• Environment
  – Temperature
  – Altitude
  – Pollution (indoor and outdoor)
  – Marine environment

• Program
  – Duration of program
  – Culturally or interpersonally stressful
  – Physical Demands
  – Homestays?
  – Staff capabilities
Follow Up with MDs and Counselors and Sign Off

Study abroad programs can potentially be very challenging for some participants. Some students struggle with cultural ambivalence from the differences in values to the simple change in diet. Others grapple with the stresses of living in close proximity with others all day, every day, where they may be obliged to put their wants and needs second to those of the group and where there may be very limited personal time. Additionally, many study abroad programs travel to low and middle income destinations where acceptable medical care may be hours away and where appropriate mental health counseling may not be available. Students may variously experience extremely wet or dry climates, biting and stinging insects, sun and heat and very rustic living accommodations.
Mental Health Follow Up

2 page questionnaire
• Suicide hx
• Substance abuse hx
• Anorexia/bulimia hx
• DSM V diagnosis?
• Counselor sign off

WMA Psychological Screening
• 7 page questionnaire
• Condition Matrix
  – Recency
  – Duration
  – Symptoms (last 6 mos)
  – Treatments
• Significant Life Event
• WHODAS
WMA Psych Screening System

Significant Life Events

• Adoption
• Frequent moves
• Relationship loss
• School problems
• Divorce
• Physical/sexual abuse
• Serious accident/illness

WHODAS

• Domain 1: Cognition
• Domain 2: Mobility
• Domain 3: Self-care
• Domain 4: Getting along
• Domain 5: Life activities
• Domain 6: Participation
Evaluation

- Admissions screening expertise – 60%
- Manuals
- Participant medical and mental health professionals
- Additional internal expertise - +30%
- Additional external expertise - + 10%
Mental Health Screening Policies

Focus on behavior, timeframes and circumstances, not on specific conditions. Examples:

• Cannot have a history of suicidal attempts or ideation within past 6 months
• Cannot have been institutionalized for 3 months prior to the program
• Cannot change (some) psychotropic medications within 3 months of program start
• Cannot have an active eating disorder
Medical Screening Policies

Focus on stability of health and ability to meet the physical demands of the program. Examples:

- **Allergies** – multiple hospitalizations within past year
- **Asthma** – multiple hospitalizations within past year
- **Diabetes** – multiple hypoglycemic episodes
Management Plans

Staff Training

Medical
WFR +
- Travel med
- Auto – immune issues
  - Diabetes, addisons, etc.

Mental Health
The First Aids
Cognitive Behavioral Therapy
Suicide prevention
Eating disorders

Access to Expertise

Medical specialists (ex. Endocrinologist)

Mental health professionals, participants’, in house, travel assistance provider, P3 Mental Health, the Truman Group
Management Plans – Diabetes

**Maintenance**
- Bring extra insulin
- Adjust regimen per time zones
- Bring portable food (available at all times)
- Set up access to endocrinologist/MD

**Contingency**
- Staff learns about diabetes
- Other participants informed
- Staff and participants trained on how to administer glucagon
- Adjust as needed for unexpected food or exercise problems
- Emergency hydration plan
- Identify appropriate local medical resources
Management Plans – Anxiety/Depression

**Maintenance**

- Medications
- Tele-therapy (their therapist)
- Scheduled check-ins with staff
- Functional regimen
- Calling home
- Weigh ins (eating disorder)

**Contingency**

- Local resources
- Tele-therapy (other therapist)
- Staff interventions
  - Cognitive Behavioral Therapy
  - Mental Health First Aid
  - Psychological First Aid
  - Mental Health First Aid
  - Oversight by professional counselors – home school or P3 Mental Health
Management Plans – Physical Disabilities

Maintenance

- Modify program
- Modify participation in program
- Specialized personnel, i.e., interpreters, medical professionals, attendants
- Technology

Contingency

- Medical contingency plan
Psychotropic Medications

- Overdose (suicide) potential
- Recreational (abuse) potential
- Timeframe to stabilize
- Timeframe for withdrawal
- Side effects
- Drug interaction
- Environmental interaction
- Legality abroad
- Availability abroad
Next Steps

- Accept
- Accept with management plan
- Direct to different program
- Defer participation to future program
- Dissuade from participation
- Disallow participation based on clear criteria