

COMMUNICATION IN RISK SITUATIONS

**RESPONDING TO THE COMMUNICATION CHALLENGES
POSED BY BIOTERRORISM AND EMERGING
INFECTIOUS DISEASES**

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Introduction	3
Background: Communication Theory and Practice	4
Rules of Risk Communication	5
Risk Communication Theories	6
Message Maps	8
CDC Message Mapping - Smallpox	8
Sample Message Maps	12
Working with the Media	16
Questions Commonly Asked by Journalists	16
Interview Tips	18
Involving the Community	19
Public Meetings	19
Factors that Influence Public Perception	21
Methods of Communication	22
Avoiding Pitfalls in Presentations & Interviews	24
Presentation Aids	25
Managing Hostile Situations	26
CDC Bio-Terrorism Risk Communication	28
Bibliography	30
Suggested Reading	31

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Introduction

The purpose of this workbook is to provide guidance for the communication of health risk information to diverse audiences in response to the risks posed by bio-terrorism and emerging infection diseases. It is intended for public information staff and state public health officials who must respond to media and public concerns about public health emergencies – natural or manmade.

It is critical to have a plan in place to deal with a crisis before it happens. This workbook and the accompanying webcasts are intended to help state health officials and public information officers work together to create crisis communication plans and messages.

The workbook includes specific suggestions for mapping our responses to anticipated questions, for presenting information, and for interacting effectively with the media and the public. A section is devoted specifically to communications guidelines for dealing with a smallpox incident.

Much of the material in this workbook deals with establishing trust and credibility – two of the cornerstones of effective risk communications. When an issue is of high concern, such as the 2001 anthrax incidents or the threat of a smallpox outbreak, trust and credibility on the part of communicators is essential. Without them your message will not be heard, people will not make informed decisions, and problems can escalate.

Communicating information about possible life threatening issues can be difficult, but if it is not done well, the communicator can put the public at greater risk by creating misunderstanding or possibly inciting panic. Professional communicators owe it to the people and agencies they represent, as well as to the public, to be prepared to deal with a crisis – natural or man made.

Background: Communication Theory and Practice

Belief in some common myths often interferes with development of an effective risk communication program. Consider the myths listed below and the actions you can take to develop a risk communication strategy that leaves you and your organization prepared to meet a crisis situation with accurate messages.

Myth: Telling the public about a risk is more likely to unduly alarm people than keeping quiet.
Action: Decrease potential for alarm by giving people a chance to express their concerns.

Myth: Communication is less important than education. If people knew the true risks, they would accept them.
Action: Pay as much attention to your process for dealing with people as you do to explaining the data.

Myth: We shouldn't go to the public until we have solutions to health threats.
Action: Release and discuss information about risk management options and involve communities in strategies in which they have a stake.

Myth: These issues are too difficult for the public to understand.
Action: Separate public disagreement with your policies from misunderstanding of technical issues.

Myth: Technical decisions should be left in the hands of technical people.
Action: Provide the public with information. Listen to community concerns. Involve staff with diverse backgrounds in developing policy.

Myth: Risk communication is not my job.
Action: As a public servant, you have a responsibility to the public. Learn to integrate communication into your job and help others do the same.

Myth: If we give them an inch, they'll take a mile.
Action: If you listen to people when they are asking for inches, they are less likely to demand miles. Avoid the battleground. Involve people early and often.

Myth: If we listen to the public, we will devote scarce resources to issues that are not a great threat to public health.
Action: Listen early to avoid controversy and the potential for disproportionate attention to lesser issues.

Rules of Risk Communication

You should have a plan in place **before** a crisis occurs whenever possible. The first 24 hours are critical. Be prepared to do the following:

- Contact local TV and radio stations
- Build or update a web site to disseminate information
- Set up and staff a 24-hour hotline
- Write and distribute educational fliers in the major languages spoken in your region
- Coordinate with police, fire, and emergency services personnel
- Prepare press materials to announce your response to the crisis

Don't let the issue be defined by someone else. Don't think that keeping a lid on the story will prevent the public from seeking information.

Accept and involve the public as a partner.

Your goal is to inform the public, not to defuse public concerns or replace actions.

Plan carefully and evaluate your efforts.

Different goals, audiences, and media require different actions.

Listen to the public's specific concerns.

People often care more about trust, credibility, competence, fairness, and empathy than about statistics and details.

Be honest, frank, and open.

Trust and credibility are difficult to obtain. Once lost, they are almost impossible to regain.

Work with other credible sources.

Conflicts and disagreements among organizations make communication with the public much more difficult.

Meet the needs of the media.

The media are usually more interested in politics than risk, simplicity than complexity, danger than safety.

Speak clearly and with compassion.

Never let your efforts prevent your acknowledging the tragedy of an illness, injury, or death.

Risk Communication Theories

One of the most important things to remember in risk communication is that perception equals reality. The following theories help to explain what happens to an individual's ability to assimilate information when they feel threatened.

$$\text{risk} = \text{hazard} + \text{outrage}$$

TRUST DETERMINATION THEORY: When people are upset they often distrust that others are listening, caring, empathetic, honest, open, competent, expert, dedicated, or committed.

Factors that build trust are:

- Caring and empathy
- Competence and expertise
- Honesty and openness
- Dedication and commitment

Your audience will evaluate the credibility of your communications against these factors and over 50% of your credibility will be dependent upon whether or not you are perceived as empathetic and caring. In most communications your audience will decide this in the first 9-30 seconds.

The higher the level of your audience's emotion or distrust, the more you will need to consistently communicate that you are listening, that you care, and that you are empathetic.

You can build trust and credibility by using support from credible third party sources. A lower credibility source takes on the credibility of the highest credible source that agrees with its position on an issue. When a lower credibility source attacks the credibility of a higher credibility source, the lower credibility source loses additional credibility. Remember, the only information source that can effectively attack the credibility of another source is one of equal or higher credibility.

Who typically has the highest credibility?

- High: health professionals, scientists, educators, advisory groups
- Medium: Media, activist groups
- Low: Industry, paid external consultants

MENTAL NOISE THEORY: When people are upset they have difficulty hearing, understanding, and remembering.

- Send a limited number of clear messages: 3 key messages
- Keep messages brief: 10 seconds or 30 words
- Repeat messages: Tell them what you're going to tell them. Tell them. Tell them what you told them.
- Use visual aids: graphics, slides
- Be aware that it takes three positive messages to balance one negative statement
- Avoid unnecessary use of the words: No, Not, Never, Nothing, None

Body Language

Body Language often overrides verbal communication. It can provide up to 75% of message content. It is noticed intensely and is easily negatively interpreted.

- Poor eye contact can leave an audience feeling that you are dishonest, unconcerned or nervous
- Sitting back in your chair can make you look uninterested or unconcerned
- Crossing your arms across your chest can convey that you are defiant, defensive, or uninterested
- Frequent hand to face contact can make you look dishonest or nervous
- Drumming or tapping with hands or feet conveys nervousness, hostility, or impatience
- Resting your head in your hand can make you look bored or tired
- A raised voice can send the message that you are hostile, nervous, or deceitful

Message Maps

Your responses to an individual's questions and concerns will affect your success. Prepare and practice. Consider how to answer questions in general and how to respond to specific inquiries.

Guidelines

- **Be prepared.** If you know your subject and know your audience, most questions can be anticipated. Develop and practice responses.
- **Track Your Key Messages.** Use your responses as opportunity to reemphasize your key messages.
- **Keep Your Answers Short and Focused.** Your answer should be less than 2 minutes long.
- **Practice Self-Management.** Listen. Be confident and factual. Control your emotions.
- **Speak and Act with Integrity.** Tell the truth. If you don't know, say so. Follow up as promised. If you are unsure of a question, repeat or paraphrase it to be certain of the meaning.
- **Whenever possible develop message maps**

Message maps are risk communication tools that are used to help address mental noise. They help organize complex information and make it easier to express current knowledge.

- Limit to 3 key messages
- Maximum of 3 supporting statements for each key message

Several organizations, including the Center for Risk Communication, ORISE and the Centers for Disease Control and Prevention, are working to develop messages for questions relating to smallpox. Work has been based in part on case studies of anthrax, West Nile virus, and influenza. Sample questions are listed below, followed by examples of sample message maps.

Smallpox Questions:

How contagious is smallpox?
Can everyone be vaccinated?
What are the signs and symptoms of smallpox?
Who's in charge?
Why is smallpox a good weapon?
What makes you think the strategies of the 60s and 70s will work today?
What's being done to prepare?
What kind of medical care will be available? Is there enough?
What resources will be used to identify and respond to an outbreak?
Could terrorists make a strain that you couldn't protect against?

Are enough resources available to care for smallpox patients?
Are laboratories able to quickly diagnose smallpox?
How do you know the new vaccine will work?
Isn't it true that smallpox has been known to be airborne in the past?
Can I get smallpox from water, mosquitoes, pets, or farm animals?
What are state and local health departments doing to prepare?
Is it true that the vaccine comes from aborted fetuses?
How are bio-terrorism funds being spent?
What do I do if I think I have smallpox?
Should people get vaccinated?
Is the vaccine licensed and approved? What does IND mean?
What is the government doing to make the vaccine safer?
Who will tell me when I need to get vaccinated?
Is there an adequate supply of medicines available to treat vaccine complications?
What are the alternatives to vaccination?
What should happen after I get vaccinated?
Why a plan now?
What does the plan say?
Why does the plan say what it says?
How do you know the risk is low? Are we already at risk?
How prepared are you in the event of a smallpox outbreak?
How do you know whether a smallpox threat is a hoax or not?

If I get sick from the vaccination, who will take care of my family, my pets?
Does the CDC recommend that I get smallpox vaccinations?
Can pets be vaccinated?
Are the smallpox vaccines licensed and approved? What does Investigational New Drug (IND) mean?
What are the differences between the different types of smallpox vaccine?
What is the CDC doing to make smallpox vaccine safer?
How long does it take for smallpox vaccination to protect against smallpox?
Are there people who cannot be protected by smallpox vaccination?
How do I keep the vaccination virus from spreading from my vaccination to other people?

Can the elderly and young people take the smallpox vaccination?
Who will tell me when I need to be vaccinated?
Can people with HIV/AIDS, kidney transplants, cancer, and other causes of weakened immune systems be vaccinated against smallpox?
How are complications of smallpox vaccination treated?
Is there an adequate supply of medicines to treat smallpox vaccination complications?
What are the alternatives to vaccination?
Will the new smallpox vaccine be safe?
What if terrorists released a genetically altered smallpox virus against which smallpox vaccine is not protective?
How safe is smallpox vaccine?
What are the side effects/problems of smallpox vaccination? Could smallpox vaccination make me very sick? Kill me?
Can everyone be vaccinated?
What if you cannot be vaccinated?
How effective is the vaccine?
How long does the protection from smallpox vaccination last?
Who is most at risk for complications from smallpox vaccine?
What should happen after vaccination?
How common are the side effects?
After someone has been exposed to smallpox, can vaccination protect them?
Will I be forced to be vaccinated?
What is the risk of getting smallpox? What is the risk of smallpox being released in the United States or some other country?
Is there enough smallpox vaccine?
If I am vaccinated, can the vaccination spread to my family and friends?
Will non-citizens receive smallpox vaccine?
Who will take care of me if I get sick because of vaccination?
Where can I go to be vaccinated against smallpox?
Who will pay the costs of my smallpox vaccination and of care for any complications/side effects I get?
How will I know my vaccination is successful?
Why can't I choose to be vaccinated if you have the vaccine?
Can vaccinated people infect unvaccinated people?
What is isolation?

What is quarantine?
Can I be forced to be in quarantine or isolation?
Who need to be in quarantine or isolation?
Who is in charge?
Who enforces quarantine and isolation?
How long do quarantine and isolation last?
What are the legal bases for quarantine and isolation?
How can this happen in the United States of America?
How will my bills be paid while I am in quarantine/isolation?
How will I get health care, water, food, other services while I am in quarantine/isolation?
Where will I be put in isolation?
Where will I be put in quarantine?
Under what circumstances will people be put in quarantine/isolation?
What if I want to be in quarantine/isolation?
Are there alternatives to quarantine/isolation?
How is quarantine/isolation done?
What is life like in quarantine/isolation?
Under what circumstances would quarantine or isolation be started?
If someone becomes sick in quarantine, who will care for them? How good will medical care be?
In quarantine/isolation, will I be able to communicate with my family and friends?
What happens to non-citizens regarding quarantine and isolation?
What legal rights will I have in quarantine/isolation?
What happens to people who refuse to be in quarantine/isolation?
Can I get sick when I'm in quarantine/isolation?
What happens if someone dies in quarantine/isolation?
What happens to facilities after they are used for quarantine/isolation?
Can I bring my pets/ family/ friends with me into quarantine/isolation?
If there is a quarantine/isolation facility near me, what can I do about it?
How will quarantine/isolation affect transportation -- airlines, buses, trucks?
What if there is a difference of opinion about quarantine/isolation between health and political leaders?
Is my job protected if I am in quarantine/isolation?
What about public utilities if I am in quarantine/isolation?

Will minority groups be treated fairly in regard to quarantine/isolation?
After release from quarantine/isolation, will people be able to go back to work?
What are the personal, family, job consequences for people in quarantine/isolation?
In quarantine/isolation, will special provisions be made for cultural, religious, and ethnic beliefs/values?
What is life like in quarantine/isolation?
Who pays for carrying out quarantine/isolation?
Who pays for lost wages, costs, etc. of people in quarantine/isolation?
How will this affect my activities of daily living, such as pet care?
What kind of medical care will be available, will it be enough?

Draft Sample Message Maps

You can use these examples to develop your own message maps for potential crisis situations. Limit your message to three key points. Back up those points with up to three supporting facts. These sample maps are drafts only and are part of federal government sponsored project being conducted with the assistance of the Center for Risk Communication and ORISE.

How contagious is smallpox?		
Key Message Fact 1	Key Message Fact 2	Key Message Fact 3
Smallpox spreads slowly compared to measles or the flu	This allows time for us to trace contacts and vaccinate those people who have come in contact.	Vaccination within 3 to 4 days of contact will generally prevent the disease
Supporting Fact 1-1	Supporting Fact 2-1	Supporting Fact 3-1
People are only infectious when the rash appears and they are ill	The incubation period for the disease is 10-14 days	People who have never been vaccinated are the most important ones to vaccinate
Supporting Fact 1-2	Supporting Fact 2-2	Supporting Fact 3-2
It requires hours of face-to-face contact	Resources for finding people are available.	Adults who were vaccinated as children may still have some immunity to smallpox
Supporting Fact 1-3	Supporting Fact 2-3	Supporting Fact 3-3
There are no asymptomatic carriers	Finding people who have been exposed and vaccinating them is the successful approach	Adequate vaccine is on-hand and the supply is increasing

Can everyone be vaccinated?		
Key Message Fact 1	Key Message Fact 2	Key Message Fact 3
Only people possibly exposed to smallpox should be vaccinated	Vaccination is safe for most people	Some people are more likely to experience side effects than others
Supporting Fact 1-1	Supporting Fact 2-1	Supporting Fact 3-1
Focused vaccination is the strategy	The majority of people of all ages and races experience the expected reactions	Weakened immune systems
Supporting Fact 1-2	Supporting Fact 2-2	Supporting Fact 3-2
Anyone possibly exposed regardless of health status should be vaccinated	Normal reactions to the vaccine include fever, soreness, itching, and tiredness.	Skin conditions such as eczema
Supporting Fact 1-3	Supporting Fact 2-3	Supporting Fact 3-3
In those potentially exposed the benefits of vaccination out weigh the risks.	These reactions are a good sign that the vaccine is working	Not recommended for pregnant women

What are the signs and symptoms of smallpox?		
Key Message Fact 1	Key Message Fact 2	Key Message Fact 3
High fever and too sick to move around	The rash generally appears 2-3 days after the fever starts	The rash changes its appearance over 10-14 days
Supporting Fact 1-1	Supporting Fact 2-1	Supporting Fact 3-1
Too sick for normal activities	When the rash appears the disease can be spread	The way the rash changes makes diagnosis easy
Supporting Fact 1-2	Supporting Fact 2-2	Supporting Fact 3-2
Can't spread the disease before the rash appears	Tests can prove the illness is smallpox	Healthcare workers are trained to diagnose smallpox
Supporting Fact 1-3	Supporting Fact 2-3	Supporting Fact 3-3
High fever is uncommon for chickenpox	Testing for smallpox is easy	Photos of smallpox are available on the CDC website

What makes you think the strategies of the 60s and 70s will work today?		
Key Message Fact 1	Key Message Fact 2	Key Message Fact 3
Smallpox is still the same	Focused vaccination is effective and safe	Strategy provides effective control
Supporting Fact 1-1	Supporting Fact 2-1	Supporting Fact 3-1
Spreads predictably to close contacts	It is easy to train people to do vaccinations	This disease was wiped out because of strategy. No other disease on earth has been wiped out.
Supporting Fact 1-2	Supporting Fact 2-2	Supporting Fact 3-2
It is only infectious in obviously sick people	Contact traces are available	There is expert consensus that the strategy works
Supporting Fact 1-3	Supporting Fact 2-3	Supporting Fact 3-3

Could terrorists make a strain that you couldn't protect against?		
Key Message Fact 1	Key Message Fact 2	Key Message Fact 3
You are asking me to speculate.	Our job is to provide technical assistance in the event of a smallpox outbreak	We have a supply of smallpox vaccine available
Supporting Fact 1-1	Supporting Fact 2-1	Supporting Fact 3-1
There are many theoretical possibilities – rather than what could be	CDC has physician advance teams that will respond	The vaccine will be released on the order of the CDC
Supporting Fact 1-2	Supporting Fact 2-2	Supporting Fact 3-2
I can tell you what I know to be real	A minimum of 10 response teams of experts in laboratory, epidemiology, and communications are available	All needles and other supplies will be provided
Supporting Fact 1-3	Supporting Fact 2-3	Supporting Fact 3-3
There is no available evidence that this has occurred – the best person to confirm this would be ...	Resources are being developed at state and local levels in case of a smallpox event	A special air transport system has been created to deliver the vaccine anywhere in the country.

Why can't I choose to get the vaccine if you have it?		
Key Message Fact 1	Key Message Fact 2	Key Message Fact 3
If you have not been exposed to smallpox the risks of the vaccine outweigh the benefits	Focused vaccination was successful in stopping the spread of smallpox	Vaccinated people may be a risk to unvaccinated people
Supporting Fact 1-1	Supporting Fact 2-1	Supporting Fact 3-1
The vaccine is available for people who have been exposed to smallpox	The strategy is to vaccinate only those who have been exposed. This also involves vaccinating the household	The vaccine cannot spread smallpox. It contains another virus that can be accidentally spread from a vaccinated person to an unvaccinated one.
Supporting Fact 1-2	Supporting Fact 2-2	Supporting Fact 3-2
People who cannot be vaccinated can be protected through quarantine	This was a major part of the strategy that was used to successfully eradicate smallpox	The accidental transmission of the vaccine virus can be especially dangerous for people who have weakened immune systems.
Supporting Fact 1-3	Supporting Fact 2-3	Supporting Fact 3-3
Adults who were vaccinated as children may still have immunity.	As more vaccine becomes available the decision to vaccinate people who have requested it will be considered	Vaccinated people need to follow recommended procedures to prevent infecting others with the vaccine virus

Working with the Media

Because working with the media is one of your primary opportunities for communicating with the public, your positive relationships with the media are crucial. Consider what to do before, during, and after an interview, and in a crisis.

In general, the media is interested in the following:

- Human interest stories
- Bad news more than good news
- People's perspectives
- Yes or no/safe or unsafe answers
- Front-page news stories

The media will seek information on: Who? What? When? Where? Why? How? To maximize your impact, prepare and practice delivering your key message.

Questions Commonly Asked by Journalists during a Crisis

Experience shows that journalists are likely to ask six types of questions in a crisis (who, what, where, when, why, how) that relate to three broad topics: (1) what happened? (2) What caused it to happen? (3) What does it mean?

You can use these questions as a start to develop simple questions and answers or full message maps. These questions were developed by a research team at the Center for Risk Communication (V. T. Covello, J. Wojtecki, and R. Peters).

Specific questions that may apply to any type of crisis include the following.

- What is your name and title?
- What are your job responsibilities?
- What are your qualifications?
- Can you tell us what happened?
- When did it happen?
- Where did it happen?
- Who was harmed?
- How many people were harmed?
- Are those that were harmed getting help?
- How certain are you about this information?
- How are those who were harmed getting help?
- Is the situation under control?
- How certain are you that the situation is under control?
- Is there any immediate danger?
- What is being done in response to what happened?
- Who is in charge?
- What can we expect next?

What are you advising people to do?
How long will it be before the situation returns to normal?
What help has been requested or offered from others?
What responses have you received?
Can you be specific about the types of harm that occurred?
What are the names of those that were harmed?
Can we talk to them?
How much damage occurred?
What other damage may have occurred?
How certain are you about damages?
How much damage do you expect?
What do you doing now?
Who else is involved in the response?
Why did this happen?
What was the cause?
Did you have any forewarning that this might happen?
Why wasn't this prevented from happening?
What else can go wrong?
If you are not sure of the cause, what is your best guess?
Who caused this to happen?
Who is to blame?
Could this have been avoided?
Do you think those involved handled the situation well enough?
When did your response to this begin?
When were you notified that something had happened?
Who is conducting the investigation?
What are you going to do after the investigation?
What have you found out so far?
Why was more not done to prevent this from happening?
What is your personal opinion?
What are you telling your own family?
Are all those involved in agreement?
Are people over reacting?
Which laws are applicable?
Has anyone broken the law?
How certain are you about the laws?
Has anyone made mistakes?
How certain are you about mistakes?
Have you told us everything you know?
What are you not telling us?
What effects will this have on the people involved?
What precautionary measures were taken?
Do you accept responsibility for what happened?
Has this ever happened before?
Can this happen elsewhere?
What is the worst case scenario?
What lessons were learned?
Were those lessons implemented?
What can be done to prevent this from happening again?
What would you like to say to those that have been harmed and to their families?
Is there any continuing the danger?

Are people out of danger? Are people safe?
Will there be inconvenience to employees or to the public?
How much will all this cost?
Are you able and willing to pay the costs?
Who else will pay the costs?
When will we find out more?
What steps are being taken to avoid a similar event?
What lessons have you learned?
What does this all mean?
Is there anything else that you would like to tell me?

Interview Tips

The following tips apply to any interview, but are especially useful in the event of a crisis.

Before the Interview

- Ask who will be conducting the interview.
- Ask which subjects or topics they want to cover.
- If you are not the correct person to do the interview, say who is and why.
- Ask about the format and duration.
- Ask about the reporter's deadline.
- Ask who else will be interviewed. If others will be interviewed, will they be interviewed before or after you?
- Ask about what the reporter already knows about the subjects they want to cover.
- Ask for examples of questions.
- Ask if you can be of assistance in helping them get additional information.
- Ask if you could get back to them after you have had a chance to organize your thoughts on the subjects that they want to cover.
- Prepare and practice.

Don't:

- Tell the news organization which reporter you prefer.
- Ask for all the questions in advance.
- Insist they do not ask about certain subjects.
- Demand your remarks not be edited.
- Insist that an adversary not be interviewed close-up.
- Assume it will be easy.

During

- Be honest and accurate.
- Stick to your key message(s).
- State your conclusions first, then provide supporting data.
- Be forthcoming to the extent you decide beforehand.
- Offer to get information you don't have.

- Explain the subject and content.
- Stress the facts.
- Give a reason if you can't discuss a subject.
- Correct mistakes by stating you would like an opportunity to clarify.

Don't:

- Lie or try to cloud the truth.
- Improvise or dwell on negative allegations.
- Raise issues you don't want to see in the story.
- Fail to think it through ahead of time.
- Guess.
- Use jargon or assume the facts speak for themselves.
- Speculate, discuss hypothetical situations.
- Say, "No comment."
- Demand an answer not be used.

After

- Remember you are still on the record.
- Be helpful. Volunteer to get information. Make yourself available.
- Respect deadlines.
- Watch for and read the resulting report.
- Call the reporter to politely point out inaccuracies, if any.
- Call the reporter if you thought the story was well done.

Don't:

- Assume the interview is over or the equipment is off.
- Refuse to talk further.
- Ask, "How did I do?"
- Ask to review the story before publication or broadcast.
- Complain to the reporter's boss first.

Involving the Community

Involvement is important because (a) people are entitled to make decisions about issues that directly affect their lives; (b) input from the community can help you make better decisions; (c) involving the community in the process leads to greater understanding of - and more appropriate reaction to - a particular risk; (d) those who are affected by a problem bring different values and perspectives to the problem-solving equation; and (e) cooperation increases credibility. Finally, battles that erode public confidence and agency resources are more likely when community input isn't sought or considered.

To the extent possible, involve the community in the decision-making process.

- Involve the community at the earliest stage possible.
- Clarify the public's role from the outset.
- Acknowledge situations where the agency can give the community only limited power in decision making.
- Find out from the communities what type of involvement they prefer.

When appropriate, develop alternatives to public hearings. In particular, hold smaller, more informal meetings.

- If you cannot avoid a large public meeting, the logistics should enable both the public health department and the community to be treated fairly.
- Be clear about the goals for the meeting. If you cannot adequately fulfill a citizen's request for a meeting, propose alternatives.
- In certain situations, one-to-one communication may work best.

Recognize that people's values and feelings are a legitimate aspect of public health issues, and that such concerns can convey valuable information.

- Provide a forum for people to air their feelings.
- Listen to people when they express their values and feelings.
- Acknowledge people's feelings about an issue.
- When people are speaking emotionally, respond to their emotions. Do not merely follow with data.
- Show respect by developing a system to respond promptly to calls from community residents.
- Recognize and be honest about the values incorporated in agency decisions.
- Be aware of your own values and feelings about an issue and how they affect you.

Public Meetings

What you do and how you do it will affect your audiences' perceptions of you, your organization, and the information you are providing. Prepare and present effectively.

Know Your Audience(s)

- Anticipate interests, concerns, and questions.
- Consider them in preparation.

Prepare Your Presentation

- Develop a strong introduction.
- Develop a maximum of three key messages.
- Assemble your supporting data.
- Prepare audiovisual aids.
- Practice.

Prepare for Answering Questions

- Anticipate what questions will arise and prepare answers to them.
- Practice questioning and responding.

A strong opening presentation sets a tone for the meeting and is crucial in attempting to establish trust and build credibility. Its elements include the following:

I. Introduction

Remember that perceived empathy is a vital factor in establishing trust and building credibility, and it is assessed by your audience in the first 9-30 seconds. Include the following in your introduction:

Statement of personal concern

Example: "I can see by the number of people here tonight that you are as concerned about this issue as I am."

Statement of organizational intent

Example: "I am committed to protecting the environment and the public. We of the "x" have been involved with this community for a long time and want to work with the community on this issue."

Statement of purpose and plan for the meeting. (Do not use the same statement at each meeting.)

Example: "Tonight, we would like to share with you the findings of the report for approximately 15 minutes, then we would like to open the floor for discussion, questions, and concerns. We will be available after the meeting for anyone who wishes additional information or to continue the discussion."

II. Key Messages and Supporting Data

The key messages are points you want your public to have in mind after the meeting. They should address central issues, and be short and concise.

Example: "We have run extensive tests on samples of chicken from the ABC restaurant and found no evidence of salmonella or *E. coli*."

To develop your key messages:

- **Brainstorm.** Think freely and jot down all pieces of information you wish to communicate.
- **Select key messages.** Identify the most important ideas. Repeat the process until your list is down to three items.
- **Identify supporting data.** Other information you listed probably provides support to your key messages; organize it to reflect this.

III. Conclusion

- Restate verbatim your key messages.
- Add a future action statement: What is your organization going to do on this project in the short term? Long term?

IV. Measure Your Effectiveness

In designing your communication program, establish measurable objectives. For each component, determine what went well, what could have gone better, and why.

For each portion of the program, ask the following questions:

- Were the objectives met?
- What went well? Why?
- What could have gone better? Why?
- How can the program be improved?
- What lessons are there to be learned?

Factors That Influence Risk Perception

An individual's perceptions of the magnitude of risk are influenced by more than numerical data. **For example, more people die each year in automobile accidents than in airplane crashes, yet more people are afraid to fly than they are to drive.**

- Risks perceived to be voluntary are more accepted than risks perceived to be imposed.

- Risks perceived to be under an individual's control are more accepted than risks perceived to be controlled by others.
- Risks perceived to have clear benefits are more accepted than risks perceived to have little or no benefit.
- Risks perceived to be fairly distributed are more accepted than risks perceived to be unfairly distributed.
- Risks perceived to be natural are more accepted than risks perceived to be manmade.
- Risks perceived to be statistical are more accepted than risks perceived to be catastrophic.
- Risks perceived to be generated by a trusted source are more accepted than risks perceived to be generated by a distrusted source.
- Risks perceived to be familiar are more accepted than risks perceived to be exotic.
- Risks perceived to affect adults are more accepted than risks perceived to affect children.

Methods of Communication

Achieving effective communication with your various publics depends on selecting methods of communication that will reach them. Consider your messages and your target audiences in selecting the most appropriate communication media. Here are a few suggestions.

Coworkers:

- News releases and fact sheets
- Site tours
- Meetings to address questions and concerns
- Hotlines
- Intranets
- E-mail
- Internal newspaper articles

Area residents

- Community meetings
- Newspaper articles and ads
- Web sites
- Hot lines
- Door-to-door visits
- Radio and TV talk shows
- Fact sheets
- Fliers

- Films, videos, and other materials at libraries
- Direct mailings

Elected officials, opinion leaders, and activists

- Frequent telephone calls
- Fact sheets
- E-mail
- Web sites
- Personal visits
- Invitations to community meetings
- News releases
- Advance notices

Media

- News releases that focus on your message
- Clear, informative fact sheets
- Site visits
- News conferences
- Web sites
- E-mail

Avoiding Pitfalls in Presentations & Interviews

Pitfall: Jargon

Define all technical terms and acronyms. Don't: Use language that may not be understood by your audience.

Pitfall: Humor

If used, direct it at yourself. Don't: Use it in relation to safety, health, or environmental issues.

Pitfall: Negative Allegations

Refute the allegation without repeating it. Don't: Repeat or refer to negative allegations.

Pitfall: Negative Words and Phrases

Use positive or neutral terms. Don't: Refer to high profile problems, i.e., "This is not Love Canal."

Pitfall: Reliance on Words

Use visuals to emphasize key points. Don't: Rely entirely on words.

Pitfall: Temper

Remain calm. Use a question or allegation as a springboard to say something positive. Don't: Let your feelings interfere with your ability to communicate positively.

Pitfall: Clarity

Ask whether you have made yourself clear. Don't: Assume you have been understood.

Pitfall: Abstractions

Use examples, stories, and analogies to establish a common understanding.

Pitfall: Nonverbal Messages

Be sensitive to nonverbal messages you are communicating. Make them consistent with what you are saying. Don't: Allow your body language, your position in the room, or your dress to be inconsistent with your message.

Pitfall: Attacks

Attack the issue. Don't: Attack the person or organization.

Pitfall: Promises

Promise only what you can deliver. Set and follow strict orders. Don't: Make promises you can't keep or fail to follow up.

Pitfall: Guarantees

Emphasize achievements made and ongoing efforts. Don't: Say there are no guarantees.

Pitfall: Speculation

Provide information on what is being done. Don't: Speculate about worst cases.

Pitfall: Money

Refer to the importance you attach to health, safety, and environmental issues; your moral obligation to public health outweighs financial considerations. Don't: Refer to the amount of money spent as a representation of your concern.

Pitfall: Organizational Identity

Use personal pronouns ("I," "we") whenever possible.

Pitfall: Blame

Take responsibility for your share of the problem. Don't: Try to shift blame or responsibility to others.

Pitfall: "Off the Record"

Assume everything you say and do is part of the public record. Don't: Make side comments or "confidential" remarks.

Pitfall: Risk/Benefit/Cost Comparisons

Discuss risks and benefits in separate communications. Don't: Discuss your costs along with risk levels.

Pitfall: Risk Comparison

Use them to help put risks in perspective. Don't: Compare unrelated risks.

Pitfall: Numbers

Emphasize performance, trends, and achievements. Don't: Mention or repeat large negative numbers.

Pitfall: Length of Presentations

Limit presentations to 15 minutes. Don't: Ramble or fail to plan the time well.

Presentation Aids

Audiovisual aids can make your messages easier to understand. People are more likely to remember a point if they have a visual association with the words.

Aids to Understanding

Charts	Overheads, 35 mm slides
Illustrations	Posters
Diagrams	Photographs
Glossaries	Examples
Maps	Handouts
Video/motion pictures	Powerpoint

Planning and Preparation

Factors: room size, audience size, seating arrangement, visual obstacles, lighting, electrical outlets

To do: Set up, focus, test, and arrange equipment beforehand. Designate someone to help with lights. Leave equipment intact until audience leaves.

Tool kit: Spare bulbs, 3-pronged adaptor, Extension cord, Duct tape, Staff phone numbers, Blank transparencies, Slide tray, Transparencies, Markers/chalk, Back-up notes Add: overheads, powerpoint diskettes, etc.

Effective visual aids:

- Are able to stand alone
- Illustrate a key concept
- Support only one major idea
- Use pictures or graphics rather than words whenever possible
- Conform to six words per line maximum, ten lines per visual maximum
- Feature short phrases or key words
- Highlight important points with color or contrast
- Represent facts accurately

- Are carefully made - neat, clear, and uncluttered
- Have impact

Presentation Reminders

When planning, practicing, and conducting a presentation, consider these facets of verbal and nonverbal communication.

- **Volume**
The intensity of your voice reflects your confidence, competence, and openness. Watch your audience for feedback. Adjust to your surroundings.
- **Enunciation/Pronunciation**
Speak distinctly and correctly. Be careful with unfamiliar words. Spell and define terms as appropriate.
- **Pace/Rhythm/Pitch**
Vary your tempo. Speak slowly to emphasize key messages, pause for emphasis, vary your voice pattern and length of phrases. Avoid repeating such words as "ok," "like," "not," and "uh."
- **Facial Expressions/Eye Contact**
Eye contact is most crucial. Your mouth, eyes, forehead, and eyebrows also communicate.
- **Posture**
Posture communicates attitude. Try to lean slightly forward, standing or sitting
- **Gestures**
Gestures can enhance or detract from your communication. Be aware of yours and make sure they are appropriate.
- **Dress/Grooming**
Dress as your audience would expect you to at your place of work or perhaps slightly less formally.
- **Distractions**
Avoid repetitive gestures such as constant throat-clearing, checking your watch, jingling keys or change, and pacing.

Using Risk Comparisons

Remember:

- Comparisons can help put risk in perspective.
- Benefits should not be used to justify risks.
- Irrelevant or misleading comparisons can harm trust and credibility.

Managing Hostile Situations

Issues of health and environment can arouse strong anger and hostility. Consider some things you can do to diffuse anger and re-direct hostile energy.

Remember

- Environmental issues can arouse strong emotions, including anger and hostility.
- Hostility is usually directed at you as a representative of an organization, not you as an individual.
- Dealing ineffectively with hostility can erode trust and credibility.

Some Things You Can Do

- **Acknowledge the Existence of Hostility.**
 - You are sending the message that you are in control.
 - The worst thing you can do is pretend it's not there.
- **Practice Self-Management.**
 - Control your apprehension.
 - Anxiety undercuts confidence, concentration, and momentum.
 - Listen.
- **Be Prepared**
 - Plan, prepare, and practice your presentation and anticipated questions and answers.
- **Communicate Empathy and Caring.**
 - Recognize people's frustrations.
 - Use eye contact.
 - Assume a listening posture.
 - Answer questions carefully and thoughtfully.
- **Track Your Messages.**
 - Turn negatives into positives.
 - Bridge back to your messages.

CDC Bio-terrorism Risk Communication:

Core and Enhanced Capacities

The following guidance concerns the development of core and enhanced capacities for providing risk communications. It was published as part of the Centers for Disease Control and Prevention grant guidance for bio-terrorism appropriations in March 2002.

A. CRITICAL CAPACITY: to provide needed health/risk information to the public and key partners during a terrorism event by establishing critical baseline information about the current communication needs and barriers within individual communities, and identifying effective channels of communication for reaching the general public and special populations during public health threats and emergencies.

- Develop an interim plan for risk communication and information dissemination to educate the public regarding exposure risks and effective public response.
- Conduct a needs assessment to evaluate the communication and information needs for health and risk information for public health threats and emergencies.
- Review appropriate risk communication strategies and resources from the private sector, the media, and federal emergency management sources, including the [CDC Public Health Emergency Preparedness and Response Web site](#), other national Web sites, state/local Health Alert Networks, online and hard-copy “bulletin boards,” hotlines and clearinghouses, and other tested communication strategies, and concepts. Develop a plan and implement effective channels of communication for reaching the general public and special populations during public health emergencies. (See Appendix 6, IT Functions #7-9).
- As part of the final plan, identify key public health spokespersons and ensure their competency, awareness, and ongoing training necessary to effectively communicate with the public and media to prepare for and respond to public health emergencies (especially in times of crisis).
- Activities that may be considered:
 - a. Establish an emergency public information system, including call-down lists of public health contacts, backup personnel who can be activated to address communications, and information dissemination issues during an emergency.
 - b. Institute a regular testing program for routine and emergency communication channels and equipment, including unannounced drills and exercises.
 - c. Ensure access to key technical communication expertise—directly or through other organizations—including scientific, health, and risk communicators, health educators, technical information specialists, scientific writers/editors, scientific illustrators, graphic specialists, Web specialists, and public inquiries specialists.

B. ENHANCED CAPACITY: to identify, develop, and pretest communication concepts, messages, and strategies to ensure that state and local public health agencies prepare in advance and produce effective and culturally appropriate public information for bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies.

- Assess, with local public health agencies, existing standard policies, procedures, and legal authorities and agreements for conducting risk communication.
- With local public health agencies, describe existing communication and contingency plans and establish pre-arranged channels for communication, including presentation to community partners, local medical and professional staff; links to peer communities; and journals, newsletters, and other publications.
- Provide access to summaries of current investigations/issues and standard protocols for development, review, clearance and presentation of findings, and identify standard templates and expertise for translating scientific findings into practical guidelines.
- With local public health agencies and other partners responding to a public health emergency, establish mechanisms for design, development, and dissemination of communication messages and materials.
- With local public health agencies and other stakeholders, establish the capacity to conduct awareness and outreach campaigns, including town hall meetings, focus groups, and community outreach to civic organizations, schools, businesses, and special ethnic and cultural groups.
- With local public health agencies, establish mechanisms for tracking and monitoring message dissemination and exposure, media coverage, audience reaction and feedback, and changing communication issues and priorities.
- With local public health agencies, ensure that consistent and accurate information is disseminated, especially among adjacent state and local public health jurisdictions, and establish a formal evaluation of the impact of communication on public health practice, community behaviors, and on key policy decisions.
- Ensure that the competencies and credentialing requirements for communications specialties are reviewed annually and that requirements for continuing education are met. Attention should be paid to the recruitment, training, and the proper career development of these personnel.

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