

Predeparture Counseling of the Expatriate

Traveler Summary

Key Points

- Failure to adapt psychologically to a new environment is the leading cause of failed expatriation. Predeparture counseling (including psychosocial skill building) should begin 2 to 4 months before relocation and include accompanying persons (adults and children).
- Stressors include arranging housing, deciding whether the entire family will relocate, arranging schooling for accompanying minors, and one partner possibly losing career or employment opportunities.
- Culture shock occurs for 6 to 12 months upon arrival into a new environment and can manifest as variations in sleep, appetite, mood, energy, libido, ability to concentrate, and self-esteem. Culture shock that does not resolve may indicate that some other difficulty is present.
- Family issues: Children's adaptation will often depend on parents' coping mechanisms and emotional stability. Children may regress on milestones such as toilet training or independence. Quickly re-establishing familiar routines can help.
- Schooling: Educating children will require decisions on whether to enroll in a local or international/expatriate school or to homeschool.
- Resilience training, an emerging approach to dealing with stress, may be discussed during predeparture counseling.

Introduction

Expatriation can be a stressful process and can adversely affect the entire family. Failure rates due to psychiatric evacuations and early curtailments of tours can be expensive for employers and stressful for the employee and family. Careful candid predeparture counseling is helpful in preventing assignment failures.

In the family's decision-making process, the employee and their partner should focus on expatriation well ahead of time. The decision to take an overseas tour should be a mutual one and, in some instances, not going will be the wiser choice.

Unaccompanied tours, where the employee lives overseas and the partner stays at home, is one option. Some couples can carry this solution out successfully; however, it can strain or even break a relationship and should be undertaken with caution.

Timing of the Counseling Sessions

For best effect, predeparture counseling sessions should be undertaken before a firm commitment to travel is set and 2 to 4 months before the departure date.

Potential expatriates should be aware that serious problems do occur while overseas; not every country has the facilities or providers to handle health problems; and expatriation can be stressful and may not be in every traveler's or family's best interests.

Culture Shock

The stress of an international relocation is most notable in the first 6 to 12 months after arrival. During this time, almost all expatriates (experienced and novice alike) will go through the adjustment reaction to the overseas move commonly called culture shock. As with every life transition, culture shock combines elements of the grief reaction as people react to the loss of what was left behind, the stress of dealing with the new, and the loss of one's sense of active mastery of their environment.

Symptoms include variations in sleep, appetite, weight, mood (sadness, depression, irritability), energy levels (generally decreased), ability to concentrate, libido, and self-esteem (generally decreased).

Some expatriates will experience a stage of hostility to host country nationals and their culture. This aspect can involve frustration over host country nationals' driving habits, personal hygiene, sense of time, or work ethic.

Adapting to the inherent dangers and threats (e.g., crime and driving) in a new environment may initially seem quite threatening.

Culture shock should resolve within a year. If it does not, some other difficulty may be present.

Children may experience different symptoms depending on their age. An important factor with children of any age is the emotional stability of the parents. Significant reactions to the overseas move by the parents will be unsettling to the entire family. Parental patience, though sometimes difficult to maintain, is important for all age groups.

Preschool children can exhibit regressive behaviors, such as clinging or bed wetting or soiling in a previously toilet-trained child. Parents should remember that such behavior is the child's way of expressing distress, not a willful attempt to be difficult, and the condition will usually pass fairly quickly. Re-establishing familiar routines, such as naps, meal schedules, bedtime routines (reading stories, etc.), and maintaining access to favorite toys will help.

School-aged children may have transient academic difficulty, experience separation anxiety or "school phobia," or become disruptive at home and in school. They can also have an increase in physical complaints and express desires to return to their old home. Remember that these behaviors are expressions of distress that a child may not have the capacity to express verbally. Re-establishing routines is helpful and reassuring. Encouraging the child to talk about the changes he or she is experiencing and how he or she feels about them, not being punitive while setting necessary limits, and knowing that the behavior will usually pass once the child becomes comfortable with the new environment are all important steps.

Adolescents may exhibit acting-out behaviors, including abuse of drugs or alcohol, increased sexual activity, or problems with academic performance, in addition to the signs and symptoms experienced by adults. Because adolescents have greater verbal abilities than younger children, encouraging them to talk about the changes and their feelings is a particularly important tool to facilitate adaptation without serious problems. Don't avoid setting appropriate limits to behavior or being frank about the consequences of acting out if necessary.

Families should foster an atmosphere at home that allows all members to express their feelings about the move. Doing so puts the distress and symptoms into a more nonthreatening light and allows further positive steps. These include regular exercise, stress-relief exercises, and avoidance of self-medication with alcohol, nicotine, or caffeine. Make positive efforts to learn about the culture and language of the host country and the practical details of how to travel and purchase needed goods and services to ease the adaptation process.

Some sponsoring entities may offer telephone counseling services for expatriate families, staffed by providers experienced in expatriation matters.

Psychosocial Factors

Psychosocial factors likely to increase the difficulty of adjustment include 2-career families in which one partner cannot pursue their career while overseas. The transition from career pursuit to the pursuit of hobbies or management of children and household can result in considerable anger and resentment. In some cultures, role changes for women can be profound and add to the difficulty of adjustment.

Family life-cycle factors likely to cause trouble include moving teenagers during their last few years of high school and dealing with the emotional stress of leaving aging or ill parents in the home country. Another life-cycle factor is the "empty nest" syndrome if an overseas move leaves the last child behind on their own for the first time.

The best way to deal with these issues is to recognize well ahead of time which ones will pose problems. Family members should explore their feelings about the changes that will occur, anticipate their likely reactions, and take steps to mitigate them. In some instances, a family may decide that the timing is simply not right for an overseas move. In any event, the decision on whether to go and where to live is best made a family concern for all to consider and discuss.

Schooling

Another area sometimes overlooked is the schooling of children overseas and the decision on whether to enroll in a local or international/expatriate school or to homeschool. International schools vary widely in their ability and willingness to handle children with special educational needs. Children with emotional or learning disorders may arrive only to find that the language-appropriate school in the host country will not accept them. One procedure is to send relevant school reports and descriptions of special needs to the school well ahead of time with the objective of securing a written acceptance commitment from the school.

Resilience Training

The concept of resilience has not been universally defined but rests upon the observation that faced with stressful situations, responses vary widely, from maladaptive (dysfunctional) to positive (productive) adaption without resulting in long-term psychological conditions. Generally, those who respond positively to stressful or traumatic situations are thought to be resilient. Resilience training, an emerging approach to dealing with stress, is not particularly applied as yet to expatriate families because methodologies differ and real-world usefulness needs to be better defined.