



ÉCOLE DE LA FONCTION  
PUBLIQUE DU CANADA  
CANADA SCHOOL  
OF PUBLIC SERVICE



**A P P E N D I X   B**

**APPENDIX B**

**Answers and Scripts**

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## CREDITS

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## Unit 3

### "STREET SMARTS" QUIZ (refer to page 3-14)

Note: The following ideas have been suggested by police officers working in the area of community policing and self-defence.

1. a) Keep a large dog dish on your back porch. You could also have a large dog leash hanging beside the dish. A casual burglar will not risk causing a dog to bark, or possibly being attacked by a dog. The next house may look less dangerous.
2. b) Pretend someone else is there. If a problem arises later, you can shout "Call the police!"
3. a) or c) Don't use a stairwell. They are constructed to be fireproof. The concrete and the tight seal ensure that no one will hear you scream. Don't rely on other people; they may get off and leave you alone with the person who causes you concern.
4. c) Always stand near the button panel. You do not want an attacker to be able to control whether or where the elevator will stop.
5. a) If you realize you are about to be attacked, immediately press **all** the buttons; the elevator will stop at every floor, thus giving you many chances of rescue. Don't press the emergency stop button – the elevator will stop and you'll be trapped with your attacker.
6. b) Always carry a \$20 bill in a metal money clip. If you are held up and asked for money, show the clip, then throw it in one direction and run in the opposite way. Muggers are more interested in money than in you, so your assailant will probably go for the money and allow you to escape. Mace and pepper sprays are illegal at present for private citizens.
7. a) Always try to be in control of your environment. If you get into someone's car, you are no longer in control. Don't let anyone you don't know get you into a car for any reason.
8. b) Carry a shoulder bag in front of you, under your coat, where it is least visible.
9. c) Keep your purse or briefcase on the floor, under your knees, where it is easily accessible but not visible. Don't leave it on the seat beside you in full view of passers-by.
10. c) If you are involved in a minor collision, all the law requires is that you exchange the required information with the other driver. Don't get out, and don't open your window; you can hold up your documents at the closed window and avoid exposing yourself to danger.
11. b) If your attacker has a gun, you have more chance of escaping unharmed if you **immediately** run away than if you try to get the gun or scream. It takes some skill to hit a moving target; chances are your attacker is not an expert marksperson. If you try to get the gun or scream, you may frighten the attacker and cause him or her to use the gun.
12. a) For people who are not especially fit, the legs are usually stronger than the upper body, especially for women. You should, therefore, face your attacker and kick with both feet to try to escape.

## Unit 4

### QUIZ (refer to page 4-7)

1. false – "up to", that is, under three million suffer from fear and phobias
2. true
3. true
4. true
5. false – another reason is that doctors often do not recognize the symptoms
6. true

### CLUES (refer to page 4-6)

Complete the words below by writing in the correct answer:

1. ANXIETY
2. DEBILITATING
3. DIZZINESS
4. DREAD
5. NAUSEA
6. PANIC
7. PHOBIA
8. RACING
9. THREAT
10. TREMBLING

Now use the letters in **bold** to make a word which describes how you might feel if you had to deal with your greatest fear.

HYSTERICAL

## "GUEST SPEAKER" SCRIPT (refer to pages 4-4 and 4-7)

Thank you for inviting me here today; I'm glad to see such interest in fears and phobias because they are a common problem for many people; in fact, up to 3 million Canadians suffer from phobias at some point in their lives. That's 12 percent of the population!

It's important for us to understand just what we're talking about. What is a fear and what exactly is a phobia? A fear is a normal, appropriate response to a real or imagined danger while a phobia is an overwhelming and uncontrollable fear or dread of an object or situation when there is no actual threat.

We've all experienced fear and its symptoms: for example, a racing heart or sweaty palms in the middle of the night when we think someone is breaking into our house; the feeling in the pit of the stomach as we encounter turbulence during an airplane trip; the dry mouth and constricted throat when we're about to talk in front of a group. Fears like these are common; they may cause some limitation of our actions – like trying to avoid public speaking – but they are not debilitating. We can still go on with our everyday life.

The distinction between a fear and a phobia, according to some, is the degree to which it interferes with daily life. If discomfort with heights makes you go out of your way to avoid climbing a ladder to wash your upstairs windows, we are likely dealing with a fear; if, however, this feeling about heights prevents you from taking a job you want because the office is located on the top floor of a high-rise, we may be dealing with a phobia. People suffering from fears do what they have to do even though they have a stomachache, trembling hands or a racing heart. Typical behaviour for phobics, on the other hand, is to avoid the situation altogether or to flee.

Some experts say that phobias are not just very intense fears but rather a completely different experience altogether. Phobics experience panic attacks, that is, attacks of great anxiety. These attacks involve physical symptoms like rapid, shallow breathing, heart palpitations, shaking, sweating, nausea, dizziness or tingling hands and feet. Phobics feel they may completely lose control of themselves and faint, scream or get hysterical right on the spot – at work, at a party, driving the car on a bus. Sometimes they think they will have a heart attack from the symptoms they are experiencing or that they will go crazy. They sometimes begin to fear the actual panic attack so they can end up fearing fear itself.

Obviously, the whole thing can be debilitating and has to be handled, but fears and phobias are frequently overlooked and the symptoms left untreated, sometimes because the phobic is ashamed of the problem and often because doctors are fooled by symptoms. In fact, average phobics consult 8 to 12 doctors before they are diagnosed correctly. Imagine the amount of needless suffering!

We must realize several things; first, people affected by fears and phobias are intelligent, creative, sensitive people whose imagination has gone into overdrive, conjuring up dangers and disasters. Second, it is not a weakness to acknowledge anxieties. In fact, once we deal with them, we can live our lives with much greater ease.

In this series of seminars, what we will do first is consider a list of fears and phobias, try to predict which are most common and then share some of our own experiences. In another seminar, I'll bring you some handouts with more information on a number of common fears. After you have read them, you will be able to apply what you have learned to some case studies.

So... let's get started with the questionnaire. (beginning on page four)

## **SYNONYM SETS** (refer to page 4-32)

**aggressive:** assertive, forward, pushy

**antics:** practical jokes, games, tricks, mischief

**brawl:** fight, fracas, fray, tussle, donnybrook, fisticuffs

**censor:** restrict, prohibit, forbid, disallow, veto, control, ban

**classify:** categorize, group, rank, grade, rate

**compensation:** recompense, reimbursement, settlement, restitution

**condemn:** censure, denounce, take exception to/with, disapprove of

**contravene:** oppose, go against

**curb:** restrain, keep in check/ within bounds, check

**fine:** charge, penalize, tax

**fist fight:** brawl, fisticuffs, fight

**forbid:** veto, prevent, ban, interdict, outlaw, prohibit, proscribe, refuse

**formulate:** write, draft, compose, draw up, plan, prepare

**grapple with:** come to grips with, struggle with, contend with, cope with, deal with, wrestle with

**impose:** charge, exact, levy

**imprison:** jail, incarcerate, lock up, confine

**lobby:** press, push, solicit, urge

**mandatory:** compulsory, imperative, necessary, requisite, required, obligatory

**manipulate:** control, exploit, use, manoeuvre, steer

**placate:** calm (someone down), pacify, appease, assuage, propitiate

**regulation:** directive, rule, instruction

**transmit:** air, broadcast, carry, relay, televise

**vigilant:** alert, attentive, watchful, careful

**voluntary:** optional, elective

**zero in on:** focus on, concentrate on, pinpoint

## Unit 5

### "MEL AND JAY" SCRIPT (refer to page 5-4)

Mel Cornish is talking to Jay Lansberg about the National Survey of Health Perceptions. Listen to their conversation.

Mel: Why was the survey done, Jay?

Jay: The main reason was to find out exactly what Canadians **think, feel** and **know** about health, and then to see how this relates to what people actually **do** in their daily lives. It's all part of the new approach to health promotion...

Mel: The new approach?

Jay: That's right. Traditionally, when you mention health, people always think first of all of the absence of disease – "I no longer have the flu, so I'm healthy again" – and of course, that's part of it, but health is really much more than just not being sick... So instead of asking people "How many times have you seen the doctor this year," the survey asked questions like "How do you rate your health?"

Mel: And how did people rate their health?

Jay: Well... roughly half the respondents rated their health as either excellent or very good, and only around 10 percent as fair or poor.

Mel: So we think we're healthy even if we aren't!

Jay: Right... Then another question asked if people made an effort to improve their health... only 31 percent said they didn't...

Mel: So almost 70 percent of Canadians really make an effort to keep healthy. That's terrific. Did the survey ask what people did to improve their health?

Jay: Yes,... there were two different questions. One asked about protecting and improving health and the responses to that indicated that most people ate breakfast, exercised, maintained a healthy weight and used seatbelts when in a car...

Mel: What about drinking and driving?

Jay: Well, the other question asked about risks people avoided, and you may not believe this if you've been out on the roads on weekend evenings, but only 20 percent admitted to drinking and driving in the previous month. And a large number of people – I think it was 92 percent said they only drank moderately or not at all... An even larger number said they hadn't used soft drugs like marijuana in the past year... about 94 percent...

Mel: That's really very encouraging.

Jay: Yes, it is, but don't be deceived by the percentages. If you translate the percentages into figures, it turns out to be more than 2 million people drink heavily, 4 or 5 million people never exercise and more than 7 million people over 20 are overweight... And don't forget that each year around \$91 million is spent on advertising alcohol, \$24 million on cigarettes and \$22 million on caffeine... So we've a long way to go until we can say we're really a healthy nation.

Mel: So that's why we keep having these health awareness weeks?

Jay: Exactly. The idea is to persuade people that there are things they can do to improve their own health, and also to find out what people would like governments... or schools... or other institutions... to do to help them.

Mel: What did people say?

Jay: Road accident prevention was really the top priority... About 78 percent of the respondents – that's twice as many as were concerned about accidents in the home – said that government action was very important in this area... Then another question asked whether people wanted more information about specific topics like high blood pressure, nutrition... things like that.

Mel: I bet most people said yes...

Jay: Actually, they didn't... Only 11 percent wanted information about nutrition and blood pressure, and even fewer about other topics like drugs and smoking...

Mel: Maybe that's a reaction to all the anti-smoking and anti-drug campaigns there have been recently... What else came out of the survey?

Jay: Well... for example, around 70 percent of those who rated their health as good or excellent felt that there were things they should be doing to improve their health...

Mel: What about the others?

Jay: Overall, two out of three people said they should do something... I think about 40 percent said they should exercise...

Mel: I guess income level comes into all this?

Jay: As you might expect, those who rated their health as excellent were three times more likely to be in top the bracket than those who rated their health as poor... and of those who rated their health as poor, 30 percent didn't seem to feel there was anything they should be doing to improve it... So, that's a bit worrying...

Mel: Is it because they don't know what to do?

Jay: It's hard to say... In the survey, it appeared that people were very well informed about healthy practices and lifestyles—so people **know** what they should do, but they don't always do it!

Mel: Well, I guess that's human nature. Thanks for dropping by Jay... I think I'll go do some exercise.

## Unit 9

### GIVING BAD NEWS (refer to page 9-6)

The sensitive information in the conversation is that offices will be shared and that the employee will have to share an office with a disliked individual. The boss is talking to the employee.

#### Expressions and Strategies

1. Could I speak to you privately?

**Strategy:** prepare the person

Tact is gained by using a question and the modal "could".

2. I'm afraid I have to tell you something you won't want to hear.

**Strategy:** prepare the person

Tact is gained from using "I'm afraid", which indicates understanding on the boss's part.

3. In our new location, **it seems as if...**

**Strategy:** distance yourself

Distance is obtained by using the impersonal subject "it" and the tentative verb "seems".

4. **I'm aware of** the personality conflicts you and Doug have had in the past.

**Strategy:** show empathy or an understanding of the situation

Using "I'm aware of" as an introduction to the sentence tells the employee that the boss does have an understanding of the situation.

5. **If I could have arranged things differently, I would have, but I really had no alternative**, given the other people we're dealing with here.

**Strategy:** explain your action or position

The perfect modals, "could have" and "would have", give the impression the boss at least tried to do something but in the circumstances was not able to do anything. The boss appears to be on the side of the employee.

6. **You're mature enough to understand the dilemma**, so I was hoping **you could maybe** make an effort to control your temper and ignore the things you find difficult about him.

**Strategy:** make a positive statement (reference to maturity) before mentioning the sensitive issue (bad temper); be tentative (you could maybe)

A positive comment, if well handled, can help to balance a negative one later on. Tact is derived from the adverb of possibility "maybe" and the modal "could".

7. If you can pull this one off, **I'll really owe you one**.

**Strategy:** Point out positive aspects of the situation; in this case, the employee is "owed" a favour by the boss.

## HEDGING/STALLING (refer to page 9-20)

### 1. Playing for more time

That would require further reflection/ more time.

I'll have to sleep on it.

I'll have to get back to you.

I'll have to check about that.

It hasn't been decided yet.

I'm not sure we've got all the facts (yet).

Things are still up in the air.

A final decision hasn't been made yet.

### 2. Making a general comment rather than giving a specific answer

That's a can of worms.

It's a matter of opinion.

It's a moot point.

It's an open question.

Things are still up in the air.

I'd just as soon not get into that.

It hasn't been decided yet.

### 3. Indicating that, either for lack of knowledge or on someone's request or order, the information cannot be released

I'm (really) not able to comment on that.

I'm not at liberty to comment.

I'm not in a position to comment.

I'd like to (be more forthcoming) but...

I can't say one way or the other.