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TRAVEL ABROAD PRE-DEPARTURE PREPARATION

Pre-Travel Visits at Health Service
- Are scheduled by calling 781-281-2810
- Required for study abroad; recommended for Wintersession and other travel but not required
- Complete the Pre-Travel Screening Form on the Patient Portal prior to the appointment
- Bring any program specific forms to the appointment for review and completion.
- Be aware that clearance for study abroad may take multiple appointments in health and/or counseling. Plan accordingly.
- Fees apply for immunizations or laboratory testing if students do not have the Student Health Insurance Plan (Blue Cross Blue Shield), however there is no cost for office visits.

Health Service Travel Visit Overview
Pre-Travel Screening Forms are reviewed (submitted on the Patient Portal)
- Assess your health history
- Review travel itineraries for health and safety
- Recommend and prescribe appropriate vaccinations, malaria and other prophylactic medications.
- Recommend and administer any vaccinations you may need
- Provide travel health education
- Review plan for chronic medical and mental health issues, develop a plan in case of an exacerbation

A list of Travel Clinics in the Boston Area can be found here if you are unable to secure a travel appointment at the Health Service.

Routine Health and Dental Care (for semester or academic year abroad)
Schedule any visits for chronic health issues prior to departure and inform specialists or primary care providers that you will be abroad for an extended period of time.

Make Dental appointments for cleaning or other dental services prior to travel.

Anticipate Healthcare You May Need Abroad
If you have a physical or psychological condition that requires ongoing treatment or surveillance by a doctor, you should consult with Health Service or your personal clinician about the prospect of studying abroad. For example, if you are on medication, discuss the type of care you may need abroad and the best way to continue your regimen.

Seriously consider the consequences of stress from cultural adjustment and relying on different medical practices. Any physical and emotional health issues you have will follow you wherever you travel. New circumstances can even exacerbate existing issues into crises while you’re away from home.
You are encouraged to discuss any of these matters with your program provider or the Director of International Studies. They will assist you in accessing providers in the area you are traveling to.

**Medical Insurance**

If you have the Wellesley College BCBS Insurance plan, you will be covered abroad.

If you have your own independent insurance plan, it is essential that you review the benefits and claims procedures of your policy to ensure that your medical needs will be met at your particular destination (both where you will be based and where you might travel during your semester or year abroad).

Bring your insurance card with you and pack a copy in a separate location.

**Prescription Medication Guidance**

Be sure to bring as needed medications such as Epi-Pens or asthma inhalers.

Check all expiration date prior to departure.

Obtain an extended supply of any medication you take. You will need authorization from your health insurance. For those with the Student Health Insurance Plan (Blue Cross Blue Shield):

1. The prescriber needs to write the prescription for a 1 year supply. The student must then contact Blue Cross to have the override processed. Blue Cross’s toll free customer services number is 1-888-753-6615 (on student’s insurance ID card).
2. Inform the customer services associate of the name of the medication, the dosage and instructions on how prescribed.
3. Once it is complete, the student can go to their pharmacy to pick up a year’s worth of supply and the student will be responsible for all monthly co-pays (co-pay x 12) at the time of pickup.
4. Contact University Health Plans (UHP) at 1-800-437-6448 with any issues or questions. UHP Blue Cross will then be contacted to resolve the issue.

Students with private insurance should contact their individual insurance company by calling the phone number located on the back of the card and requesting an international travel override for an extended supply of medication.

**Wellesley College Assistance Abroad Program**

Managed and administered through ACE USA and Europ Assistance, the [Wellesley College Assistance Abroad Program](#) provides all Wellesley College students, faculty and staff who travel for College-related activities with medical, travel and security assistance. Europ Assistance USA is a global assistance leader established in 1963, offering robust services through worldwide alarm centers and numerous service providers. Some of the benefits include:

- Emergency Medical Payments, Medical Expense Guarantee, Hospital Admission Guarantee
- Emergency Medical Transport, Medical Evacuation or Repatriation
- Dispatch of a Doctor or Specialist
- Security Evacuation Services
- Online Security Information
- Pre-Trip Information Services
For a full listing of Program Benefits, click here.

The ACE Travel Assistance Program card provides Wellesley's membership number and information about how to access services. Membership cards are distributed to study abroad students at the mandatory pre-departure meeting. Other travelers should request a card from the appropriate Wellesley administrator:

For study abroad or faculty travel: Office of International Studies - Jennifer Thomas-Starck
For all other travel: Risk and Compliance Manager - Jodi Williams

All students are also strongly encouraged to enroll in the US State Department's Smart Traveler Enrollment Program in order to receive advisories and alerts relevant to their study abroad plans.

Pack a First Aid Kit

- Digital THERMOMETER in Fahrenheit & Celsius
- Basic first-aid items (Band aids, gauze, ace wrap, antiseptic, tweezers)
- First Aid quick reference guide
- Anti-Diarrheal medication (Imodium or Pepto-Bismol)
- Antihistamine (Benadryl) Motion sickness medication (Dramamine)
- Acetaminophen (Tylenol) or Ibuprofen (Advil) for pain or fever
- Ear plugs
- Throat lozenges, cough suppressant/expectorant (Mucinex)
- Antacid (Tums), mild laxative or stool softener (Miralax or Colace)
- Antifungal & antibacterial ointments or creams, 1% hydrocortisone cream
- Insect repellent containing DEET (30-50%), Sunscreen (SPF 30 or greater)
- Antibacterial hand wipes or alcohol-based hand sanitizer
- Water purification tablets, Oral rehydration solution packets
- Latex condoms, dental dams, Plan B (Plan B is an effective backup method for preventing pregnancy when taken ASAP or within 5 days of unprotected sex. Health Service has Plan B in stock.)
- Address and phone numbers of area hospitals or clinics
- Copy of your health insurance card

Keep in Your Carry-on Bag

- Prescriptions in their original labeled bottle. Take a copy of any prescriptions and a picture of them on your phone.
- A change of clothes, soap & hand sanitizer, extra contacts lenses or glasses.
- As needed medications (pain relievers, inhalers, Epi-Pens etc.)
- Carry your passport, valuable papers, and money in an undergarment case or pocket.
- Copies of your airline tickets, passport, and birth certificate (kept separately)
- Address and phone numbers of your destination, emergency contacts and area hospital or clinic.
WHILE ON LOCATION

Harm Reduction Considerations Abroad

Some foreign countries have unpredictable health standards and travelers to these countries may be at risk for illness or accidents. Certain protective measures should be observed so that you may have a more enjoyable trip.

- Swim only in chlorinated swimming pools that are well maintained.
- Beware of ocean safety, pollution and rip tides. Read signs. If locals aren’t swimming, stay out!
- Do not swim in small rivers, ponds or lakes as they may contain contaminants.
- Always wear seatbelt, helmets, life jackets when available…even if not required!
- Use sunscreen with a minimum SPF 30, and try to stay out of direct sun between 10am-2pm. Use UV protected sunglasses and wide brimmed hats.
- Use protective measures against insects if traveling in infested areas by wearing long sleeved shirts and long lightweight pants after dusk, and protect yourself with insect repellent 30-50% DEET- apply over sunscreen! Check window screens for holes, apply tape if needed.
- Obtain the proper immunizations recommended for the countries being visited.
- If you have a serious medical condition (diabetes, life threatening allergies) wear a Medic Alert Bracelet.
- Take ALL medications you have been advised to prevent illness.
- Remember that once you arrive overseas your resistance will be lowered (new environment, changes in eating, sleeping patterns, etc) and it is easier to get sick.
- Get adequate rest, and maintain a healthy, well-balanced diet to keep your immune system strong.
- You can never wash your hands too much!!

What To Do If You Become Sick or Injured Abroad

See a doctor immediately if you:
- Have diarrhea AND a fever of 102 degrees Fahrenheit or higher.
- Have bloody diarrhea
- Are visiting a malaria-risk country and develop flu-like illness or fever
- Are bitten or scratched by an animal
- Have been in a car accident
- Have been seriously injured
- Experience sexual violence

*Additionally- reach out to a Program Director, Faculty, or other trusted adult so you are supported optimally
Foreign Medical Practices
Be aware that the manner in which medical help is obtained, the way patients are treated, the conditions of overseas medical facilities, and how health care is afforded may be quite different from US practices. U.S. health care values, assumptions, and methods are not universally practiced, and even notions regarding illness onset or the timing of expert attention may be culturally based.

Sexually Transmitted Infections (STIs)
STI's are found worldwide and can often be more prevalent in other countries.

Latex condoms/dental dams (used with water-based lubricant) are the most effective form of protection and are free at Health Service.

The Wellesley College Student Sexual Misconduct Policy and Resources While Abroad

Attitudes regarding sexuality, consent, and sexual misconduct vary tremendously worldwide, and awareness of these differences is an important aspect of preparing to enter a new culture. The Student Sexual Misconduct Policy applies to enrolled Wellesley College students (only) wherever they may be, describing the College’s four Community Standards: Follow the law where you are; conduct sexual interactions with honor integrity & respect; be an active bystander when you can safely intervene; report sexual misconduct and get support for yourself and/or someone else. Find the Policy here:

http://www.wellesley.edu/studentlife/aboutus/handbook/campus/sexualmisconduct

Risk Reduction When Traveling
Perpetrators of sexual misconduct create or exploit vulnerability when targeting a victim. That vulnerability can manifest as someone who is unfamiliar with their surroundings; someone who is impaired by drugs or alcohol; someone who has developed trust for the person; or someone who is alone or isolated. While responsibility for sexual misconduct ALWAYS lies with the perpetrator, there are some steps students can take to reduce their risk of being targeted while abroad:

- Make your boundaries as clear as possible. Cultural differences may increase the likelihood of miscommunication regarding sexual misconduct. Leave situations if you feel uncomfortable.
- Avoid drugs and abstain or use alcohol in moderation. Be aware that alcohol content can vary (e.g. beer can be 5% alcohol or up to 12%), and know the amount of alcohol served to you in a drink (e.g. one cup can have many servings of hard alcohol in it). Watch out for others that may be impaired.
- Be aware of your surroundings; avoid isolated areas.
- If you find yourself in a potentially bad situation, try to walk or run away. If you cannot, try to seek assistance or distract attention to yourself.
- Know how to say ‘help’ in the local language, or try another word such as ‘fire’ in order to attract attention.
- Familiarize yourself with the local telephone system and emergency number.
- Keep name and phone # of nearby clinic and hospital in your area in bag AND in phone.
- Have a plan to get home safely before going out and always stay in communication if not with your friends.
For Students Who Experience Sexual Misconduct While Studying Abroad
(including Wintersession, Faculty-led Trips, or other College Programs)

The Student Sexual Misconduct Policy & Resources describe the many supports that follow Wellesley College students while studying abroad, including the College’s Title IX Coordinator. Local resources such as Program Directors, area health and counseling providers, or law enforcement may ensure access to timely, effective support.

**For CONFIDENTIAL assistance in responding to an incident of sexual misconduct, including sexual violence:**

Wellesley College Travel Assist Program
administered by ACE/EuropAssistance
[http://www.wellesley.edu/ois/emergency_info](http://www.wellesley.edu/ois/emergency_info)
1-202-659-7803 (Outside the USA call collect)
OPS@europassistance-usa.com

**In Case of Emergency**

In case of emergency, students participating on academic study abroad programs administered or approved by Wellesley should first follow the emergency instructions provided by their study abroad program and/or host institution and notify the OIS as soon as possible. Should students require additional assistance they should access:

1. **Call First: The Wellesley College Assistance Abroad Program**
   - 1-800-243-6124 (inside the USA)
   - 1-202-659-7803 (Outside the USA call collect)
   - OPS@europassistance-usa.com

2. **Then, Notify the Office of International Study**
   - During regular office hours, call: 781-283-2320 or 781-283-3532
   - After hours, call Campus Police: 781-283-2121, to be connected to the staff member on call

3. **And, Inform Primary Insurance Carrier**

The student, or the student's emergency contact, is responsible for informing her primary insurance carrier.

In the event that circumstances draw media attention, all inquiries should be directed to Wellesley College Public Affairs (781-283-2373 or mediarelations@wellesley.edu).
Vaccine Information
We follow the Center for Disease Control (CDC) guidelines to determine which vaccinations are needed specific to the area(s) YOU are traveling to. For continually updated health information we strongly recommend visiting the CDC’s travel website http://wwwnc.cdc.gov/travel/default.aspx

- **TYPHOID** is recommended for travelers who are visiting developing countries and may be exposed to potentially contaminated food and water, especially in smaller cities, villages or rural areas (off tourist areas). The typhoid vaccine protects 80% of recipients for approximately 2-5 years, depending upon type of vaccine used. Typhoid vaccine is available as an injectable vaccine, with protection lasting 2-3 years, and is also available as an oral vaccine, lasting 5 years.

- **HEPATITIS A** is highly endemic throughout the developing world. Transmission may occur through direct person-to-person contact, from contaminated water, fruits and vegetables, shellfish and through poor sanitary conditions. Many cases of Hepatitis A occur in standard tourist areas. Hepatitis A vaccine is available and will provide a more permanent form of immunity. This vaccine is given in two doses; the first dose is given at least two weeks prior to travel, and the second dose, a booster, should be administered in 6 to 12 months. Immune Globulin prophylaxis is also available and may provide protection for about 6 weeks. We recommend the hepatitis A vaccine for optimum protection.

- **HEPATITIS B** is spread through contact with the blood and body fluids of an infected person. A person can get infected by having unprotected sex with an infected person, by sharing needles when injecting illegal drugs, by being stuck with a used needle on the job, or during birth when the virus passes from an infected mother to her baby. About 1/3 of people who are infected with hepatitis B in the United States don't know how they got it. The vaccine consists of a series of 3 shots, given at 0, 1 and 6 months.

- **POLIO** most adults do not need polio vaccine because they were already vaccinated as children. But three groups of adults are at higher risk and should consider polio vaccination: people traveling to areas of the world where polio is common, laboratory workers who might handle polio virus, and health care workers treating patients who could have polio. Booster may be recommended.

- **MMR** measles, mumps & rubella vaccines.

- **TETANUS/ DIPHTHERIA** vaccines should be up to date upon admission to W.C., we will check your record when you come in for your travel appointment. Certain areas of the world may from time to time issue traveler health warnings about these illnesses and others being present or endemic.

- **TdaP** vaccine is a tetanus booster which also contains pertussis (whooping cough) vaccine.

- **MENINGOCOCCAL** vaccine (Menactra or Menomune) should be considered for all college students, especially first-year students. Recent studies have shown that college students may be more susceptible to bacterial meningitis because of close living quarters and lifestyle activities. The College highly recommends that all entering college students get vaccinated prior to coming to school. Meningitis also is endemic in certain areas of the world and the vaccine is highly recommended for travel to these areas.

- **RABIES** vaccines are also recommended and necessary for certain areas of travel and whether or not students will be working with or exposed to domestic or wild animals. The pre-exposure vaccine comes in a series of three doses over a one-month period.
- **JAPANESE ENCEPHALITIS (JE)** is a common mosquito-borne viral encephalitis found in Asia. JE is transmitted chiefly by the bites of mosquitoes. Vector species in China feeds on domestic animals, birds, swine and humans. Larvae are found in flooded rice fields, and marsh areas. Most infections are without symptoms, but if clinical illness develops, the fatality rate can be as high as 30%. This vaccine comes in a 2-dose series given over a month.

- **TUBERCULOSIS (TB)** is a disease caused by bacteria that are spread from person to person through the air. TB usually affects the lungs, but it can also affect other parts of the body, such as the brain, the kidneys, or the spine. In most cases, TB is treatable and curable; however, it can be fatal if not properly treatment. Travelers who anticipate possible prolonged exposure to persons with TB (for example, those who expect to come in contact routinely with clinic, hospital, prison, or homeless shelter populations) should have a tuberculin skin test (TST) or TB blood test before leaving the United States. If the reaction to the TST or TB blood test is negative, they should have a repeat test 8 to 10 weeks after returning to the United States.

- **YELLOW FEVER** vaccine is now available at the Health Service. It may be required for travel to certain areas of the world. Yellow fever is a mosquito-borne viral illness, which ranges in severity from a flu-like syndrome to severe hepatitis and hemorrhagic fever. The disease occurs in sub-Saharan Africa and Tropical South America where it is endemic and can at times be epidemic. Vaccination sites must be certified/licensed by the CDC and state and local governments. One vaccination will provide protection for 10 years.

- **VARICELLA (Chicken Pox)** 2 doses recommended for all who have never been diagnosed with having chicken pox in their lifetime.

Immunizations and Vaccines are given by a registered nurse under the direction of the Medical Director. If you need to make an appointment for additional immunizations/travel vaccines after today’s visit, please contact us at x2810.

**PLEASE NOTE:** Students with Wellesley College BCBS Insurance will have immunizations covered 100% by their insurance. Students with other independent insurances are responsible for payment of charges and can forward information to their insurers for reimbursement. If you have any questions please call our Billing Coordinator at x2811.

Costs for vaccines in Health Service can be found here: [http://www.wellesley.edu/healthservice/services/immunizations](http://www.wellesley.edu/healthservice/services/immunizations)
Mosquito Borne Diseases

- **MALARIA** is one of the most frequent problems faced by travelers to the tropics and subtropics. It is transmitted through the bite of infected mosquitoes and occasionally through blood transmission. The mosquito-borne infection is most common in Central and South America, Africa, India, Southeast Asia, the Middle East, and the South Pacific Islands. Four different forms of malaria have a variety of impacts from fever and chills, to vomiting and diarrhea. Untreated, serious infection can lead to death. Infection usually occurs between dusk and dawn. Symptoms will occur 7-9 days after bite. Travelers can protect themselves from insect borne disease by wearing long sleeved shirts and slacks and using insect repellent. Preventive medication is recommended when traveling to areas where malaria is present. The type of medication used depends upon the region of travel and a prescription is necessary. Anti-malarial drugs are taken in pill form, either daily or weekly 1-2 weeks prior to departure, and continue for 1-4 weeks after leaving the area. Cost can vary and depend upon region of travel, length of stay, and drug resistant strains of malaria. **It is imperative to complete ALL ordered medications.** No antimalarial is 100% effective and must be combined with use of personal protective measures, such as using insect repellent with 30-50% DEET, wearing long sleeved shirt/pants and sleeping with nets or in mosquito free settings. Mosquitos are most active at dusk and dawn.

- **DENGUE FEVER** is the most common cause of fever in travelers returning from the Caribbean, Central America, and South Central Asia. This disease is spread through the bites of infected mosquitoes and cannot be spread person to person. Dengue virus is present in all tropical and many subtropical areas worldwide. The mosquitoes that carry dengue bite most often in the morning and evening and during hot, wet times of the year. However, they can bite and spread infection all year long and at any time of day. Common symptoms include fever, headache, pain behind the eyes, joint pain, rash, nausea/vomiting, easy bruising or bleeding from nose/gums. Severe dengue can be fatal, but with good treatment, less than 1% of patients die from dengue. People who have had dengue before may get severe dengue if they are infected again. Travelers can reduce their risk of dengue infection by using personal protective measures to prevent mosquito bites (see malaria above). For up to date information on specific areas, see the Dengue Map on the CDC website. There is no vaccination.

Travelers Diarrhea (TD)

- TD is the most common illness affecting travelers.
- Attacks range from 30-70% depending mostly on the area.
- High risk areas: Asia, Middle East, Africa, Mexico and Central and South America.
- Bacteria cause approximately 80% of TD cases, primarily E. Coli.
- The primary source of infection is ingestion of fecally contaminated food or water.
- Poor Hygiene in local restaurants is largest contributor. Poorly educated regarding food sanitation.
- You can prevent by washing hands, following drinking water precautions and making smart food choices.
- Common symptoms are diarrhea, abdominal cramping, bloating, nausea/vomiting, fever, urgency, and malaise.
Most cases are benign and resolve in 1-2 days without treatment. TD is rarely life-threatening. The natural history of TD is that 90% of cases resolve within 1 week, and 98% resolve within 1 month. You may have repeat bouts with other contaminants.

Preventive Measures for FOOD SAFETY:
- Avoid street-vendor food and unhygienic eating establishments.
- Avoid eating raw or undercooked eggs, meat and seafood.
- Avoid eating raw fruits (oranges, bananas, avocados) unless YOU peel them.
- Avoid uncooked vegetables (including salad) especially in questionable locations.
- Unpasteurized milk and dairy products (chesses) are associated with increased risk.
- If handled properly, well-cooked and packaged foods usually are safe.
- Wash your hands before eating…every time!

Preventive Measures for WATER SAFETY:
- Drink only bottled water or commercially sealed beverages.
- Ensure cap has intact seal.
- Do not avoid drinking fluids, as you risk dehydration….Drink safe!
- If in doubt, boil for at least 5 minutes or use a water filter or purification tablets
- Brush teeth with bottled water
- Avoid ice cubes

Treatment Measures for Travelers’ Diarrhea
- TD usually is a self-limited disorder and often resolves without specific treatment.
- Oral rehydration is recommended to replace lost fluids and electrolytes.
- Clear liquids are best (water, apple/cranberry/grape juices, ginger ale or other clear carbonated drinks from safe containers, clear sports drinks, clear broth).
- Travelers who develop three or more loose stools in an 8-hour period---especially if associated with nausea, vomiting, abdominal cramps, fever, or blood in stools---may benefit from antibiotics.
- Commonly prescribed regimens are 500 mg of ciprofloxacin twice a day for 3-5 days.
- Over-the-counter Pepto-Bismol or Immodium, as directed, should help to solidify stools.

Make sure you have the appropriate information and medications to treat TD before you leave!!

**If diarrhea becomes severe — or if diarrhea is bloody, or fever occurs with shaking chills, or abdominal pain becomes marked, or diarrhea persists for more than 72 hours — Seek medical treatment!!
RETURNING HOME

- Notify your primary clinician or Health Services upon return if you were ill or injured while abroad.
- If you are not feeling well, seek medical care and mention that you have recently traveled.
- If you have visited a malaria-risk area, remember to continue taking your antimalarial drug as ordered, until dose is completed.
- If you develop flu-like illness or fever within the 1st YEAR of returning from travel from malaria-risk area, seek immediate medical attention and notify health care provider of recent travel area.
- Consider at Tuberculin (TB) screening test if you've traveled to a TB endemic country for an extended period of time or may have been exposed to active tuberculosis.

What is Re-entry?

Re-entry is the process of returning home after spending time abroad. It is a powerful experience that has the potential to allow for personal growth, to provide mobility for social action and civic engagement, to enhance skills for your professional life, and lastly the ability to further your knowledge about the world and your place within it. You are probably returning home energized with new emotions, newfound passions, or even confusion from seeing the world in a different way. Adjusting to life at home after studying abroad can often lead to a range of emotions and confusing questions. Often these emotions are described as reverse culture shock.

Preparing To Return Home: Quick Tips by Dr. Bruce LaBrack

Compiled by Dr. Bruce LaBrack. School of International Studies, University of the Pacific for use by the Institute of International Education, San Francisco. Aspire Newsletter, Spring 1996.

The following list is compiled from many sources, but all of the tips come from returnees who offer these ideas in the hope of making your re-entry easier for you and for those at home:

- **Prepare for an adjustment process.** The more you consider your alternatives, think about what is to come, and know about how returning home is both similar to and different from going abroad, the easier the transition will be. Anticipating is useful. As one psychologist put it, "Worrying helps."
- **Allow yourself time.** Re-entry is a process that will take time, just like adjusting to a new foreign culture. Give yourself time to relax and reflect upon what is going on around you, how you are reacting to it, and what you might like to change. Give yourself permission to ease into the transition.
- **Understand that the familiar will seem different.** You will have changed, home has changed, and you will be seeing familiar people, places, and behaviors from new perspectives. Some things will seem strange, perhaps even unsettling. Expect to have some new emotional and psychological reactions to being home. Everyone does.
- **There will be much "cultural catching up" to do.** Some linguistic, social, political, economic, entertainment and current event topics will be unfamiliar to you as new programs, slang, and even governmental forms may have emerged since you left. You may have some learning to do about your own culture. (Note: most returnees report that major insights into themselves and their home countries occur during re-entry).
• **Reserve judgments.** Just as you had to keep an open mind when first encountering the culture of a new foreign country, try to resist the natural impulse to make snap decisions and judgments about people and behaviors once back home. Mood swings are common at first and your most valuable and valid analysis of events is likely to take place after allowing sometime for thorough reflection.

• **Respond thoughtfully and slowly.** Quick answers and impulsive reactions often characterize returnees. Frustration, disorientation, and boredom in the returnee can lead to behavior that is incomprehensible to family and friends. Take some time to rehearse what you want to say and how you will respond to predictable questions and situations; prepare to greet those that are less predictable with a calm, thoughtful approach.

• **Cultivate sensibility.** Showing an interest in what others have been doing while you have been on your adventure overseas is the surest way to reestablish rapport. Much frustration in returnees stems from what is perceived as disinterest by others in their experience and lack of opportunity to express their feelings and tell their stories. Being as a good a listener as a talker is a key ingredient in mutual sharing.

• **Beware of comparisons.** Making comparisons between cultures and nations is natural, particularly after residence abroad; however, a person must be careful not to be seen as too critical of home or too lavish in praise of things foreign. A balance of good and bad features is probably more accurate and certainly less threatening to others. The tendency to be an "instant expert" is to be avoided at all costs.

• **Remain flexible.** Keeping as many options open as possible is an essential aspect of a successful return home. Attempting to re-socialize totally into old patterns and networks can be difficult, but remaining aloof is isolating and counterproductive. What you want to achieve is a balance between maintaining earlier patterns and enhancing your social and intellectual life with new friends and interests.

• **Seek support networks.** There are lots of people back home who have gone through their own re-entry and understand a returnees concerns — academic faculty, exchange students, international development staff, diplomatic corps, military personnel, church officials, and businessmen and women. University study-abroad and foreign student offices are just a few of the places where returnees can seek others who can offer support and country-specific advice. The key to facilitating your personal/emotional re-entry is staying connected to people and working through some of the challenging mental and emotional aspects of coming home. Remember there are lots of resources out there. Some available options include:

  The Stone Center 781-283-2839
  Health Service 781-283-2810
  Office of Religious and Spiritual Life 781-283-2685
  Office of International Service 781-283-2320