

Model Practices for Supporting the Mental Wellness of International Exchange Students

J-1/F-1 High School Exchange Programs

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Background

The Council on Standards for International Educational Travel (CSIET) is a nonprofit organization committed to promoting the growth and development of the international educational exchange community. CSIET establishes standards and practices for international educational travel programs and provides support and resources to exchange programs, schools, international agents, and students.

In an effort to address the critical importance of mental wellness within the international student exchange community, the Council on Standards for International Educational Travel (CSIET) and IE University hosted the inaugural CSIET International Symposium: Promoting Mental Wellness on May 21st, 2024 at the IE Tower in Madrid, Spain.

The symposium served as a platform for U.S. and international student exchange programs and agents to convene alongside a distinguished panel of experienced psychologists, including authors Dr. Fraser Smith and Dr. Laura Thompson, who contributed to the development of these new practices. Doctors Smith and Thompson have significant clinical and practical experience in supporting the mental wellness of the international high school exchange community. Dr. Smith is a counselling psychologist and clinical director at MAPP Psychology in Glasgow, Scotland. Dr. Thompson is the Founder of the Mental Health Team and a Co-Founder of P3 Mental Health Advisors. She resides in Boulder, Colorado, USA.

At the 2024 CSIET International Symposium, attendees engaged in informative discussions and collaborative sessions focused on exploring and advancing the latest practices in mental wellness within the context of student exchange programs.



Key discussion topics at the symposium included:

- **Promoting Mental Wellness During the Screening & Orientation Process**
- **Mental Health on Program: Prevention, Recognition, and Intervention**
- **U.S. Department of State & Mental Health Considerations**
- **Going Home: Repatriation and Mental Health**

Background

CSIET is proud to have hosted the International Symposium during Mental Health Awareness Month, further demonstrating its commitment to raising awareness and promoting dialogue surrounding mental health issues within the exchange community.

The U.S. Department of State has called for more awareness and resources regarding Mental Wellness. According to a recent DoS survey, over 68% of exchange visitors report that mental health has had an impact on their homestay experience. Only 40% report that their sponsor program provided them with the necessary mental health resources.

In response to the growing need, CSIET and a committee of US and internationally based members have created the following Model Practices for Supporting the Mental Wellness of International Exchange Students. These screening and administrative practices, combined with regular training of stakeholders on their adoption and implementation, should yield significant improvement in the mental health and safety of exchange visitors at the high school level.

Contributors

CSIET gratefully acknowledges the Model Practices Committee for their thoughtful leadership and hard work in creating CSIET Model Practices for Supporting the Mental Wellness of International Exchange Students. This publication reflects their deep commitment to student well-being.

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Introduction

These Model Practices aim to ensure the safety, well-being, and successful adjustment of students participating in international exchange programs. The framework is divided into three main stages:

Recruitment

- Mental Health Screening & Severity Assessment
- Mental Health Assessment



Orientation

- Initial Placement Period (Orientation Groups and the First Month)
  - Pre Departure
  - Post Arrival



On Program

- Resource for Training of Local Coordinators and Support Staff

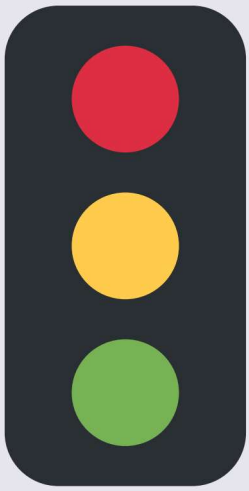


Each stage incorporates a traffic light system to categorize mental health considerations into:

Red: Significant concerns requiring urgent intervention or disqualification from placement.

Yellow: Warning signs or emerging difficulties requiring close monitoring and potentially additional support.

Green: No immediate concerns or expected adjustment challenges; student demonstrates resilience, healthy coping strategies, and capacity to manage the stressors of placement. Fluctuations in stress levels are expected as the student acclimates. This is still considered “green” unless symptoms develop in range and/or intensity.



These Model Practices also serve to support all stakeholders working within exchange student programs. The Model Practices are developed to support the young people on program, but are also developed to support organizations in developing a clearer understanding of the mental health challenges experienced by some young people embarking on an exchange student program, how these challenges can be managed, and how these challenges may give reason to support young people better or support them by ending their application or program.

Definitions & Key Considerations



GREEN

Healthy Adjustment & Resilience

Definition:

The student is showing **normal adjustment patterns** (this may also include understandable and expected increases in stress levels whilst the student acclimates) and demonstrating **positive mental health indicators**, such as self-awareness, effective coping (particularly when stress levels are heightened during adjustment phase), and the ability to recover from everyday stressors.

Examples:

- Mild anxiety before exams or homesickness in the first week, followed by return to usual functioning.
- A dip in mood after a difficult day, with evident ability to reflect and engage in self-care.
- Expressing stress but articulating a plan or reaching out to a friends/support network.



Indicators:

- Consistent social engagement and academic participation.
- Healthy sleep, eating, and communication habits.
- A willingness to express and communicate natural stress during stay, such as communicating with coordinators that the student is feeling home sick or is anxious about integrating socially in school.
- Demonstrates the ability to self-regulate after emotional moments.

Support Needed:

- General well-being support (e.g., check-ins, encouragement, normal orientation programming).

YELLOW

Watchful Monitoring & Early Intervention

Definition:

The student may be showing **early signs of difficulty adapting** or emotional distress. These difficulties may be transient or stress-related, but they **require closer attention** to prevent escalation.



Examples:

- Prolonged or intensifying homesickness that impacts social engagement.
- A student who cries frequently or expresses moderate anxiety but remains open to support.
- Demonstrates emotional dysregulation in response to stress but returns to baseline after support.
- Withdrawal from some activities or routines, but not complete disengagement.

Indicators:

- Irregular sleep or eating habits.
- Withdrawing from social opportunities more than peers.
- Needing more frequent reassurance or guidance than typical.
- Possible repeated contact from host families or teachers noting concern.

Support Needed:

- Increased monitoring, possibly a support plan, which may include:
  - Check in with the student (from coordinators) regarding development or deterioration of symptoms.
  - Correspondence with the student to implement support that might be necessary, such as more opportunity to correspond with home support networks, considerations around further integration in social networks on program, or assistance with engaging in additional activities in community or school setting.
- Extra wellness calls or informal counseling discussions, for example:
  - Engagement with therapeutic services where possible.
  - Additional check-in with coordinators
  - Access to mental health support resources
- May benefit from short-term or light-touch mental health support, including:
  - Online therapeutic support
  - Coordinators ensuring that that student is engaging and interacting with host family and school or community activities

RED

Acute Risk or Mental Health Crisis

Definition:

The student is experiencing severe or unmanageable mental health symptoms that pose a significant risk to themselves or others or prevent them from engaging meaningfully in the exchange experience.

Examples:

- Active self-harm or suicidal ideation (even without a plan).
- Panic attacks, dissociation, or severe depressive or anxious symptomologies.
- Complete disengagement from social, academic, and daily living routines for more than a week.
- Refusal to communicate or express needs despite intervention attempts.

***Clarification**:
"Red" is not based on subjective interpretation alone. For example, complete withdrawal may be **context-dependent**; it becomes "Red" when paired with **persistent avoidance,** inability to function, or risk behaviors. **When any of the following "RED" examples are observed, a student should immediately be referred to a mental health professional for treatment.**

Indicator

Evidence of significant deterioration in functioning.

Definition

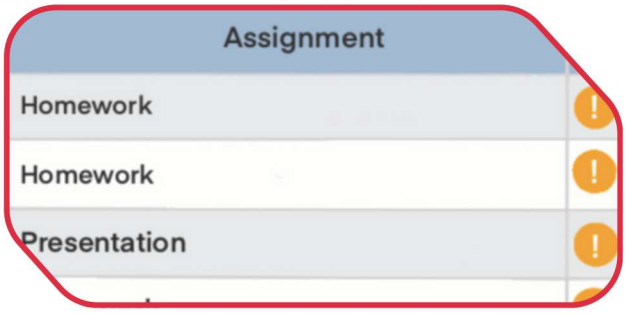
Clear, observable decline in the student's ability to maintain normal routines, responsibilities, or self-care.

Key Signs:

- **Duration**: Persistent (occurs daily) for at least two weeks, with no signs of improvement.
- **Intensity**: Severe enough to prevent the student from participating in daily activities (e.g., attending classes, engaging in social interactions, maintaining hygiene).

Examples:

- A previously engaged student begins skipping all classes and remains in their room for extended periods.
- Significant decline in academic performance or refusal to complete schoolwork.



RED

Acute Risk or Mental Health Crisis

Examples:

- A significant lack of integration with school and/or community and a lack of communication with appropriate support networks.
- Inability to maintain basic self-care (e.g., not showering, extreme neglect of personal hygiene).
- Complete withdrawal from all previously enjoyed activities.



Indicator

Persistent isolation, erratic behavior, or emotional numbness.

Definition

Behavioral or emotional states that significantly impair the student's ability to connect with others or maintain stable behavior.

Key Signs:

- **Duration**: Ongoing for at least **two weeks,** with no positive change despite supportive interventions.
- **Intensity**: The severity disrupts interpersonal relationships or creates safety concerns.



Examples:

- ***Isolation***: Student avoids all social interactions, refuses to communicate with peers, host family, or staff, even when approached.
- ***Erratic Behavior***: Sudden, unpredictable outbursts (e.g., intense anger, crying, panic) without clear triggers.
- ***Emotional Numbness***: Complete lack of emotional expression, disengagement from conversations, and an inability to express joy or sadness.
- ***Risk-Taking Behaviors:*** Sudden involvement in reckless actions (e.g., substance abuse, unsafe social interactions).

RED

Acute Risk or Mental Health Crisis

Indicator

Clear distress that is not responding to basic support strategies.

Definition

Ongoing and overwhelming distress that does not improve despite supportive interventions or coping strategies provided by staff.

Key Signs:

- **Duration**: Persistent distress that lasts for **two weeks or longer,** despite multiple support attempts.
- **Intensity**: Severe enough that it escalates without intervention, leading to potential harm to self or others.

Examples:

- Ongoing panic attacks even after implementing grounding techniques or calming strategies.
- Continuous and intense crying spells without clear triggers or relief.
- Ongoing expression of hopelessness or worthlessness.
- Repeated verbalizations of self-harm or suicidal thoughts, even if not yet acted upon.
- Sleep patterns severely disrupted (e.g., total insomnia or excessive sleep with no change).



Support Needed:

- Immediate professional intervention.
- Possible temporary suspension from placement or repatriation if safety cannot be ensured.
- Mental health crisis plan activation.

Note

Any student presenting within the Red section of the traffic light system shall be denied admission. It should also be acknowledged that young people may fluctuate in presentation. A student may present within the green or yellow section of the traffic light system, but symptoms may worsen. Vigilance should continue to be applied to all students.



Other Considerations

Objective Metrics for Mental Health Screening and Assessment

This section provides objective, standardized metrics to guide organizations in using the Red/Yellow/Green flag system effectively. These metrics ensure that decisions are consistent, transparent, and defensible, particularly in cases where a student's mental health status may lead to rejection, conditional acceptance, or further assessment.

Timelines of Care

Interpreting Mental Health History

Defining Stability

Defining "Manageable" Mental Health

Timeline of Care

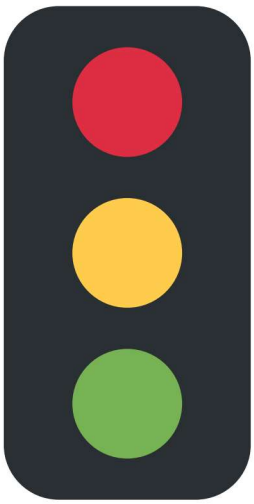
Definition

Refers to the duration and recency of a student's mental health history or treatment.

Key Considerations

- Recent Mental Health History: Any significant mental health issue (diagnosis, hospitalization, or crisis) within the 24 months prior to the planned program start is considered recent.
- Historical Mental Health History: Conditions that were diagnosed and treated over 12 months ago.
- Stable Mental Health History: Conditions that have been managed without significant deterioration for a minimum of 2 years.

Application in Traffic Light System



Red: Significant mental health crisis within the 24 months prior to the planned program start (e.g., suicide attempt, psychiatric hospitalization).

Yellow: Conditions managed during the 24 months prior to the planned program start,with professional support and showing consistent improvement. Programs in this scenario have discretion to evaluate on a case by case basis..

Green: No significant mental health history within the past 2 years, or fully resolved conditions.

Interpreting Mental Health History

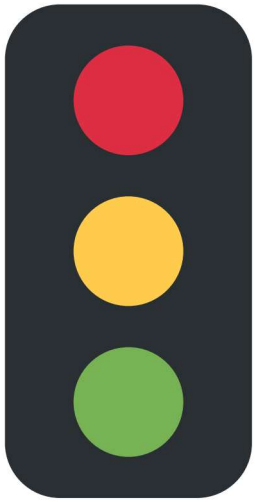
Definition

Understanding the significance of mental health conditions that were treated or diagnosed more than 2 years ago.

Key Considerations

- Conditions shall be considered resolved if they have not required significant treatment in over 2 years.
- Documented clearance from a medical or mental health professional should confirm that the condition is no longer active (if there is a reported or evident history of mental health conditions).
- Conditions involving significant risk (e.g., eating disorders, suicidal behavior) must have a minimum 2-year recovery period before acceptance.

Application in Traffic Light System



Red: Significant mental health condition with history of severe impact (e.g., self-harm, psychosis, major depression) that has recurred within 2 years.

Yellow: Condition resolved in the past 2-3 years, but the student continues to receive routine support (e.g., therapy).

Green: Condition resolved more than 2 years ago without recurrence.

Defining Stability

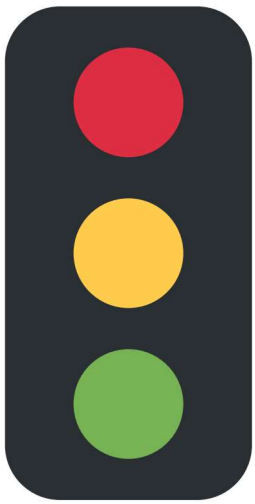
Definition

Stability refers to the consistent and predictable management of a mental health condition without crisis episodes or significant deterioration.

Key Considerations

- Stable Condition: No significant changes in symptoms, medication, or treatment plan for 12 months or more.
- Documentation should include professional confirmation of stability (e.g., letter from a mental health provider).
- Demonstration of positive coping strategies and self-regulation in challenging situations.

Application in Traffic Light System



Red: Condition showing ongoing instability (e.g., frequent emotional crises, recurrent symptoms). Intensive treatment ongoing.

Yellow: Condition considered stable but still requires regular monitoring.

Green: Condition consistently stable for over 12 months, minimal to no monitoring needed.

Defining "Manageable" Mental Health

Definition

A student's mental health is considered "manageable" when it can be effectively regulated or maintained without significant disruption to daily functioning or severe risk.

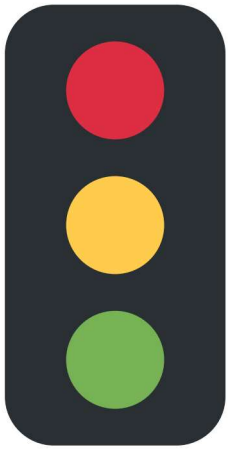
Key Considerations

- Managed with consistent use of prescribed medication (e.g., SSRIs) without frequent changes.
- Supported by routine therapeutic intervention (e.g., counseling, CBT), with evidence of positive engagement. Management and cost of therapeutic intervention is the responsibility of the student, together with sending parents and a qualified mental health professional.
- No recent crisis events (e.g., hospitalization, self-harm) within the past 12 months. Student demonstrates an ability to use healthy coping strategies effectively.
- Evidence of a supportive network (e.g., family, friends, therapist) that can be accessed when needed. In the case of therapy, students and sending parents need to be aware that these services need to be available and on call in the home country, at their own expense.

Note

Local coordinators and host families are not expected, nor are they qualified, to manage the consistent use of prescribed medication. Medication management is the responsibility of the student in consultation with sending parents and a qualified mental health professional. Programs should regard any condition treated with medication as a pre-existing condition that they should carefully consider before accepting a student on a program. For example, a student who has just started new medication is in a very different situation than a student who has been on a consistent medication and dose for two years and has demonstrated success.

Application in Traffic Light System



Red: Condition requiring constant crisis intervention or unmanaged symptoms (e.g., panic attacks, severe depression).

Yellow: Condition is managed with ongoing support (e.g., regular therapy, stable medication use)

Green: Condition is self-managed effectively with minimal external support (e.g., occasional check-ins).



Implementing Objective Metrics

Organizations should ensure that these objective metrics are included in their decision-making process when determining student placement eligibility.

Staff should be trained to apply these metrics consistently.

Regular review of the definitions and key considerations should be conducted to ensure alignment with current best practices in mental health care.

Differentiating Transition Challenges from Mental Health Difficulties



- Evaluate **time frame**, **intensity**, and **impact** on daily functioning.
  - Consider capacity for recovery and use of coping mechanisms.
- Cultural Sensitivity
- Response to Yellow and Red Idicators

Evaluate time frame, intensity, and impact on daily functioning

Time Frame

Normal Transition Challenges:

- Typically improve within a few days to a few weeks as students adjust to their new environment.
- Homesickness, temporary anxiety, or discomfort during the first month are common.
  - This is also true around holidays, or if there is an upsetting event in the student's home country/community, or an ill natural family member.

Mental Health Difficulties

- Persist beyond the initial adjustment period (more than two weeks without improvement).
- Worsen over time rather than showing signs of gradual resolution.
- May become more intense or frequent, even with basic support.

Intensity

Normal Transition Challenges:

- Mild emotional responses, such as feeling sad, missing home, or being nervous in new situations.
- Able to engage in social activities despite some hesitation.
- Emotional fluctuations that are manageable and do not significantly impair functioning.

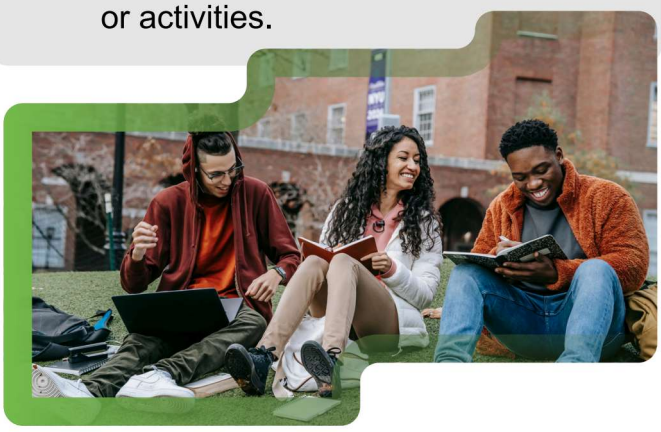
Mental Health Difficulties

- Intense emotional responses, such as severe anxiety, panic, or overwhelming sadness.
- Persistent emotional numbness or heightened irritability.
- Significant social withdrawal (avoiding all interactions, refusing to leave their room).
- Outbursts of anger, crying spells, or extreme emotional reactions without clear triggers.

Impact on Daily Functioning

Normal Transition Challenges:

- Minimal impact on daily activities (e.g., eating, sleeping, attending classes).
- Students maintain basic self-care and hygiene.
- Students can be redirected or supported to re-engage with peers or activities.



Mental Health Difficulties

- Noticeable disruption of daily routines, such as skipping meals, staying in bed all day, or avoiding school.
- Severe changes in sleep patterns (e.g., insomnia or excessive sleep), taking into account circumstances that may not be related to/signs of mental health difficulties
- Significant decline in academic performance or failure to complete assignments.
- Loss of interest in previously enjoyed activities without recovery.

Differentiating Transition Challenges from Mental Health Difficulties



Cultural Sensitivity

- Use culturally informed interpretations of behaviour and distress.
- Acknowledge and understand how different cultural backgrounds influence how stress and mental health concerns are expressed and communicated.
- Ensure culturally appropriate communications and interventions

Response to Yellow and Red Indicators

- Provide structured support for Yellow cases.
  - Increase one to one support and provide resources such as stress management workshops and documentations.
  - Monitor progression to determine if escalation to professional care is needed.
- Activate crisis response and external intervention for Red cases (assess for involuntary return at this point also).
  - Immediately involve mental health professionals .
  - Communicate with guardians and home-country coordinators where necessary.



Model Practices ::

Recruitment

Mental Health Screening & Severity Assessment
Mental Health Assessment



Orientation

Initial Placement Period (Orientation Groups and the First Month)

- Pre Departure
- Post Arrival



On Program

Resource for Training of Local Coordinators and Support Staff



Recruitment

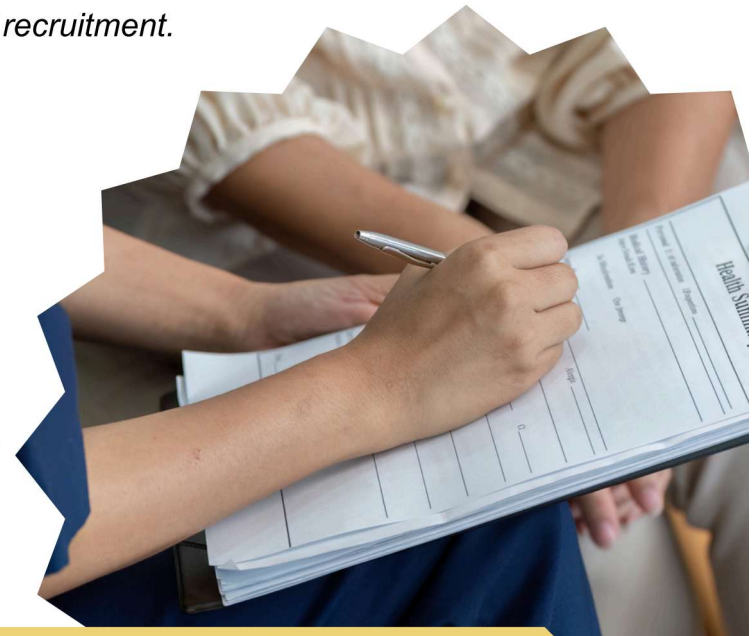
This section covers clear Model Practices for the assessment and determination of mental health difficulties during the recruitment phases of a student's application for the program. It also provides Model Practices for the continuation of a student's application based on mental health presentation.

Mental Health Screening & Severity Assessment

Screening and severity assessments are undertaken and evaluated by organizational staff with appropriate training and insight. The first step in this process involves the use of a 20-question non-clinical questionnaire designed to help identify students who may require further assessment. Students will answer a questionnaire to help the program establish the status of a student's mental wellness, which will offer an open and honest approach to help determine if the student will have a positive program. Based on the outcomes of this initial screening, a determination is made as to whether a student progresses to the next phase of recruitment.

Objectives

- Establish an understanding of historical and current mental health conditions.
- Provide a structured, non-clinical questionnaire to identify students who may require further evaluation.
- Utilize the traffic light system to assist in ascertaining mental health difficulties.



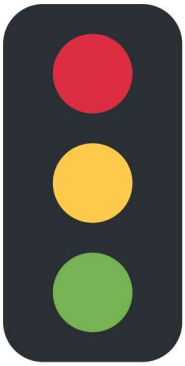
Process & Tools

- Use **semi-structured interviews** during initial application conversations to gather insights into emotional well-being, history of mental health support, and current coping mechanisms.
- Incorporate a non-clinical questionnaire, for all prospective students during the interview process.
  - This tool can be administered and scored by non-clinical staff.
  - Emotional Presentation and Style:
    - Some students may present with emotional distress differently (e.g., somatic symptoms instead of verbal expression of sadness).
    - Select tools that measure a wide range of emotional experiences, including anxiety, depression, anger, and somatic complaints.
    - Consider using tools that offer both self-report (student's perception) and observer-report (staff perception) formats for a well-rounded understanding.



Traffic Light Categorization in Screening

Apply the enhanced Red/Yellow/Green definitions to assess suitability:



❌ **Red**: Active severe conditions or risks.

❓ **Yellow**: History of concern, signs of dysregulation, but manageable.

✅ **Green**: Healthy adjustment, even with some stress responses.



Input from Parents/Guardians

Sending organizations should conduct separate interviews to obtain perspectives from parents/guardians of the students, in order to gain insight in relation to:

- Students' mental health history.
- Current symptomologies related to mental health difficulties (where applicable).
- Students' ability to self-manage and implement effective coping strategies for mental health difficulties (where applicable).

Pathway Forward

- Students flagged as Red in screening shall be denied admission.
- Student applications flagged as Yellow should be given extra consideration regarding suitability for placement. The utilisation of the 20 question questionnaire and verbal discussions undertaken should construct a conclusion on if the student should be flagged as Yellow.

Tiered Approach to Assessment

All organizations shall use a non-clinical questionnaire to guide decisions.

- Expert-informed, best practice recommendations may include:
  - Students with a history of an **eating disorder** or **other diagnosed mental health condition** shall provide written clearance from a qualified medical or mental health professional confirming:
    - They have been in stable recovery for **a minimum of two years**, and
    - They are currently not undergoing intensive treatment.
- Other examples may include:
  - No suicidal ideation or attempts or psychiatric hospitalization within the past two years.
  - Consistent use of medication with professional oversight, if relevant, and no recent dosage changes.

This approach enables clear identification of **Red light indicators** at the intake stage **without requiring immediate psychological assessment**, while still upholding safety and best practices.



Reapplication Pathway

Students who are not accepted due to recent mental health concerns should be encouraged to reapply once they have been cleared after the specified recovery period (e.g., 2 years).

Organizations should work collaboratively with Sending Partners, encouraging transparency around health histories to better support long-term student success.

Orientation

Pre-Departure and Post Arrival Orientation: Supporting Students During Initial Placement

This section covers clear Model Practices for considerations and determinations to be made regarding student's mental health during their orientation and the initial stages of the program. Model Practices are also provided regarding next steps based on evident mental health concerns from students during these initial phases of their program.

Objectives

- Differentiate between natural challenges due to transition and potential mental health difficulties.
- Provide early support and monitoring to facilitate a healthy adjustment during pre-departure and post arrival orientation.
- To consider mental health difficulties that have developed since the recruitment phase, and if and how these symptoms should be considered to help the young person acclimatize, and if these symptoms should warrant considerations around the continuation of the student's program.

Model Practices

- Pre-Departure Preparation
- Structured Pre-Departure and Post Arrival Orientation Programs
- Training for Orientation Staff
- Signs to Look For
- Outcome Categorization
- Encouraging Peer Support
- Monitoring During the First Month



Pre-Departure Preparation

- Provide pre-departure resources on common adjustment challenges and coping strategies.
- Inform students and families about available mental health resources during the placement.
- Educate parents on how they can help their child overcome adjustment challenges

Structured Pre-Departure and Post Arrival Orientation Programs

- Ensure all students participate in orientation sessions focusing on:
  - Building resilience and cultural adaptation skills.
  - Recognizing normal adjustment challenges versus mental health difficulties.
  - Accessing support systems and emergency resources.

Training for Orientation Staff

All orientation and support staff should be trained to:

Recognize and Differentiate Between:



Red: Severe and persistent mental health crisis or breakdown in functioning.

Yellow: Emerging adjustment concerns or emotional strain

Green: Healthy coping and emotional regulation.

Red

Staff should also have training in identifying key behaviors and/or patterns exhibited by students that may be evidence of developing mental health difficulties during the orientation and initial phase of their program. Including:

- Disengagement from group activities and an unwillingness to contribute or partake when encouraged.
- Evident distress. Such as crying or emotional outbursts without provocation or triggers.
- Aggressive or agitated behavior towards peers, staff or host family during orientation and/or initial phase of program.

Training for Orientation Staff

All orientation and support staff should be trained to:

- Identify mental health crises (e.g., self-harm, panic attacks, total disengagement).

Staff training shall ensure that all team members can accurately identify and respond to a mental health crisis. Training should include:

Clear Definition of a Crisis:

A situation where the student poses a risk to themselves or others.

Behaviors that are extreme, unpredictable, or dangerously impulsive.

Role Playing Scenarios (utlilized only for staff training)



Use case studies of common crisis situations (e.g., a student threatening self-harm, a student having a panic attack).



Allow staff to practice responding in a controlled, supportive manner.

Training for Orientation Staff

All orientation and support staff should be trained to:

- Identify mental health crises (e.g., self-harm, panic attacks, total disengagement).

Staff training shall ensure that all team members can accurately identify and respond to a mental health crisis. Training should include:

Crisis Recognition Checklist:

Consistent use of a checklist that staff can use to quickly determine if a student is in crisis:

- [ ] **Has the student directly mentioned self-harm or suicide?**
  If so, this would require immediate escalation for support of the young person. Involvement from the wider team and authority is required, and the continuation of the young person's placement should be seriously considered.

- [ ] **Are they engaging in unsafe behaviors (e.g., running away, substance abuse)?**
  Engagement with the young person is required here to understand the nature of these behaviors and what they represent. If concerns continue, then escalation is required.

- [ ] **Are they displaying significant confusion, disorientation, or aggression?**
  Engagement with the young person is required to explore the nature of this disorientation and/or aggression. How might the young person be feeling? Do they require additional support?

- [ ] **Are they refusing to engage with support or communicate?**
  Continual observation is required, particularly during the pre- and post-departure orientation phases. The disengagement may be nerves or homesickness. If this continues or gets worse, then discussions with the young person on how they can be supported are needed.

- [ ] **Respond using appropriate de-escalation and wellness techniques.**

Training for Orientation Staff

All orientation and support staff should be trained to:

- Recognize and Differentiate Student Behavior

Staff shall be trained to distinguish between three core categories of student behaviors:

Adjustment Challenges (Normal, Expected Reactions)

Definition

Emotional or behavioral responses that are natural reactions to the stress of adapting to a new environment but do not significantly impair functioning.

Typical Signs

- Homesickness, mild sadness, or anxiety that gradually improves over time.
- Temporary withdrawal from social activities, followed by re-engagement.
- Frustration with cultural differences, but willingness to learn and adapt.

Duration

Typically resolves within a few days to a few weeks.

Intervention

Normal orientation support (peer support, check-ins, stress management tips)

Training for Orientation Staff

All orientation and support staff should be trained to:

Manage Crisis Protocols and Escalation

Staff shall be trained to know when to escalate a crisis to professional support or emergency services:



Recognize Red Flags

Examples: active self-harm, verbal threats of suicide, physical aggression

Immediate Escalation Protocol

- Ensure the safety of the student and others.
- Contact emergency services (if severe and life-threatening).
- Notify organizational leadership as per crisis management policy.





Document the Incident

Complete an incident report, noting:

- What triggered the crisis.
- How the student presented (behaviors, verbalizations).
- Steps taken by staff to support and de-escalate.
- Final outcome (student stabilized, emergency services contacted).

Training for Orientation Staff

All orientation and support staff should be trained to:

Implement De-escalation Practices

Staff shall be equipped with the skills to safely and effectively de-escalate a student experiencing a mental health crisis.

Core Principles of De-escalation

Stay Calm

Maintain a neutral, non-threatening tone of voice.

Create a Safe Space

Move the student to a quieter area where they can talk without distractions or pressure.

Active Listening

Allow the student to speak without interruption, using phrases like:

- "I'm here for you. Tell me what's going on."
- "I want to understand what you're feeling."

Reflect and Clarify

Repeat back what the student has said to ensure understanding
Example: "It sounds like you're feeling overwhelmed."

Reassure, but Don't Dismiss

Acknowledge their feelings without minimizing them.

Avoid Commands

Use suggestions rather than instructions
Example: "Would it help if we moved to a quieter space?"

Maintain a Safe Distance

Position yourself at an appropriate distance to avoid feeling threatening but stay close enough to assist if necessary.

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Training for Orientation Staff

Staff Wellness and Debriefing



Implement debriefing practices for staff following student crises.



Train field leaders to support team members post-incident.

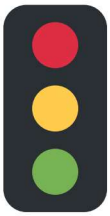
Embed reflective practice and peer support into team culture.

This may take the form of regularly debriefing meetings specifically about the mental health challenges of the young people and how they were dealt with

This may also comprise peer supervision groups where real scenarios are discussed to support the staff that have been involved with students experiencing difficult mental health challenges. These supervision sessions may also be utilized for staff learning of what was done well and what could be improved.

Signs to Look For

(Incorporating traffic light categories)



Red: Prolonged disengagement, crisis signs, unresponsiveness to support.

Yellow: Difficulty integrating, social avoidance, emotional fluctuation.

Green: Prolonged disengagement, crisis signs, unresponsiveness to support.

Outcome Categorization

(Based on expanded Red/Yellow/Green guidance)



Encouraging Peer Support

Encourage the development of peer support systems (examples: buddy programs, informal mentoring) to promote connection and community.



Monitoring During the First Month

- Establish anonymous feedback channels for students to report struggles.
- Conduct regular evaluations through staff observation and student self-reports.
- Engage with support networks of the young person, such as host families and coordinators to obtain a clearer understanding of any difficulties that extend out with normal adjustment patterns.

On Program

Resource for Training of Local Coordinators and Support Staff

This section covers clear Model Practices and considerations regarding the training of program representatives, local coordinators and host family parents on topics related to supporting exchange student mental wellness while they are participating in an exchange program in the United States. These practices are intended for support during the "on program" portion of the exchange experience.

Mental Health Training

Objectives

- Gain a basic understanding of mental health and common developmental themes in the adolescence and emerging-adulthood
- Understand common stressors related to cultural adjustment and be able to differentiate these from potential mental health difficulties.
- Identify common mental health red flags
- Learn de-escalation and active listening techniques.
- Understand skills and healthy coping strategies that can be utilized to support the well-being of exchange students.
- Identify community resources and providers that can assist when exchange students need additional support for mental wellness.



Training Access & Recommendations

Objectives

Exchange program representatives, local coordinators, and host family parents are encouraged to complete a basic mental health training so that they can develop an understanding of mental health and the ability to identify mental health concerns in exchange participants.

Examples of training modules for basic mental health literacy:

Emotional First Aid

Mental Health First Aid

Youth Mental Health First Aid



Training modules should acknowledge the importance of cultural considerations when understanding and approaching mental wellness. Further, potential limitations to accessing care in some locations should be addressed.

International Exchange students should be encouraged to develop and utilize self-care routines and be familiar with available resources for support.

Participant Resilience & Self-Care

The topic of participant resilience and self-care should remain at the forefront. Conversations around mental health and wellness should be normalized, and proactive support is encouraged.



Soon after their arrival in the host country, international exchange participants should be encouraged to create a resilience/self-care plan and utilize healthy coping strategies such as journaling, exercise, getting outdoors, listening to music, art projects, or connecting with friends or family to help manage their emotions in challenging times.



Exchange programs representatives, local coordinators, and host families are encouraged to discuss participant phone use, challenge them to set limits around phone use, and serve as role-models for exchange students by setting boundaries around phone use.

Mental Health Resources



Local coordinators and host families should identify resources for supporting international exchange student mental wellness within local communities and through health insurance plans.

Local coordinators are encouraged to establish contact with school counselors and mental health providers in each community and maintain a list of contacts.

Local coordinators should identify which hospitals provide support for psychiatric emergencies and which hospitals conduct examinations after a sexual assault and maintain a list of these contacts.

Organizations are encouraged to partner with national mental health associations, local clinicians, or online learning platforms (e.g., Coursera, MindEd, FutureLearn) to build internal capacity and offer practical staff development.

Mental Health Consultation

Programs are encouraged to contract with a mental health consultant who can be contacted for guidance in situations when the best course of action is not clear.