

FACULTY RESOURCE PACKET

*Information about Mental Health Issues
applicable to
Study Abroad Programming*

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June 2011

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Common Mental Health Concerns in College Students

ACADEMIC PROBLEMS

Low grades or failing classes, trouble concentrating/doing homework

ADD/ADHD (Attention deficit disorders)

Trouble concentrating, easily distractible, problems turning in assignments on time, being disorganized, etc.

ADJUSTING TO COLLEGE/TRANSITIONS IN LIFE

Sadness/loneliness/"homesickness", adjusting to being independent, stress surrounding significant changes in environment, etc.

ALCOHOL/DRUG USE

Drinking alcohol or using drugs heavily, blacking out, becoming disoriented and/or ill

ANXIETY

Feeling very worried, nervous, jittery, confused, agitated, irritated, panicky feelings and racing heart, etc.

DEPRESSION

Feeling very down, sad, blue, crying, sleeping more or less, eating more or less, etc.

EATING DISORDERS/PROBLEMS

Not eating enough food, purging, bingeing, over-exercising, losing or gaining weight rapidly, body image concerns

FAMILY PROBLEMS

Distress with family of origin, conflict with or avoiding family members

GRIEF OR DEATH

The loss of a loved one, family illness, etc

RELATIONSHIP ISSUES

Break-up with significant other, conflict, arguments and/or violence toward or from significant other

SELF-INJURY

Engaging in behaviors that harm the self such as: cutting, scratching, hitting, burning, etc.

SEXUAL ASSAULT/VIOLENCE/HARASSMENT

Unwanted sexual advances or experiences, rape, sexual harassment (verbal and non-verbal), sexual badgering, etc.

SEXUAL IDENTITY

Questioning sexuality and/or sexual orientation, coming out, facing discrimination, etc.

SUICIDAL IDEATION

Thinking about suicide and/or making a suicide threat, gesture or attempt

VETERAN RELATED ISSUES

Problems adjusting to life in the US after deployment, distress related to experiences during deployment

Common Mental Health Concerns Abroad

Reference #(s): 1, 7, 10

ADJUSTING TO A NEW/DIFFERENT CULTURE

Student may find a variety of aspects of a new/different culture stressful or difficult to adjust to. Though potentially very distressing, culture shock is a normal developmental phase of adjustment to a new culture.

Culture shock may lead to feelings of:

- Depression
- Anxiety
- Homesickness

EXACERBATED PREEXISTING CONCERNS

Students who already have mental health concerns may find that the stress of a new culture exacerbates their symptoms. Problems that were well-managed at home may become problematic again in the new environment.

PREDICTABLE STAGES OF ADJUSTING TO A NEW CULTURE

Experience tells us that there are some fairly predictable stages that most students go through during participation in study abroad. By knowing about them you may be able to help the student prepare and react more effectively:

- Orientation and honeymoon
- Initial culture shock/confrontation
- Adjustment-crisis/depression-frustration-to adjustment (cycle)
- Recovery-integration into host culture
- Re-entry and reverse culture shock

STAGES OF CULTURE SHOCK

Stage 1: Honeymoon/ Excitement and fascination with the new culture

This is where a student will overlook minor problems and look forward to learning new things. Like any new experience, there's a feeling of euphoria when one first arrives in a new country and is in awe of the differences seen and experienced. The student may feel excited, stimulated, enriched. During this stage, one may still feel close to everything familiar back home.

Stage 2: Crisis period

This is when excitement turns to disappointment and there are more and more differences that occur. Problems start to be overwhelming and irritating and the student may use the "fight-back" technique by saying rude remarks or making jokes. Everything a person is experiencing no longer feels new; in fact, it's starting to feel like a thick wall that's preventing one from experiencing things. The student may feel confused, alone and realize that the familiar support systems are not easily accessible.

Stage 3: Adjustment phase

This is when the student learns to accept the culture and to change their negative attitude to a positive one. The student may start to accept the differences and feel like they can begin to live with them. The student feels more confident and better able to cope with any problems that may arise. The student no longer feels isolated and instead is able to look at the world around them and appreciate where they are.

Stage 4: Acceptance and Adaptation phase

This is when the student will feel at home and become involved in activities and may enjoy some of the country's customs. The student is him/herself again! The student embraces the new culture and sees everything in a new, yet realistic light. One feels comfortable, confident, and able to make decisions based on one's own preferences. The student no longer feels alone and isolated. The student appreciates both the differences and similarities of their new culture. They start to feel at home.

REVERSE CULTURE SHOCK

Returning to one's home culture after growing accustomed to a new one can produce the same effects as culture shock. This results from the psychosomatic and psychological consequences of the readjustment process to the primary culture. The affected student often finds this more surprising and difficult to deal with than the original culture shock.

Warning Signs of Culture Shock

Reference #(s): 2, 7, 8, 9

PHYSICAL SYMPTOMS

- Fatigue, malaise
- Generalized aches and pains
- Increase in illness or accidents
- Excessive need for sleep or inability to sleep
- Overeating or lack of appetite/excessive dieting
- Abuse of drugs and/or alcohol

PSYCHOLOGICAL SYMPTOMS

- Loneliness or boredom
- Homesickness, idealizing home
- Feeling helpless and dependent
- Feeling shy or insecure
- Feeling lost or confused
- Feeling like you have no control in your life
- Irritability and even hostility
- Social withdrawal
- Excessive concern for health or security
- Rebellion against rules and authority
- Feeling unimportant and being a foreigner
- Crying
- Having small problems seem overwhelming
- Negative stereotyping of the host country's people
- Questioning your decision to have traveled

GENERAL MANIFESTATIONS OF STRESS (regardless of stressor)

- Irritability over small things
- Difficulty concentrating
- Difficulty falling asleep or staying asleep
- Queasy stomach
- Desire to run away
- Constant feeling of tiredness
- Psychosomatic illness
- Excessive criticism of others
- Poor work performance
- Difficulty making decisions
- Being unusually introspective
- Feelings of guilt, worry and anxiety

Mental Health Coping Skills

Reference #(s): 3, 6, 7

POOR COPING CHOICES

When a student is in a low mood, he or she is vulnerable, and thus more likely to make poor choice for coping.

Examples of poor coping choices include:

- Resorting to heavy alcohol use
- Staying in bed 12-14 hours a day
- Staying in living quarters all day
- Eating excessively
- Avoiding friends and neighbors
- Escaping into sexual relationships

BETTER COPING CHOICES

The more coping strategies a student has identified and thought about before his/her struggles begin, the more likely he/she is to make good choices. The following six basic techniques are especially helpful in dealing with the stresses and strains of adjustment:

- Immerse oneself in study/reading that is satisfying
- Find a local person with whom one can talk regularly
- Practice one's faith through prayer, meditation, reading, etc.
- Write letters/e-mails (or make audiotapes) to family and friends
- Visit fellow students
- Meet with Resident Director/Faculty to talk about the stress

HOW TO HELP YOURSELF

There are several things students can do to help themselves through the stages of culture shock

(Honeymoon/Excitement, Crisis, Adjustment, and Acceptance/Adaption).

- Fight the urge to retreat: join a club, try out for a sports team, volunteer, attend a local church or take a language class. Mixing, meeting new people and forcing oneself to become part of the community will help.
- Get out. Walk around the neighborhood. Be seen. Smile. Visit the same coffee shop or book store or market. The student will soon be recognized. There's nothing that says someone is at home, like a neighbor saying "good morning" in any language.
- Go on tours. Be a tourist in the town. Sign up for local excursions. Get to know the city, its history and culture.
- Think about why they came in the first place, that they wanted a different experience and about all the things they can learn if they "stick it out". Recognize that customs and norms that seems strange to the student are normal and logical in the host country; other people find US customs and norms strange.

STUDENTS/PEOPLE WHO ARE SUCCESSFUL ABROAD:

- Build a strong support system and know when to access it.
- Adjust their attitude by viewing the time overseas as an opportunity for personal growth.
- Break out of their comfort zone, even if it's just for a few minutes each day to start.
- Record their experiences, thoughts, and feelings in a journal.
- Have a sense of humor, and faith in their abilities.
- Socialize with local people.
- Make the effort to learn – and use – the language.
- Nurture family relationships.
- Set small, achievable goals and regularly evaluate their progress.
- When things go wrong (and things will always go wrong), don't automatically blame the host culture.

How to Be Proactive

Reference #(s): 1, 7

GUIDELINES FOR BEING PROACTIVE

- Orient students to culture shock/re-entry shock
- Communication with all members of the group often
 - Encourage group members to talk with each other about how they are feeling
 - Organize informal weekly discussion groups
- Build group cohesion (e.g. by doing the above, spend time together as a group, etc.)
- Establish a sensible pace of program activities to reduce fatigue
- Provide sensitive leadership
 - Show concern for students' well-being, encourage students to share concerns with you, take students concerns seriously, i.e. be approachable.
- Manage Expectations
 - The difference between what one expects and what one actually experiences may determine the level of distress one feels. It is therefore helpful to review students' expectations and visualizations so that they are not surprised – or even shocked – by what they find.
- Understanding intercultural skills
 - Students should understand that among the many intercultural skills required for successful adjustment in a different culture, intercultural specialists believe that being aware of one's own culture is most important. *"Understanding the culture you bring with you overseas helps you see the one you find much more clearly."* (6)
 - Other intercultural skills include:
 - Being aware of one's limitations
 - Respecting the other culture
 - Learning from interacting
 - Being non-judgmental
 - Avoiding stereotypes
 - Being able to communicate
 - Listening and observing
 - Tolerating ambiguity
 - Being persistent
- **IMPORTANT: Gather information about local medical AND mental health services**
 - Know where to turn in case of a medical or mental health crisis. Make sure students have researched their various insurance plans, and have called their insurance companies to inquire about medical and mental health care in the host country. **Some insurance companies have a phone number to call from abroad to find out about local providers.**
 - Remind students to bring sufficient medications with them for the entire length of their time abroad; they will not be able to fill prescriptions abroad without first seeing a local doctor and the medication abroad may be different from their medication at home.
 - Have students create a back-up plan for how to get a hold of medication if they run out or it is lost/stolen.
 - Keep in mind that the network of local mental health resources may be significantly different from resources in the United States. The amount and quality of local resources differs depending on the host country. It is not feasible for OU Counseling and Psychological Services to provide mental health care to students abroad (please see page 11 for more information and explanation).

Warning Signs in Distressed Students

Reference #(s): 1, 4, 7

EXAMPLES OF THINGS YOU MIGHT SEE

These may – or may not – be indicative of mental distress

- Being afraid (e.g. indecisive or “frozen”)
- Feeling anxious (tense, jumpy, unable to relax, worried frequently)
- Angry at minor things, easily irritated; slamming doors, stomping around, argumentative
- Feelings of apathy (e.g. being “off in a zone,” monotone voice, blunted emotional expressions)
- Acting impulsively; risky behaviors; doesn’t seem to think about dangerousness of choices
- Everything in life is negative; can’t identify anything positive, feeling hopeless
- Student asserts that nothing is wrong, puts on a constantly happy face
- Feeling physically upset (e.g. stomachache, headache, dizzy, eye strain, grinding teeth)
- Sleeping all day or not at all at night; Looking really run down and worn out
- Loss of appetite or overeating; Losing weight or gaining weight
- Looking disheveled; not showering; body odor; wears same clothes every day
- Crying for no apparent reason; teary all the time; cries easily
- Socially isolated, withdrawing, distant and disconnected
- Teased or bullied; avoided by others
- Increased use of cigarettes, drugs, or alcohol
- Stops going to class, work, or stops coming to eat; not leaving their room
- Forgetfulness, inability to concentrate, working harder but getting less done
- Saying they want to hurt themselves or someone else
- Giving away their possessions.
- Facebook posts; dark and morbid text messages
- Dark cartoons or drawings; dark essays or reports submitted in classes
- Unusual statements or mumbling under their breath – “if I’m still around by then”, “what’s the point – nothing works anyway”

SIGNS OF A SERIOUS PROBLEM

If recognized in yourself or in a student, these require intervention

- Prolonged depression
- Marked changes in eating or sleeping patterns
- Excessive anxiety that interferes with the ability to function
- Persistent elevated, expansive or irritable mood
- Decrease of functioning in Activities of Daily Living (ADL; hygiene, eating, getting dressed, etc.)
- Heightened sensitivity to sights, smells, sounds or touch
- Suspiciousness of others (paranoia) and exaggerated beliefs about own capabilities
- Self-destructive or violent behavior
- Alcohol or substance abuse
- Failure to comply with medical recommendations

Helpful Hints for Approaching Students

Reference #(s): 4, 9

HOW TO ESTABLISH A CLIMATE OF ...

...Trust and Safety, How to Gather Information, & How to Explore Possible Solutions.

- Be friendly without being a "friend" -- maintain a professional relationship and establish clear and consistent boundaries. Show interest and support.
- Ask to see the student in private to minimize embarrassment and defensiveness.
- Acknowledge with care that you are concerned about the student's welfare.
- Use constructive self-disclosure to acknowledge your observations of the student's situation and express your concern directly and honestly. Strange or inappropriate behavior should not be ignored. Comment directly on what you have observed with non-judgmental descriptions. Focus on behavioral observations, not your interpretations.
- Listen respectfully and provide empathy without necessarily agreeing or disagreeing with the student's point of view. Try not to minimize his/her pain. Try to refrain from making quick judgments, i.e. take all student concerns seriously.
- Ask follow-up questions for better clarification and understanding. Demonstrate that you understand what the student is disclosing by paraphrasing what the student has told you.
- 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.
- Care for yourself. Know your limits. Consult with others.

KEEP IN MIND...

- Don't assume that any **one** sign is definitely a problem. Look for an overall pattern to emerge. Some things, like erratic sleeping, can be really normal for college students.
- Be aware of noticeable changes in behavior.
- Don't be afraid to talk about difficult topics (e.g. suicide, cutting, alcohol use, eating disorders) directly. If you show calmness and confidence, you will set an open and accepting tone for a student to open up. If you tip-toe around the topic, it sends the message that it's not okay to talk about it.
- Set a precedent of checking in on your students in general so that it does not seem out of place for you to check in on a student of concern.
- Know your students ahead of time. Know their routines. Know the atmosphere among students so that you'll recognize more easily when something is out of place.
- If a trauma or loss has occurred to someone important in the student's life, or if the student has family members with lots of stress at home, this could be impacting the student (stress is contagious).
- Observe the student's response to your inquiry (very responsive? glosses over the concerns?)
- It is natural to feel overwhelmed from time to time; sometimes just pinning down what the matter is can be something of a relief.
- Do not promise to keep concerns a secret.
- You do not have to say the "right thing". You cannot eliminate a student's distress; your presence and caring alone will be helpful.

INVOLVING LOCAL LAW ENFORCEMENT

When a student is in some type of crisis situation in which local law enforcement is involved, such as a robbery or sexual assault, be aware that law enforcement in the host country may not be sympathetic or supportive of the student. Law enforcement may or may not be sensitive to the student's mental health needs and therefore faculty support is even more crucial.

- **SEXUAL ASSAULT:** forewarn the student that he/she may not feel supported by local law enforcement AND always sympathize with the victim; **never** blame the victim since sexual assault is **never** the victim's fault.

RESOURCE

If you would like more specific information about how to approach a student based on the student's presenting problem, please refer to "Best Practices in Addressing Mental Health Issues Affecting Education Abroad Participants" (see reference section for web link).

When to Refer for Professional Help

Reference #(s): 1, 9

REFER A STUDENT TO PROFESSIONAL COUNSELING WHEN:

- Symptoms are severe:
 - Occur frequently and consistently over time
 - Are extreme, e.g.
 - development of a pattern of substance abuse
 - persistent loss of appetite
 - thoughts of suicide
 - prolonged impairment in ability to manage academic demands
- Signs of emotional distress seem to be impairing with the student's personal life, happiness or work
- There are concerns about the student's or other's safety
- The problem is more serious than you/staff feel comfortable handling
- The student's problem is beyond your/staff's level of understanding or training
- The student admits a problem but does not want to talk to anyone else about it

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.

IF THE STUDENT IS RELUCTANT TO SEEK HELP...

- Normalize the process of seeking help
- Clarify any costs
- Remind the student of confidentiality
- Describe the options
- Look for leverage

IF A STUDENT REFUSES HELP

- If a student appears to be in an immediate suicide risk, or immediate risk of harming someone else, it should always be considered a high-risk situation. Act immediately.
- Sometimes students need time to think over a decision. Leave the door open to discuss the issue again.
- Obtain consultation at once whenever there are serious concerns about someone's safety.
- Document all actions taken.
- Debrief how the situation was handled

HIPAA

Reference #(s): 5

HIPAA: Health Insurance Portability and Accountability Act

HIPAA was originally developed to improve the ability of workers to maintain benefits when either losing or changing jobs but has since evolved. HIPAA has 5 sections (Health Care Access, Administration Simplification, Tax Provisions for Medical Savings Accounts, Enforcement of Group Provisions, and Revenue Offset Provisions).

The Standards that affect Mental Health Providers are the Privacy Standards, Security Standards and Transaction Standards. The Standards that may affect faculty members is the Privacy Standards (or Privacy Rule). The Privacy Rule protects the privacy of all individually identifiable patient information. The Privacy Rule obligates all health providers to protect health information such as any items included in medical records, copies of records, phone messages, video tapes, therapist notes, daily schedules with patient names and information on or printed from the computer. The Privacy Rule permits some disclosure of information under limited circumstances without the clients authorization – these circumstances are what mental health professionals refer to as the Limits of Confidentiality. In the State of Ohio, health professionals may break confidentiality if a patient shares information that meets any of the following criteria: imminent danger/threat of suicide, imminent danger/threat of hurting another person, child abuse, abuse of the elderly, abuse of the disabled or other vulnerable populations, subpoenas, and threats to national security. **It is illegal for a health care provider to share information that does not meet those criteria.**

HOW MAY FACULTY BE AFFECTED BY THE PRIVACY RULE?

If a student abroad were to speak with a health provider in the United States (e.g. a counselor at Counseling and Psychological Services), that provider will not be able to speak with the faculty member about the student contact. In fact, it is **illegal** for the provider to share any information about the student. This means that it is even illegal to confirm or deny that contact was made. Though you as a faculty member may be very concerned about a student, unless a release of information has been signed for you to speak with the health provider, by law, you will not be able to obtain any information. Privacy Rules may differ from country to country, but most likely health providers in other countries are bound by similar laws.

If you have any questions about how to approach or handle a situation involving a student while abroad, please do not hesitate to contact the Office of Education Abroad (+1.740.593.4583) who can consult with a mental health provider at Counseling and Psychological Services.

Counseling and Psychological Services (CPS) and ProtoCall services (24-hour crisis phone line) are not able to provide treatment to students abroad. Although a student in distress or in crisis may want help, it is unethical for a mental health provider to assess and treat a situation that they cannot see. In attempting to do this the mental health provider might underestimate the seriousness of the situation and is rendered unable to evaluate the effect of any intervention because of the distance.

HANDOUT ON CULTURE SHOCK

Ohio University Counseling and Psychological Services

STAGES OF CULTURE SHOCK

Stage 1: Honeymoon/ Excitement and fascination with the new culture

This is where you will overlook minor problems and look forward to learning new things. Like any new experience, there's a feeling of euphoria when one first arrives in a new country and is in awe of the differences seen and experienced. You may feel excited, stimulated, enriched. During this stage, you may still feel close to everything familiar back home.

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Stage 3: Adjustment phase

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University of Northern Iowa, College of Business Administration information on Culture Shock
<http://www.cba.uni.edu/buscomm/internationalbuscomm/cultureshock.htm>
International Moving: Culture Shock, What is It? Diane Schmidt
http://moving.about.com/od/internationalmoves/a/culture_shock.htm

References

DISCLAIMER: This resource packet was put together in an effort to consolidate information available about mental health concerns in college students abroad. Some of the information in the packet was therefore taken directly from their sources (websites, information packets, etc.) and at times altered to meet the specific needs of the intended audience - Ohio University faculty traveling with students abroad. Any use of this information for other than this particular audience will need to acknowledge the sources appropriately.

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<http://www.globaled.us/peacecorps/maintaining.html>
8. Mental Health and Crisis Management, *University of Notre Dame Counseling Center*, 2004
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