

AUTISM SPECTRUM STUDENTS AND STUDY ABROAD

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WHAT WE ARE SEEING:

- Increase in Autism Spectrum students abroad
- Some disclose, some do not
- Little training for study abroad professionals – often based on personal experience

LOTS OF QUESTIONS!

WHAT DO YOU NEED?

DO YOU KNOW WHAT YOU NEED?

DO WE KNOW WHAT YOU NEED?

WHAT TYPE OF SUPPORT CAN WE OFFER?



UMASS PROCESS:

- Health Questionnaire for students
- Review by travel clinic
- Students flagged by Travel Clinic are asked by IPO to get their health provider to complete a “Health Risk Reduction Action Plan” and return it to IPO

**University of Massachusetts Amherst
International Programs Office
HEALTH RISK REDUCTION ACTION PLAN**

(Section A: Student Completes)

Dear Health Care Provider:

Your Patient: _____ Date of Birth: _____
is applying to travel and study abroad through the International Programs Office at the University of
Massachusetts Amherst. He/ she is interested in the following travel or study abroad opportunity:

Location: _____ Date: _____ Length of Time: _____

Other Information:

Your patient has disclosed that he/she is or has been followed by you for the following condition(s):

**(Section B: Provider completes if there are any conditions that may require interventions – if none ,
proceed to Section C)**

Please describe an action plan for your patient in case of an exacerbation or complication for each
condition, while traveling abroad, including recommendations on medications.

Condition	Action Plan

Provider Name: _____ Signature: _____ Date: _____

Address: _____ Phone: _____

Please **complete Section C** on the next page and document **any concerns** about your patient
participating in the Study Abroad program.

**University of Massachusetts Amherst
International Programs Office
Health Care Provider's Authorization**

Please attach a list of your patient's **current medications** and **immunizations**.

(Section C: Provider Completes)

I, _____,

(printed name of health care provider)

having examined this applicant and reviewed his or her past medical history,

confirm that _____ is fit to

(name of applicant)

participate in a program in _____

(country)

during (circle one) the fall / spring / summer 20____.

Having received permission from said applicant, I am willing, if needed, to discuss issues pertaining to this applicant's health status with the professional staff of the UMass International Programs Office and will furnish pertinent medical records upon request.

Signature of Health Care Provider

Date

Mailing address:

Telephone _____

Fax _____

Comments:

Return this form to:

Kate Smith

International Programs Office

University of Massachusetts

111 Thatcher Road

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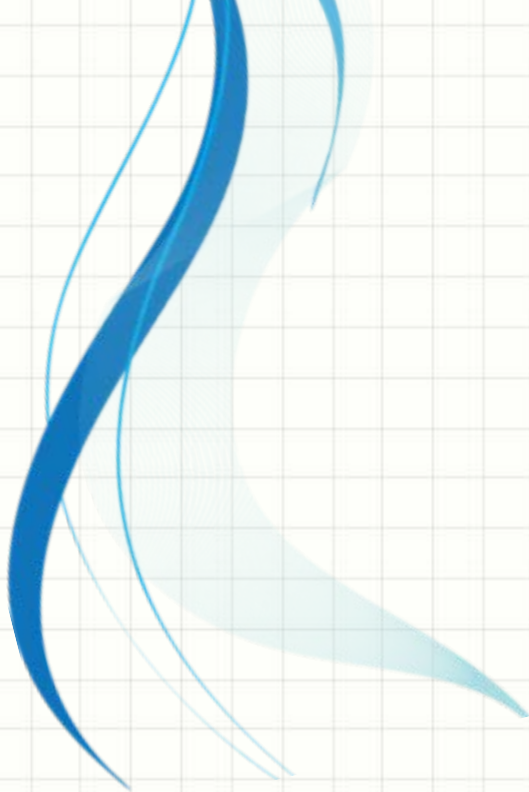
AUTISM SPECTRUM: THE BASICS

- Asperger's vs Autism, Schizophrenia, Other
- Common issues that arise
- Medications
- Support Coordination: home base and in country



CASE STUDY

- **Contraindications and study abroad**



QUESTIONS!