STUDY ABROAD LEADERS’ PERSPECTIVE ON THEIR ABILITY TO IDENTIFY
AND MANAGE PSYCHOLOGICAL STRESS OF THEIR STUDENTS

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By
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A quotation from Sir Isaac Newton expresses my sentiments towards the individuals who assisted with the completion of this thesis, “If I have seen further it is by standing on the shoulders of giants,” (as cited in Turnbull, 1959). The progress made with this work was accomplished only with the continued help, support, and guidance from those whom have touched my life. Each of you holds a special place in my heart and I truly appreciate your feedback and ability to keep me focused. Thank you!
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ABSTRACT

THESIS: Study Abroad Leaders’ Perspective on their Ability to Identify and Manage Psychological Stress of their Students

STUDENT: LaDonna J. Hayden

DEGREE: Master of Arts

COLLEGE: Teachers College

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This study was designed to better understand psychological support services available and desired for students and group leaders of study abroad experiences. It was hypothesized that study abroad group leaders 1) would witness psychological distress among their students and 2) would not have an action plan addressing psychological distress while abroad. The participants consisted of thirty-seven faculty and staff members who led a study abroad excursion in the past five years at a mid-sized, public university in the Midwest. Each participant answered an online needs assessment comprised of questions regarding demographics, trip logistics, and mental health concerns. The results indicated that nearly 50% of all study abroad trip leaders reported a student with a mental health issue and 75% of these group leaders believed that the students either did not have access to mental health services or only had medical assistance available. Limitations and recommendations for future studies are reported.
CHAPTER I

Introduction

Over the last twenty years, study abroad opportunities have become increasingly popular for university students in the United States. From 1985 to the present day, the number of university students studying abroad each year has increased from 50,000 to over 260,000 respectively (Opendoors Online/IIE Network, 2010; Figure 1). Study abroad programs (SAP) nationwide offer a variety of potential experiences for students interested in cross-cultural journeys. Academic benefits, increased second language proficiency, personal growth (Limburg-Weber, 2009), expanding intercultural competencies (Canfield, Low, & Hovestadt, 2009) and increased creativity (Maddux & Galinsky, 2009) are just a few of the proposed benefits offered by many SAPs. Many SAPs purport that international study will give university students an advantage over their peers who choose not to study abroad. Encouragement from the university international study offices, foreign language professors, potential employers, other university students, etc. propels college students to broaden their horizons and explore the world. Unfortunately, not all university students may be ready to take on the challenges involved with international sojourns.
Statement of Problem

Some university students travel abroad without being fully informed of potential health and mental health risks they may face during their study. College students travel abroad and discover many unique and strange situations making life more difficult. The newness of living in a foreign culture, even for a short time, elicits difficult life stressors different from studying in one’s home country. These students encounter a challenging environment and may not be as mentally prepared as they may have originally anticipated. Several studies have noted students’ troubles adjusting to life abroad – including marked psychological distress, loneliness (Hunley, 2010), depression, homesickness, stress, (Brown & Holloway, 2008), a sense of disconnection from both the host country and one’s own country (Pedersen, 2010), eating disorders, isolation, and interpersonal relationship issues (Pavlova, Uher, & Papezova, 2008). Often, these unpleasant and unforeseen aspects of studying abroad are understated and few resources are known to actively assist students’ mental health concerns while they are abroad. It is unclear whether study abroad program leaders are aware of, or avail themselves of, mental health resources that may prevent or remediate student concerns.

Purpose of Study

This study will investigate the present literature and explore the opinions of study abroad group leaders regarding mental health needs of traveling students. Through a needs assessment, study abroad group leaders will share their beliefs about whether or not they believe counseling services would be beneficial to their students with whom they traveled abroad. The purpose of this study is to determine whether group leaders perceive a need to provide counseling services to students while they study abroad.
Importance of Study Abroad Experience in Collegiate Education

The world is getting smaller and more connected than ever before in history. With the increase in a global economy, universities around the globe are competing to provide the best resources for their students that will foster a cross-cultural education and ensure future employment (de Oliveira, Braun, Carlson, & de Oliveira, 2009). The world’s rapid internationalization is making an impact on the curriculum at many universities (Sayers & Franklin, 2008). Some institutions are shifting their insular focus to a more global perspective by reassessing their curriculum and placing a greater emphasis on internationalizing their education strategies. These program modifications have provided additional opportunities for students to gain more foreign language competencies, incorporate international issues and a global evaluation into all classes, and participate in international service learning trips (Fischer, 2007). In turn, each year, global partnerships between universities foster an environment welcoming an increasing number of international students and scholars to attend domestic universities assisting with the endeavor of providing a diversified educational atmosphere (Institute of International Education, 2008).
Why do Students Study Abroad?

Cultural learning and sensitivity via an immersive learning experience abroad was the focus of Johns and Thompson’s (2010) research. These researchers surveyed American nursing students who studied abroad in Guatemala. The students’ home university was primarily composed of first-generation, Caucasian-American students. This homogenous setting offered little opportunity for the students to gain a culturally diverse education at college. The researchers discovered that this study abroad program afforded the nursing students a life altering experience. Through reflective journals, the students wrote about how their views of the health care system altered after traveling and studying abroad. These students revealed that their awareness of a larger global world expanded and they had a greater understanding of the relationship that exists between health care and poverty. Furthermore, the nursing students developed an understanding of their own materialism and cultural bias that they were not previously aware of in their domestic setting. In the study abroad atmosphere, the nursing students in this study were able to use the reflective writings, the direct training of working with Guatemalan health care, and their understanding of the patient-nurse relationship to become more culturally sensitive nursing professionals.

Studying Abroad Enriches Students

A plethora of knowledge and competencies are to be gained from the study abroad experience. Hadis (2005) noted that students who study abroad return with a worldly concern for other nations and international affairs, tend to appreciate cultural differences more, and are considered to be more self-aware, independent, and mature than those who do not study abroad. Lindsey (2005) researched American social work
students traveling to Scotland and learned that not only did the budding professionals gain a greater sense of multicultural awareness, but after the trip they also began integrating anti-discriminatory practices and social justice into their work. Lindsey further reported that the travelers had expanded their cultural horizon, developed an appreciation of differences, and gained awareness and insight into their own cultural and value belief systems at a significantly higher level than the non-traveling control group.

**Disadvantages of Studying Abroad**

Unfortunately, not all aspects of a study abroad experience are positive. Several studies have noted negative side effects of international study. Three studies investigated the alcohol drinking behavior of university students studying abroad (Pedersen, LaBrie, Hummer, Larimer, & Lee, 2010; Pedersen, LaBrie, & Hummer, 2009; Pedersen, Larimer, & Lee, 2010). Each study reported higher levels of alcohol consumption among students who studied abroad versus the students studying domestically. Increased alcoholic beverage consumption may have been a coping mechanism used by these students for handling the additional stressors experienced as a part of international travel. In a case study conducted by Cushner, Leong, Zhang, Pickering, and Chang (2008), the female student studying internationally who was the subject of their study experienced increasing anxiety and worry as time progressed through the study abroad experience. The researchers wrote that the worrying persisted for several weeks and developed into medical issues for the student. With the onset of increased medical difficulties the student had trouble completing her academic requirements. Like several other studies (c.f., Constantine, Anderson, Berkel, Caldwell, & Utsey, 2005; Ineson, Lyons, & Branston, 2006; Pavlova, Uher, & Papezova, 2008; Poyrazli, & Lopez, 2007) this case
study described some of the negative study abroad experiences that tend to receive little attention as to the potential affects these occurrences have on the student. The study also failed to mention ways in which the study abroad coordinators did assist or could have assisted this student with her study abroad experience. Although much attention has been devoted to encouraging students to gain a global perspective, perhaps more consideration should be dedicated to better incorporate these international experiences, as negative consequences can occur if proper devotion is not given to this issue.

**Culture Shock**

Most notable of the negative consequences associated with study abroad experiences are the effects of culture shock (Christofi & Thompson, 2007). Culture shock has been defined in several ways in the literature. Pertinent to the experiences of students today, culture shock is the difficulty associated with adjusting to the new environment surrounding the individual (Chapdelaine & Alexitch, 2004; Pedersen, 1995; Ward, Bocher, & Furnham, 2001); these individuals must navigate through new systems with unfamiliar cultural norms. Westwood, Lawrence, and Paul (1986) expressed that culture shock can occur to any individual immersed in a culture different from his or her own. Examining internationalization and culture shock, Ineson et al. (2006) reported links between culture shock and language problems, lack of preparation, cultural differences, and frustrations while working. This study indicates that culture shock may have multiple detrimental effects on an individual’s journey abroad. Poyrazli and Lopez (2007) further noted that a connection exists between onset of homesickness and depression for students experiencing culture shock while studying abroad. These inferences can lead one to believe that culture shock may have serious disturbances for
one who chooses to study abroad, if that individual is not equipped to cope with the changes between cultures. While culture shock may be well documented in literature, it appears that the potential troubles associated with culture shock have not received sufficient attention and care.

**Self-Verification Theory**

One possible explanation for the difficulties facing students studying abroad is the self-verification theory (Swann, Chang-Schneider, & Angulo, 2007; Swann, 1997, 1983). As the students enter foreign territory, the social cues they are accustomed to no longer exist with the same understanding. The self-verification theory states that people’s individual identities give their lives purpose, understanding, and continuity. Thus, people tend to be very eager to maintain and verify their identities, as their identities chart their life experiences. Additionally, the self-verification theory argues that people generally prefer to be around others who see them as they see themselves, even if the individual has a negative self-view (Swann, Wenzlaff, Krull, & Pelham, 1992; Swann, Wenzlaff, & Tafarodi, 1992). While studying abroad the like self-views that people seek would be challenging to find. Students studying abroad experience a dilemma as they struggle to find a shared reality. Attaining the desired verification from the social environment in an alien universe is like trying to find the treasure without using a map. In order to navigate the perplexing situation, students need to employ cognitive and behavioral strategies aimed at meeting their specific self-verification goals (Swann, 1983). Since people yearn for and create the scene necessary for their self-views to exist, eventually the individual will find the self-views he or she seeks (McNulty & Swann, 1994). These self-views
may even come at a detrimental cost to the individual, but are what the individual desires to fulfill his or her self-view (Swann, Griffin, Predmore, & Gaines, 1987).

**Identity Negotiation Theory**

Swann and Bossun (2008) further explain identity with the identity negotiation theory. Similar to the self-verification theory, identity negotiation theory maintains that an individual’s identity is relatively stable. However, in the identity negotiation theory, identity change can occur with the interaction of the self and the environment through a complex and slow process. Identity negotiation theory postulates that identities may alter when individuals mediate situated identities that conflict with their persistent identities (2008). In the case of a student studying abroad, the situated identity would be the specific identity he or she takes on as a result of the new surroundings and social cues. The adaptation of the individual’s identity most likely occurs due to the lack of self-verifying feedback and the individual’s need to belong and find connectivity within the new environment. However, to ease the puzzling process of self understanding, purpose, and identity navigation in a different culture, perhaps the assistance from a counseling professional would be beneficial for the university student struggling to achieve identity equilibrium as they study abroad.

**Mental Health Concerns for Individuals Studying Abroad**

An article by Marsella and Pedersen (2004) indicated that counselors are reporting greater adjustment syndrome issues in individuals studying and immigrating internationally. These researchers sent out a call to counseling professionals to enhance their multicultural competencies, as they assert issues are occurring and the field of counseling is not adequately preparing its students to accommodate the needs of the
many international concerns. The problems associated with internationalization have included culture shock, migration stress, alienation, identity confusion and conflict, as well as acculturation. Marsella (1998) noted in a previous study that specific symptoms connected to global interactions involved meaninglessness, cultural disintegration, rootlessness, social disillusionment, and cultural dislocation, among others. The cross-cultural adjustment and identity navigation may have harmful outcomes for the individuals. Researchers identified cultural surprises that led to feelings of discomfort, not belonging, and insecurities (Ineson et al., 2006). Hunley (2010) conducted a study with college students studying abroad in Italy. The study examined aspects of psychological distress, loneliness, and functioning while abroad. Not surprisingly, the study discovered that students who were experiencing increased psychological distress and loneliness also had more difficulties functioning while abroad. As students who are studying internationally experience psychological distress during their cross-cultural transition periods, it becomes apparent that counseling services may be beneficial to the student’s study abroad experience.

National Mental Health Concerns

In recent years, university counseling centers have seen a significant increase in the student population seeking psychological treatment as well as a rise in pathology (Benton, Benton, Tsing, Newton, Robertson, & Benton, 2003). The 2010 National Survey of Counseling Center Directors (Gallagher, 2010; Figure 2) reported that 10.8% of university students surveyed sought counseling services each year. Given the current college student population, that figure represents roughly 317,000 students. Additionally, approximately 38.3%, or nearly 4 times as many students, were seen by university
counselors in some other fashion of counseling center outreach services (workshops, classroom presentations, orientation sessions, etc.). Nearly 91% of counseling center directors indicated that severe psychological problems are on the rise; 70.6% reported an increase in students requiring immediate response (Benton et al., 2003). A study at a large Midwestern university found 30% of the respondents had used campus counseling services in the past and 20% reported currently using counseling services (Soet & Sevig, 2006). The top three concerns reported by the respondents were depression (20%), eating disorders (6.1%), and anxiety (5.9%). Overall, university students appear to be having an increasingly more difficult time coping with the stressors of life in while on their home campus. These life stressors may be exacerbated by the challenges to one’s sense of self-distress by a study abroad trip. Furthermore, as proportion of students reporting mental health concerns increases in the university setting, it would not be surprising to see that proportion increase for students abroad as well.

**Does Counseling Help?**

The Journal of American College Health denotes that while counseling center services across the nation may vary slightly, the majority of centers provide: individual, couple, group, and/or family therapy; eating disorder treatment; alcohol and drug treatment; outreach and consultation; psychiatric services; career counseling; and psychological assessment (Considerations for Integration of Counseling and Health Services on College and University Campuses, 2010). Of those services provided, positive outcomes tend to occur for the university student (Sharkin, 2004; Vermeersch et al., 2004; Whipple et al., 2003). Sharkin (2004) specifically indicated that university
counseling centers had a positive impact on college students’ overall success and retention at their home university.

Furthermore, Amundson (1994) relayed the counseling benefits for individuals undergoing identity negotiation in a time of transitioning between careers. Counseling strategies to help the individual achieve identity balance were suggested (1994). The career transition period, going from the known to the unknown (and unfamiliar), may be similar to the transition period for individuals studying abroad (also a period of transitioning from known to unknown, in this case with culture). Students studying abroad may experience symptoms related to depression, coping, identity confusion, academic stress, etc., all concerns that are effectively treated by university counseling centers (Sharkin, 2004). Thus, one might expect university counseling centers to be a helpful resource for students studying abroad, and for their group leader. It appears, however, that no one has asked study abroad group leaders about their experiences with counseling services.

**Significance of Study**

University students often experience psychological distress while studying domestically. Partially due to identity confusion in a new surrounding, students also have additional stressors when traveling abroad. They may also encounter culture shock, and any number of the psychological stressors that occur domestically. However, there is little known evidence to indicate that a successful protocol or plan of action exists to manage counseling issues that arise during a studying abroad experience. This study was designed to measure study abroad leaders’ perceptions of psychological distress in
students who participate in study abroad trips, and what steps are being taken by program directors to reduce the distress.

**Hypotheses**

Hypothesis 1: Group leaders will report psychological stressors in student participants.

Hypothesis 2: Group leaders will not report an action plan to address psychological distress.
CHAPTER III

Methods

Participants

Participants for the study included thirty-seven female and male faculty and staff members who have, within the last five years, led a study abroad trip for the university student population from a predominantly Caucasian midsized public university in the Midwest of the United States of America. Recruitment of participants occurred through email communication. The recruitment email (Appendix A) to potential participants detailed that a needs assessment study was being conducted “to better understand the support services available to students and group leaders of study abroad programs and determine whether group leaders perceive a need to provide counseling services to students as they study abroad.” Further, the participants were informed that the survey should take approximately ten minutes to complete. As an incentive, faculty and staff members who sign up were entered into a drawing for a $25 gift certificate to a local restaurant of their choice.
Instruments

**Group leader and student demographics, trip logistics, and addressing mental health concerns.** This survey included group leader demographics (i.e., “What is your position on campus?”), student demographics (i.e., “To what age group did the majority of your students belong?”), logistics of the trip (i.e., “What was the length of your stay?”), the purpose of the trip (i.e., “What were the topics and objectives of your study abroad trip?”), native culture interaction (i.e., “On average, how would you describe the quality of interactions your group had with the host population?”), mental health response (i.e., “During your trip, do you recall any instances when your student’s behavioral or emotional reactions seemed out of the ordinary (i.e., if a similar instance occurred on campus, you might have referred the student(s) to counseling services?)”) and counseling services necessary (i.e., “What mental health services would you find helpful to your students during their studying abroad experience?”). Some questions were left open-ended for qualitative data collection (i.e., “If yes, what sort of atypical behavioral or emotional reactions did you notice?”), while other questions were presented with a Likert scale (i.e., “On average, how would you rate your student’s experience working with individuals from diverse cultures before the trip? 1 – No exposure to cultural diversity; 6 – Regular immersion with cultural diversity”) for quantitative response comparisons. Finally, certain questions were included that posed responses with an “other” selection for additional responses (i.e., “If no or unsure, if an unusual behavioral or emotional reaction were to occur during your trip, what would you have done?”).
Procedures

The investigator first received Institutional Review Board approval from Ball State University in order to recruit participants. The investigator sent out a recruitment email (Appendix A) through the Director of Study Abroad, Dr. James Coffin, to Ball State University faculty and staff members who had led a study abroad trip within the last five years for Ball State University students. The email included a link to the survey (Appendices C-F); the survey was administered electronically using InQsit, a Ball State University online testing and survey website.

The email sent to participants included the URL address to the online survey as well as a cover letter explaining the study – “The purpose of this study is to better understand the support services available to students and group leaders of study abroad programs and determine whether group leaders perceive a need to provide counseling services to students as they study abroad.” The demographic information form (Appendix C), the trip and student information form (Appendix D), and group leader perceptions of student needs during a study abroad experience form (Appendix E) were included in the survey. They were informed that the survey would require approximately ten minutes to complete. Participants were asked to read the instructions carefully and to give the most appropriate answer to each item. Participants were also informed that their responses would be kept anonymous and used for research purposes only. Further, if participants preferred, they were free to withdraw from the study at any time without punishment.
The survey’s online databases password protected the response data and only the primary investigator had knowledge of the password. At the end of the survey, participants were fully debriefed (Appendix F), told the full nature of the study, and given the researcher’s contact information to use if they have any questions and if they want to be entered into a free drawing for a $25 gift certificate to a Muncie restaurant of their choice. The participants were instructed to email their name, preferred email address, and restaurant choice to the primary investigator to be considered for the gift certificate. Once the research was complete, all the names of the participants were placed into a hat and one name was randomly selected and contacted as the winner of the gift certificate. Finally, the completed study will be available in the Ball State University Library Archives for anyone who wants to see it. However, the participants will not be able to see their individual results, as those results are anonymous. The online survey link was active for one month from the original send date. After one month, the link was no longer accessible.

**Research Design**

The needs assessment survey was a mixture of systematic, quantitative questions with qualitative informational questions. This formative evaluation collected data from the target population: former group leaders (university faculty and staff members) of study abroad programs. These data helped to determine if the participants perceived a need for counseling related services for future study abroad students.
Data Analyses

The quantitative questions were analyzed by computing the frequencies and percentages participants reported on key questions (e.g., describing how many group leaders indicated the presence of psychological distress in their students; or indicating what percentage of participants believed some form of counseling services would be helpful to the students during the study abroad experience). One-way ANOVAs were also conducted. Responses to qualitative questions were analyzed by assigning and comparing the different themes in the material.
CHAPTER IV
Results

Sample Demographics

The sample consisted of 37 participants. Nearly two-thirds of the sample demographic identified as male (n=25, 67.6%) while the remaining third identified as female (n=12, 32.4%; see Table 1). The vast majority of the participants were faculty members (n=34, 91.9%), with a few participants representing the university as staff or other positions associated with the campus community (n=3, 8.1%; see Table 2). The participants consisted of individuals from several ethnicities, with most participants self-classified as Caucasian (n=32, 86.5%; see Table 3). The participants’ ages ranged from 22 to 71; the mean age was 52.4 with a standard deviation of 12.0 (see Table 4). The majority of the participants were from the College of Sciences and Humanities (n=12, 33.3%; see Table 5), with eight different colleges represented in total.

Trip Demographics

The study abroad trip lengths ranged from 7 to 105 days with the average trip length being 46.5 days with a standard deviation of 35.7 (see Table 4 and Figure 3). The majority of participants reported took students on field study opportunities (n=24, 66.7%; Figure 4) visiting one country outside of the United States (n=22, 59.5%; Figure 5).
Participants reported the accommodations abroad to be similar or very similar to the accommodations of the United States (n=10, 27% and n=16, 43.2% respectively; see Table 6) as well as having somewhat similar or similar cultural values compared to the United States (n=12, 32.4% and n=11, 29.7% respectively; see Table 7). Over half of the participants indicated that they believed the students to have meaningful to somewhat meaningful interactions with the host culture(s) (n=11, 29.7% and n=10, 27.0% respectively; see Table 8).

**Student Demographics**

The participants reported taking a total of 999 students abroad; the majority of those students were female (n=711, 71.2%), while the remaining students were male (n=286, 28.6%; see Table 9). All but 3 participants (91.9%) led study abroad groups primarily consisting of students between the ages of 18 and 22 with the additional 8.1% (n=3) of participants directing students ages 22 and above (see Table 10). Many of the participants believed that students had very little experience with cultural diversity (n=16, 43.2%; see Table 11).

**Mental Health**

Nearly half of all participants described having at least one or more students exhibit an atypical behavioral or emotional reaction while abroad (n=18, 48.6%; Figure 6). Participants reported that of the 999 students represented, approximately 15% presented an atypical behavior or emotional reaction abroad (n=154; Figure 7). Of the reactions reported, group leaders identified seven different themes encompassing the atypical behaviors or emotional reactions demonstrated by the students abroad (Figure 8). These themes were: 1) Excessively sad, down, lonely, homesick, and/or withdrawn
2) Alcohol and/or drug abuse (n=10, 23.8%); 3) Inability to cope with daily problems and/or emotional outbursts of anger and/or violence (n=5, 11.9%); 4) Physical problems, fatigue, difficulties sleeping, and/or sex drive changes (n=5, 11.9%); 5) Anxiety, excessive fears, and/or culture shock (n=5, 11.9%); 6) Interpersonal relationship issues (n=3, 7.1%); 7) Traumatic events (family death or sexual assault) (n=2, 4.8%).

Support Services and Training

The majority of participants indicated having medical support services available to group leaders (n=19, 54.3%; see Table 12) and students (n=20, 55.6%; see Table 13) during the study abroad experience. Several participants reported having access to psychological services for group leaders (n=9, 25.7%) and students (n=9, 25%). While the remaining participants were unsure of what support services were available to both the group leaders (n=7, 20.0%) and to the students (n=7, 19.4%) during the study abroad excursion. Although about a fifth of the group leaders were unsure of what support services were available to the group leaders or to the students, almost all of the participants believed they were “very well-trained” (n=8, 21.6%), “well-trained” (n=16, 43.2%), or “somewhat well-trained” (n=6, 16.2%) take students abroad, while 2 participants (5.4%) reported being “somewhat poorly trained” and 5 participants (13.5%) indicated being “poorly trained” (see Table 14).
Participants and Counseling

The majority of participants expressed an interest in having access to a mental health provider during the study abroad experience if mental health concerns had occurred (n=25, 67.6%) while only 4 participants (10.8%) were not interested in a counselor’s assistance and 8 participants were unsure (21.6%; Figure 9). Many of these group leaders also reported a desire to have some training in mental health counseling in preparation for potential mental health issues that may arise during a study abroad experience (n=15, 41.7%). Another 30.6% of participants did not signify interest in mental health training (n=11), while 27.8% reported that they were unsure if they wanted counseling training (n=10; Figure 10).

Mental health services before, during, and after studying abroad. When asked if mental health services would be helpful to the students before, during, or after a study abroad experience occurred, the participants agreed that some form of counseling services would be helpful (before, n=33, 89.2%; during, n=31, 83.8%; and after, n=27, 75.0%). The remaining participants did not report benefit in counseling services before (n=1, 2.7%), during (n=2, 5.4 %), or after (n=6, 16.7%), or revealed that they were unsure of what services they would want before (n=3, 8.1%), during (n=4, 10.8%), or after (n=3, 8.3%) the study abroad excursion (Figure 11). One participant (n=1, 2.7%) indicated that he would screen out for students with mental health issues before the trip. Of those participants who signified the benefit of counseling services to students before, during, or after a study abroad departure, the majority preferred that students have access to a mental health professional (before, n=18, 54.5%; during, n=25, 80.6%; and after, n=24, 88.9%) rather than the less personal approach of psychoeducational pamphlets or
presentations (before, n=15, 45.5%; during, n=6, 19.4%; and after, n=3, 11.1%; Figure 12).

**Action Plans**

Participants did not have a consistent action plan for approaching psychological distress in students (Figure 13). Both participants who reported presence of atypical behavior(s) or emotional reaction(s) and those who did not report presence of atypical behavior(s) or emotional reaction(s) in their students identified nine different action plans for dealing with psychological distress abroad. These themes were: 1) Talking to the student (n=17, 19%); 2) Asking the student(s) if they wanted to go home (n=14, 15%); 3) Calling the student(s) emergency contact for assistance (n=14, 15%); 4) Asking a friend of the student(s) to assist (n=12, 13%); 5) Calling the campus study abroad office for assistance (n=11, 12%); 6) Referring the student(s) to a physician (n=7, 8%); 7) Having no idea how to respond (n=6, 7%); 8) Calling the counseling center on campus for assistance (n=6, 7%); and 9) Calling my supervisor on campus for assistance (n=4, 4%; Figure 14).

**Action plans taken.** The participants who reported presence of atypical behavior(s) or emotional reaction(s) indicated action plans comprising eight different themes. These themes were: 1) Talking to the student (n=13, 46%); 2) Asking the student if he/she wanted to go home (n=5, 18%); 3) Asking a friend of the student to assist (n=4, 14%); 4) Referring the student to a physician (n=2, 7%); 5) Calling the campus study abroad office for assistance (n=1, 4%); 6) Calling the student’s emergency contact for assistance (n=1, 4%); 7) Having no idea how to respond (n=1, 4%); and 8) Calling my supervisor on campus for assistance (n=1, 4%; Figure 15).
**Action plans proposed.** The participants who did not report presence of atypical behavior(s) or emotional reaction(s) provided nine different themes to approach psychological distress abroad. These themes included: 1) Calling the student’s emergency contact for assistance (n=13, 21%); 2) Calling the campus study abroad office for assistance (n=10, 16%); 3) Asking the student if he/she wanted to go home (n=9, 14%); 4) Asking a friend of the student to assist (n=8, 13%); 5) Calling the counseling center on campus for assistance (n=6, 9%); 6) Having no idea how to respond (n=5, 8%); 7) Referring the student to a physician (n=5, 8%); 8) Talking to the student (n=4, 6%); and 9) Calling my supervisor on campus for assistance (n=3, 5%; Figure 16).
CHAPTER V

Discussion

With interest in study abroad programs increasing across the United States, more research is needed to better understand methods for maximizing the best practices for international study. As previous research has shown (c.f., Brown & Holloway, 2008; Hunley, 2010; Pavlova, Uher, & Papezova, 2008), students are reporting psychological stressors abroad, but it appears many of the mental health resources students may be accustomed to at their home universities are not available at the same extent abroad.

Since no studies to date have addressed the perceptions of mental health needs from the perspective of study abroad group leaders, this study broadly surveyed participants for their observations and opinions about what psychological needs existing for students before, during, and after their study abroad journeys. Participants provided valuable insight into the current state of student mental health abroad and offered suggestions for improving psychological response services to students and group leaders.

Summary of Results

Demographics, trip logistics and mental health. The results showed that of the 37 group leaders surveyed, the majority were Caucasian, male, faculty members, and traveled with almost 1,000 university students. On average, these students were abroad for 6 weeks through field study excursions traveling within 1 country. Many of these
students were reported to be female, between the ages of 18 and 22, with similar cultural values and accommodation standards as that of the host country, but with very little experience with diverse cultures. Of the excursions described, almost 50% of the trips and nearly 15% of the students represented demonstrated some form of psychological disturbance while abroad. The top 3 themes of these mental health difficulties abroad included: 1) Depressive symptoms; 2) Alcohol and/or drug abuse; and 3) Inabilities at coping. With these results, it is not surprising that the majority of group leaders are interested in more extensive action plans for managing mental health dilemmas.

**Taken and proposed action.** The participants of this study displayed a strong desire to ameliorate the methods for approaching mental health concerns in study abroad programs, but reported inconsistencies in their action plans for dealing with mental health issues abroad. Several themes of taken and proposed action plans were illustrated. The top 3 themes of combined action plans included: 1) Talking to the student; 2) Asking the student if he/she wanted to go home; and 3) Calling the student’s emergency contact for assistance. Only 5% of action plans included calling the university counseling center and no group leader identified an action plan that included the use of counseling services within the host country. Additionally, when asked what support services were available to participants, nearly 75% of the group leaders were either unsure or only believed medical services would be available while abroad. Hence, the actions plans presented by the participants highlighted an overall weakness in the taken and proposed action plans; leaving 95% of the actions plans lacking the trained advisement psychological professionals specially trained in treating the psychological needs of students abroad.
**Desired action for counseling.** Under the conditions presented, it may appear that the participants might be uninterested in counseling services. However, the data exhibited that 67% of the participants reported a need to have access to a counselor while abroad and 42% of participants wanted counseling training. Furthermore, a vast majority of the participants wanted counseling services for their students before (97%), during (93%), and after (81%) the study abroad experiences. Therefore, instead of being unconcerned with responding to mental health needs, the participants may have been somewhat unaware of their students’ needs and struggled with how to best approach the sensitive issues of mental health. For many group leaders, successfully navigating mental health concerns with students would not be a typical part of their daily duties in education. If mental health issues did arise in the classroom, then most faculty members would refer the student to counseling services. Therefore, in the new territory of studying abroad and becoming the point-person for issues both academic and personal, the group leaders may be expressing not only the need to have counseling services abroad, but also have a desire for further education in basic counseling training and increased knowledge of meeting students’ needs abroad.

**Participants’ Observations**

Keeping the participants in mind, it is important to note that the nature of this study led participants to make observations on the state of their students with little information. These observations in turn guided the participant to make certain interpretations of the students before, during, and after the study abroad experience. When the participants made the observation that their students had “very little” (n=16, 43.3%) exposure to different cultures before studying abroad, but reported apparent
similarities in cultural values and accommodations, they did so under the lens of the group leader. Since these data were collected from an observer’s perspective, it is difficult to conclude if the proposed similarities between cultures or accommodations are entirely accurate. If the student were inexperienced with diverse cultures, then even small variances in culture or accommodations may seem much larger and perhaps more psychologically disturbing for the student. As the group leaders have diverse experiences regarding their beliefs about cultural values and accommodations, the students also come from a differing set of values and understandings that may be difficult for the group leaders to completely interpret correctly. Therefore, what the group leader might interpret as similar cultural values and accommodations, a student with little to no travel or cultural diversity experience might find to be quite different and consequently have a harder time adjusting than the group leader would expect. These differences in culture and accommodation could lead the students to having challenges with coping and also lead the group leaders to be confused about the students’ needs. With approximately 50% of the excursions having some form of psychological distressing difficulty, it may be that the host countries cultural values and accommodations or the students’ lack of cultural diversity was enough of a culture shock to send the students into distress without the complete understanding from the group leader.

**Identity Negotiation and Self-Verification Theories**

Another explanation to assist the group leader’s understanding of their students psychological difficulties abroad may be clarified by the theories of identity negotiation and self-verification. The day-to-day interactions with persons from the host culture may have been dissimilar enough to confuse the student’s ability to understand who they are
in a different environment. Host cultures with differing social cues, common interactions, or “normal” social protocol may have led the students to misinterpret their surroundings. Students entering diverse environments, different from one’s typical life may have had difficulty with coping well while studying abroad. The self-verification theory postulates that individuals prefer to be in environments with other people who see them and they see themselves. For example, if the individual sees himself or herself as negative person, then the theory indicates that they would want to be around others individuals who may also see them as negative (Swann, Wenzlaff, Krull, & Pelham, 1992; Swann, Wenzlaff, & Tafarodi, 1992). Hence in the study abroad setting, where travelers are typically introduced to new people and diverse cultural and social environments, people may be searching for meaningful and concise feedback on their identities, but are unable to achieve this reassurance. In obscure surroundings, identity negotiating takes place and comprehending oneself becomes more difficult and the self-picture more opaque. For group leaders, knowing that the conflicting self-portrayals can lead to puzzling self-views and issues with coping may help them better understand the needs of their students abroad and assist with their ability to identity action plans specifically for treatment of mental health concerns.

Addressing the Hypotheses

**Hypothesis one:** Group leaders will report psychological stressors in student participants. The sample of study abroad group leaders reported that a student demonstrated some form of mental health difficulty during their study abroad experience on nearly 50% of all study abroad excursions. Of the nearly 1000 university students represented by these leaders, 15% of the students who traveled abroad demonstrated
some form of psychologically related struggle. Of the concerns identified by the participants, over half of the issues dealt with excessive sadness, loneliness, and withdrawal \((n=12, 28.6\%)\) or alcohol and drug abuse \((n=10, 23.8\%)\). Additionally, the remaining themes identified by the participants in this study included inabilities of coping in the new environment \((n=5, 11.9\%)\), somatic issues \((n=5, 11.9\%)\), anxieties \((n=5, 11.9\%)\), interpersonal difficulties \((n=3, 7.1\%)\), and unforeseeable traumatic events \((n=2, 4.8\%)\). Since, all of the struggles represented in this study are also issues university students have presented with at college counseling centers (American College Health Association/National College Health Assessment, 2010), it should not be particularly surprising that university students would also face these troubles abroad. Therefore, hypothesis one is confirmed that participants did report a great number of psychological stressors abroad.

**Hypothesis two: Group leaders will not report an action plan to address psychological distress.** Group leaders did report action plans that they had taken and proposed to assist in situations of mental health difficulties. However, only 5% of the action plans included the experience and knowledge from a trained mental health professional. When 50% of all study abroad excursions represented in this study experienced some form of mental health issue and 75% of group leaders were either unsure of assistance available to them or only believed medical assistance could have been provided during the study abroad experience, then the lack of action plans considering the professional experience from a trained mental health provider is severely concerning and demands further attention. If problems like these continue to go unresolved or are mishandled due to a lack of knowledge or presence of resources,
universities may be eventually lose this game of roulette and face any number of grave issues (e.g., students returning prematurely, causing crimes abroad, overdosing on drugs or alcohol, suing the university, or committing suicide). Without proper mental health information and guidance from psychological professionals, these potential outcomes could become a harsh reality. Therefore, although group leaders did have a number of action plans in mind for handling situations of mental health difficulties, there remains a great responsibility to the universities and study abroad professionals to advise for counseling training services, counselors provided for in-country counseling, or specified university counseling center liaisons to guide group leaders in times of mental health needs.

**Limitations**

This study presented a few limitations. Participants were faculty and staff members at a medium-sized Midwestern university with a limited range of demographic representation (i.e., predominantly Caucasian). This demographic and regional restriction confines the generalizability of this study. Participants were also asked to remember their experiences from up to five years ago. Depending on the memory capacities of each individual participant, some memories may have been distorted or forgotten over the years. Furthermore, a few participants reported on multiple experiences abroad and could have unknowingly combined or confused their different study abroad excursions when reporting data. These types of human error may have impacted the results of the study conversely or misrepresented the participants’ beliefs. Finally, since there was no survey available from prior studies examining the perceptions of study abroad group leaders’ beliefs on counseling services abroad, no previous
findings were available to compare the reliability and validity of the assessment. The instrument used in the current study was created based on information gathered from studies discussed in the literature review, combined with other questions of interest to the researcher.

**Future Research**

This study provided many future research avenues for pursuing to better understand the needs of group leaders and students of study abroad programs. For future studies, surveying more culturally diverse individuals from various universities across the United States would be more representative of a greater population, thus increasing generalizability. Assessing study abroad group leaders’ perspectives about counseling services before, during, and directly following each study abroad excursion would also increase the reliability of this study. Further research needs to be conducted on developing trial programs of counseling services for students studying abroad should be attempted and data collected. Resiliency factors for students studying abroad should also be researched. Having a better understanding of the students who study abroad without mental health troubles would provide valuable insight. These research opportunities could lead to great advances in the field of study abroad and better global education.

**Recommendations**

The findings from this study lead to a number of recommendations for the advancement of study abroad endeavors. Future study abroad programs providers should seek funding for ensuring counseling services abroad. The development of basic psychological services training programs should be considered for faculty and staff members. These programs would help study abroad programs teach faculty and staff
methods for coping with difficulties while abroad. From these data, protocol must be consistently taught and abided by study abroad group leaders and counseling services should be made available to both study abroad students and group leaders before, during, and after every study abroad excursion. Overall, multiple avenues of mental health services must be carefully measured in future studies. Whether it be conducting required pre- and post-exursion counseling services, instituting journal entries, establishing training mental training programs to group leaders, establishing counseling liaisons for group leader and student assistance, having online counseling sessions, or providing consistent and personal counseling services throughout the entire study abroad experience, something needs to change to ensure the best care for students and group leaders abroad.

**Conclusion**

Study abroad interest has increased in the United States over the last twenty years (OpenDoors Online/IIE Network, 2010). Like the national trend, this research collected from a mid-sized, public university also experienced a rise in study abroad involvement. Escalations are also occurring nationally with mental health difficulties presenting at greater rates in university counseling centers. Intuitively, increases in mental health troubles would also be growing abroad. This study displayed similar findings as previous research, indicating that study abroad students are undergoing many of the same difficulties abroad as they do at their home institutions. Furthermore, study abroad group leaders conveyed that nearly 50% of all study abroad trips incur at least one mental health issue with the students. With the majority of group leaders agreeing some form of counseling services would be beneficial before, during, and after a study abroad
experience, it is essential to continue to explore options for the consistent availability for
counseling care abroad and best serve the student population abroad.
References

American College Health Association/National College Health Assessment (2010).


Considerations for Integration of Counseling and Health Services on College and University Campuses. (2010). *Journal of American College Health, 58*(6), 583-596.


Appendix A: Recruitment Email

Subject: Participants Needed: Study Abroad Group Leaders

Message:

Greetings, [Faculty/Staff Member Name]!

My name is LaDonna Hayden and I am a graduate student in the Department of Counseling Psychology and Guidance Services.

I am contacting you because you have led Ball State University students on a Study Abroad Program within the past five years and I am interested in your learning more about your experiences abroad for my master’s thesis.

The purpose of this study is to better understand the support services available to students and group leaders of study abroad programs and determine whether group leaders perceive a need to provide counseling services to students as they study abroad.

To share your valuable opinion and participate in this research, please click on the following link: [LINK]

By completing this short survey, you will be eligible to win a $25 gift card to a Muncie restaurant of your choosing. If you choose to participate and win the gift card, you will be contacted by April 30, 2012. This survey should take approximately 10 minutes to complete and your responses will be anonymous. This project has received approval from Ball State University’s Institutional Review Board.

Thank you in advance for your time and consideration!

Best,
LaDonna

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Appendix B: Informational and Instructional Page of Survey

**Study Information Sheet**

**Study Title**  Study Abroad Leaders’ Perspective on their Ability to Identify and Manage Psychological Stress of their Students

**Study Purpose and Rationale**
The purpose of this study is to better understand the support services available to students and group leaders of study abroad programs and determine whether group leaders perceive a need to provide counseling services to students as they study abroad. Findings from this research may help to establish greater knowledge about potential issues facing students, staff, and faculty studying abroad and assist in the development of more extensive mental health support protocol for study abroad excursions.

**Inclusion/Exclusion Criteria**
To be eligible to participate in this study, you must be above the age of 18 and must be a faculty or staff members of Ball State University who have led a study abroad trip with Ball State University’s students within the past five years.

**Participation Procedures and Duration**
For this study, you will be asked to complete a series of questionnaires about your study abroad group leader experience and beliefs about psychological services. It will take approximately 10 minutes to complete the questionnaires.

**Data Confidentiality or Anonymity**
All data will be maintained as anonymous and no identifying information such as names will appear in any publication or presentation of the data.

**Storage of Data**
The data received from subjects will be completely anonymous. The data will be collected and stored in the InQsit, a password protected online program, only accessible by the investigator. The authentication method used in the InQsit for the current study will be anonymous. Once the data is extracted from the InQsit website, it will be stored on the investigator’s computer, which is password protected. The research data will be retained for seven years. The principal researcher and her advisor will be the only individuals who have access to the research data.

**Risks or Discomforts**
The only anticipated risk from participating in this study is that you may not feel comfortable answering some of the questions. You may choose not to answer any question that makes you uncomfortable and you may quit the study at any time.
Who to Contact Should You Experience Any Negative Effects from Participating in this Study
If answering any of the questions brings up uncomfortable feelings for you, counseling services are available to you free of cost through the Counseling Center at Ball State University, (765) 285-1736.

Benefits
Potential benefits from participating in this study may include, but are not limited to: Increased awareness about challenges and difficulties associated with leading a successful study abroad program; heightened attentiveness towards student, staff, and faculty’s psychological concerns; greater sensitivity to student, faculty, and staff needs while studying abroad; and increased referrals to Ball State University Counseling Services.

Voluntary Participation
Your participation in this study is completely voluntary and you are free to withdraw your permission at anytime for any reason without penalty or prejudice from the investigator.

IRB Contact Information
For one’s rights as a research subject, you may contact the following: For questions about your rights as a research subject, please contact the Director, Office of Research Integrity, Ball State University, Muncie, IN 47306, (765) 285-5070 or at irb@bsu.edu.

Researcher Contact Information

Principal Investigator: LaDonna J. Hayden, Graduate Student Counseling Psychology and Guidance Services Ball State University Muncie, IN 47306 (818) 207-3305 Email: ljhayden@bsu.edu

Faculty Supervisor: Dr. Sharon L. Bowman Counseling Psychology and Guidance Services Ball State University Muncie, IN 47306 (765) 285-8040 Email: sbowman@bsu.edu
Appendix C: Demographics Questionnaire

**Demographics**

1. What department(s) do you work for on campus? (Include all that apply.)

2. How old are you?

3. What is your position on campus?
   a. Faculty
   b. Staff
   c. Other

4. What is your gender?
   a. Female
   b. Male
   c. Other

5. What is your ethnicity? (Please, mark all that apply.)
   a. Caucasian
   b. African-American
   c. Latina/Latino
   d. Asian-American
   e. Caribbean-American
   f. Pacific Islander
   g. Middle Eastern
   h. International
   i. Native American
   j. Other
Appendix D: Trip and Student Information

**Trip and Student Information**

1. How many students went on your trip?
2. How many students on your trip were female?
3. How many students on your trip were male?
4. What age group did the majority of your students belong?
   a. Under 18
   b. 18-22
   c. 22+
5. What were your students’ majors?
6. On average, how would you rate your student’s experience working with individuals from diverse cultures before the trip? (1 – No exposure to cultural diversity; 6 – Regular immersion with cultural diversity)
7. What was the length of your stay abroad?
8. What type of program did you lead?
   a. Field Study
   b. Consortium Program
   c. Centre Program
   d. Internship Program
9. How many different places did you stay? (Example: If you stayed in one hotel in France, two bed and breakfasts in Spain, and one hostel in Germany, you would have stayed at three different places during the course of your trip.)
   a. 1
   b. 2
   c. 3
   d. 4
   e. 5
   f. 6
   g. Other, please specify
10. To what countries did you travel?
11. How did the accommodations compare to a typical U.S. university student standard? (Typical accommodation standards may include: Indoor plumbing, hot water, access to daily shower, mattresses, etc.) (1- Very Dissimilar; 6- Very Similar)
12. How did the host countries’ culture(s) and value(s) compare with stereotypical U.S. culture(s) and value(s)? (Stereotypical values for United States culture: Eye contact, handshakes, individualism, being “on-time,” keeping 1.5-12 ft. distances for most social interactions, independence, etc.) (1- Very Dissimilar; 6- Very Similar)

13. What languages, other than English, were spoken by the local culture? (Please, include all that apply)

14. What were the minimum requirements necessary to be considered for your trip? (Language level, class rank, major, etc.? Please, explain.)

15. What were the topics and objectives of your study abroad trip?

16. Describe support services available to YOU during the study abroad experience. (Please, mark all that apply.)
   a. Access to counseling services from Ball State University
   b. Access to counseling services from the study abroad location(s)
   c. Access to emergency medical services from Ball State University
   d. Access to emergency medical services from the study abroad location(s)
   e. I am unsure of the specific support services that were available to me
   f. If additional support services were available, please explain

17. Describe support services available to YOUR STUDENTS during the study abroad experience. (Please, mark all that apply.)
   a. Access to counseling services from Ball State University
   b. Access to counseling services from the study abroad location(s)
   c. Access to emergency medical services from Ball State University
   d. Access to emergency medical services from the study abroad location(s)
   e. I am unsure of the specific support services that were available to my students
   f. If additional support services were available, please explain

18. How much freedom were the students given? (1- The students were able to do whatever they wanted; 6- The students had a minute-by-minute schedule)

19. On average, how much did you interact with your students? (Examples – On average, I interacted with my students for approximately 4 hours everyday. OR – On average, I interacted with my students for approximately 10 minutes once a week.)
20. On average, how much did your group interact with the host culture? (Examples – On average, the group interacted with the host culture for approximately 8 hours everyday. OR – On average, the group interacted with the host culture for approximately 10 minutes once a week.)

21. On average, how would you describe the quality of interactions your group had with the host population? (1- Deep and meaningful; 6- Surface and insignificant)
Appendix E: Mental Health Questionnaire

Mental Health Questionnaire
In this section, you will be asked to remember possible abnormal behavioral or emotional reactions you may or may not have witnessed during your study abroad trip. Please do not be limited by the word bank below; the word bank is only provided to assist you in naming various mental health concerns.

General Mental Health Symptoms (Mayo Foundation for Medical Education and Research (2010):
Feeling sad or down; Confused thinking; Excessive fears or worries; Withdrawal from friends and activities; Problems sleeping; Detachment from reality (delusions) or hallucinations; Inability to cope with daily problems or stress; Alcohol or drug abuse; Significant changes in eating habits; Sex drive changes; Excessive anger, hostility or violence; Suicidal thinking; Fatigue; Back pain; Chest pain; Digestive problems; Dry mouth; Headache; Sweating; Weight gain or loss; Rapid heart rate; Dizziness

1. During your trip, do you recall any instances when your student’s behavioral or emotional reactions seemed out of the ordinary (i.e., if a similar instance occurred on campus, you might have referred the student(s) to counseling services)?
   a. 1- Yes;
   b. 2- No;
   c. 3- Unsure

   i. If yes, what sort of atypical behavioral or emotional reactions did you notice?

   ii. If yes, how many students did you believe to have been affected from an atypical behavioral or emotional reaction?

   iii. If yes, what happened to the atypical behavior or emotional reaction(s) over time?
       a) 1- Reaction(s) subsided almost immediately;
       b) 2- Reaction(s) subsided over the course of the trip;
       c) 3- Reaction(s) subsided after the trip;
       d) 4- Reaction(s) have yet to subside;
       e) 5- Unsure about the status of the reaction(s)
iv. **If yes**, what did you do in response to the unusual behavioral or emotional reaction(s)? (Please, check all that apply)
   a) Call my supervisor on campus for assistance
   b) Ask the student(s) if they wanted to go home
   c) Ignore the issue and hope the concern lessened
   d) Ask a friend of the student(s) to assist
   e) Call the campus study abroad office for assistance
   f) Call the student(s) emergency contact for assistance
   g) Utilize training received to counsel the student(s)
   h) Refer the student(s) to a physician
   i) Call the counseling center on campus for assistance
   j) No idea
   k) Utilize counseling resources in the host country for assistance
   l) Other – Please explain

v. **If no or unsure**, if an unusual behavioral or emotional reaction were to occur during your trip, what would you have done?
   (Please, check all that apply)
   a) Call my supervisor on campus for assistance
   b) Ask the student(s) if they wanted to go home
   c) Ignore the issue and hope the concern lessened
   d) Ask a friend of the student(s) to assist
   e) Call the campus study abroad office for assistance
   f) Call the student(s) emergency contact for assistance
   g) Utilize training received to counsel the student(s)
   h) Refer the student(s) to a physician
   i) Call the counseling center on campus for assistance
   j) No idea
   k) Utilize counseling resources in the host country for assistance
   l) Other – Please explain

2. If mental health concerns were to occur during your trip, would you have liked training to help counsel the student?
   a. Yes
   b. No
   c. Unsure

3. If mental health concerns were to occur during your trip, would you have preferred a mental health professional to be at your disposal?
   a. Yes
   b. No
   c. Unsure
4. Did you feel like you were adequately trained to take students abroad?  (1-Extremely well-trained; 6- Not trained at all)

5. What mental health services would you helpful to your students **before** their studying abroad experience?
   a. Access to a counselor from the student’s home institution
   b. Access to a counselor from the study abroad location
   c. Educational pamphlets
   d. Educational presentations
   e. No services
   f. Other, please explain

6. What mental health services would you helpful to your students **during** their studying abroad experience?
   a. Access to a counselor from the student’s home institution
   b. Access to a counselor from the study abroad location
   c. Educational pamphlets
   d. Educational presentations
   e. No services
   f. Other, please explain

7. What mental health services would you helpful to your students **after** their studying abroad experience?
   a. Access to a counselor from the student’s home institution
   b. Access to a counselor from the study abroad location
   c. Educational pamphlets
   d. Educational presentations
   e. No services
   f. Other, please explain
Appendix F: Debriefing Form

Thank you for your participation in this study! The purpose of this study is to better understand the support services available to students and group leaders of study abroad programs and determine whether group leaders perceive a need to provide counseling services to students as they study abroad.

Research indicates that university students may experience psychological distress while studying domestically. Partially due to identity confusion in a new surrounding, students also often have additional stressors when traveling abroad. They may also encounter culture shock on top of the psychological stressors that occur domestically. However, there is little known evidence to indicate that a protocol or plan of action readily exists to manage counseling issues that arise during a studying abroad experience. This study examines whether psychological problems occur while studying abroad and if so, then what steps are being taken by program directors to reduce these issues.

Through a needs assessment, you were given the opportunity to share your beliefs about whether or not you believe counseling services would be beneficial to your students with whom you traveled with abroad as well as indicate your personal beliefs about counseling services. Findings from this research may help to establish greater knowledge about potential issues facing students, staff, and faculty studying abroad and assist in the development of more extensive mental health support protocol for study abroad excursions.

This project has received approval from Ball State University’s Institutional Review Board. If you have any questions about this approval, you may contact the IRB at: Office of Research Integrity, Ball State University, Muncie, IN 47306, (765) 285-5070, irb@bsu.edu. If answering any of the questions brings up uncomfortable feelings for you, counseling services are available to you free of cost through the Counseling Center at Ball State University, (765) 285-1736. You may also choose quit the study at any time.

If you would like to participate in the drawing for a $25 gift card to any Muncie restaurant of your choosing, have any questions about the study, or would like to obtain the results at the conclusion of the study, please contact the primary researcher, LaDonna Hayden, at ljhayden@bsu.edu. If you choose to participate in the drawing include your name, preferred email address, and restaurant choice in your email. The winner will be contacted by April 30, 2012.

Thank you again for your time and consideration!
Table 1: Participants’ Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
<th>Valid Percent</th>
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<tbody>
<tr>
<td>Male</td>
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<td>67.6</td>
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<tr>
<td>Female</td>
<td>12</td>
<td>32.4</td>
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<tr>
<td>Total</td>
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<tr>
<td>Total</td>
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Table 2: Participants’ Job Position

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<td>Faculty</td>
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<td>Staff</td>
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<td>2.7</td>
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<tr>
<td>Other</td>
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<td>5.4</td>
</tr>
<tr>
<td>Total</td>
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Table 3: Participants’ Ethnicity

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<td>African American</td>
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<tr>
<td>Latino</td>
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<td>2.7</td>
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<tr>
<td>Asian American</td>
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<td>2.7</td>
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<tr>
<td>International</td>
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<td>2.7</td>
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<tr>
<td>Caucasian and Latino</td>
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Table 4: Participants’ Age and Trip Demographics

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<th>Mean</th>
<th>Std. Deviation</th>
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<tbody>
<tr>
<td>Number of Students per trip</td>
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<td>8.346</td>
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<tr>
<td>Number of Females per trip</td>
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<td>19.22</td>
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<tr>
<td>Number of Males per trip</td>
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<td>1.716</td>
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<tr>
<td>Trip Length</td>
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<td>46.51</td>
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Table 5: Participants’ Department on Campus

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<tr>
<td>Business</td>
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<tr>
<td>Communication and Information Media</td>
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<td>16.7</td>
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<tr>
<td>Fine Arts</td>
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<tr>
<td>Sciences and Humanities</td>
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<td>Teachers College</td>
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<td>13.9</td>
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<tr>
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<tr>
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Table 6: Similarity of Accommodations Between the Host Culture(s) and the United States

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</tr>
<tr>
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<td>5.4</td>
</tr>
<tr>
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<td>16.2</td>
</tr>
<tr>
<td>Somewhat Similar</td>
<td>1</td>
<td>2.7</td>
</tr>
<tr>
<td>Similar</td>
<td>10</td>
<td>27.0</td>
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<tr>
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<td>43.2</td>
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<td>Total</td>
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Table 7: Similarity of Cultural Values Between the Host Culture(s) and the United States

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<th>Valid Percent</th>
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<td>2.7</td>
</tr>
<tr>
<td>Dissimilar</td>
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<td>13.5</td>
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<tr>
<td>Somewhat Dissimilar</td>
<td>5</td>
<td>13.5</td>
</tr>
<tr>
<td>Somewhat Similar</td>
<td>12</td>
<td>32.4</td>
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<tr>
<td>Similar</td>
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<td>29.7</td>
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<tr>
<td>Very Similar</td>
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<td>8.1</td>
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<tr>
<td>Total</td>
<td>37</td>
<td>100.0</td>
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<tr>
<td>Quality of Host Culture Interactions with Students</td>
<td>Frequency</td>
<td>Valid Percent</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-----------</td>
<td>---------------</td>
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<tr>
<td>Deep and Meaningful</td>
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<td>Somewhat surface</td>
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Table 9: Gender of Students Represented

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<th>N</th>
<th>Sum</th>
<th>Mean</th>
<th>Std. Deviation</th>
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<tr>
<td>Total Number of Female Students Represented</td>
<td>37</td>
<td>711</td>
<td>19.22</td>
<td>6.748</td>
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<tr>
<td>Total Number of Male Students Represented</td>
<td>37</td>
<td>286</td>
<td>7.73</td>
<td>1.716</td>
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Table 10: Age Groups of Students Represented

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<th>Age Group</th>
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<tr>
<td>Age 18-22</td>
<td>34</td>
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<td>Age 22 Plus</td>
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<td>Total</td>
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Table 11: Participants’ Perception of Students Experience of Working with Diverse Cultures prior to the Study Abroad Experience

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<th>Experience with Diverse Cultures</th>
<th>Frequency</th>
<th>Valid Percent</th>
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<td>No experience with diverse cultures</td>
<td>2</td>
<td>5.4</td>
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<tr>
<td>Very little experience with diverse cultures</td>
<td>16</td>
<td>43.2</td>
</tr>
<tr>
<td>A little experience with diverse cultures</td>
<td>7</td>
<td>18.9</td>
</tr>
<tr>
<td>Some experience with diverse cultures</td>
<td>6</td>
<td>16.2</td>
</tr>
<tr>
<td>A lot of experience with diverse cultures</td>
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<td>8.1</td>
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<tr>
<td>Regular immersion in diverse cultures</td>
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<td>8.1</td>
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<td>Total</td>
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Table 12: Support Services for Students Reported by Participants

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<tr>
<th></th>
<th>Frequency</th>
<th>Valid Percent</th>
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<tbody>
<tr>
<td>Unsure</td>
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<tr>
<td>Medical</td>
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<td>Psychological</td>
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<td>25.0</td>
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<tr>
<td>Total</td>
<td>36</td>
<td>100.0</td>
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</tbody>
</table>
Table 13: Support Services for Students Reported by Participants

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Valid Percent</th>
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<tbody>
<tr>
<td>Unsure</td>
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<tr>
<td>Medical</td>
<td>19</td>
<td>54.3</td>
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<tr>
<td>Psychological</td>
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<td>Total</td>
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Table 14: Participants’ Perceptions of their Pre-Study Abroad Training

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<th>Perception Level</th>
<th>Frequency</th>
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<tr>
<td>Well-trained</td>
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<td>43.2</td>
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<tr>
<td>Somewhat well-trained</td>
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<td>16.2</td>
</tr>
<tr>
<td>Somewhat poorly trained</td>
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<td>5.4</td>
</tr>
<tr>
<td>Poorly Trained</td>
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<td>13.5</td>
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<tr>
<td>Total</td>
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</table>
Figure 1: Percentage of US University Students Studying Abroad

(Opendoors Online/IIE Network, 2010)
Figure 2: Percentage of US University Students Seeking Counseling Services

(Gallagher, 2010)
Figure 3: Length of Study Abroad Excursions

M=46.5 days (SD=35.7)
Figure 4: Types of Study Abroad Excursions Represented
Figure 5: Number of Countries Visited
Figure 6: Percentage of Participants Indicating Atypical Reactions or Behaviors
Figure 7: Number of Students Represented with a Presence of Atypical Reactions or Behaviors
Figure 8: Themes of Atypical Reactions or Behaviors

- Excessively sad, down, lonely, homesick, and/or withdrawn (28%)
- Alcohol and/or drug abuse (5%)
- Inability to cope with daily problems and/or emotional outbursts of anger and/or violence (7%)
- Physical problems, fatigue, difficulties sleeping, and/or sex drive changes (24%)
- Interpersonal relationship issues (co-dependency, conflicts, etc.) (12%)
- Anxiety, excessive fears, and/or culture shock (12%)
- Traumatic events (family death or sexual assault) (12%)
Figure 9: Participants’ Desire to have Access to a Mental Health Professional While Abroad
Figure 10: Participants’ Desire to have Training in Counseling Students
Figure 11: Participants’ Desire to have Counseling Services Available to the Students Before, During, and After the Study Abroad Experience
Figure 12: Type of Counseling Services Desired by the Participants Available to the Students Before, During, and After the Study Abroad Experience

- **Before SA**
  - Access to Counselor from Home or SA Location: 54.5%
  - Psychoeducational Pamphlets or Presentations: 45.5%
- **During SA**
  - Access to Counselor from Home or SA Location: 80.6%
  - Psychoeducational Pamphlets or Presentations: 19.4%
- **After SA**
  - Access to Counselor from Home or SA Location: 86.5%
  - Psychoeducational Pamphlets or Presentations: 11.5%
Figure 13: Action Plans (Taken and Proposed) to Approach Psychological Distress in Students Studying Abroad
Figure 14: Action Plans (Taken and Proposed) to Approach Psychological Distress in Students Studying Abroad (Including percentages)
Figure 15: Action Plan Taken to Approach an Atypical Behavior or Emotional Reaction

- Talk to the student
- Ask the student(s) if they wanted to go home
- Ask a friend of the student(s) to assist
- Refer the student(s) to a physician
- Call the campus study abroad office for assistance
- Call the student(s) emergency contact for assistance
- No idea
- Call my supervisor on campus for assistance
Figure 16: Action Plan Proposed to Approach an Atypical Behavior or Emotional Reaction

- Call the student(s) emergency contact for assistance
- Call the campus study abroad office for assistance
- Ask the student(s) if they wanted to go home
- Ask a friend of the student(s) to assist
- Call the counseling center on campus for assistance
- No idea
- Refer the student(s) to a physician
- Talk to the student
- Call my supervisor on campus for assistance