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# Safety Behaviour Use and Speech Performance in People with Public Speaking Anxiety

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## Introduction

- Exposure therapy is a form of cognitive-behavioural therapy (CBT) demonstrated to be helpful in the treatment of social anxiety.
- However, a significant number of individuals prematurely terminate treatment (Rodebaugh, Holaway & Heimberg, 2004) and report anxiety as the reason for dropping out (Mancebo, Eisen, Sibrava, Dyck & Rasmussen, 2011).
- People with public speaking anxiety often use safety behaviours (SB) to reduce anxiety (e.g., using a podium to hide behind, carrying a water bottle) and allow them to stay in feared situations (i.e., delivering a speech).
- Although SB contributes to the maintenance of anxiety (Salkovskis, 1991), new evidence suggests that the judicious use of SB could enhance the acceptability of exposure therapy while reducing the level of anxiety during this type of intervention (Levy & Radomsky, 2014).

### Objective

- To evaluate whether the use of SB in people with high speech anxiety results in longer speech duration and less self-reported anxiety during a speech task.
- To expand our knowledge of SB and facilitate the approach to public speaking among individuals with social anxiety.

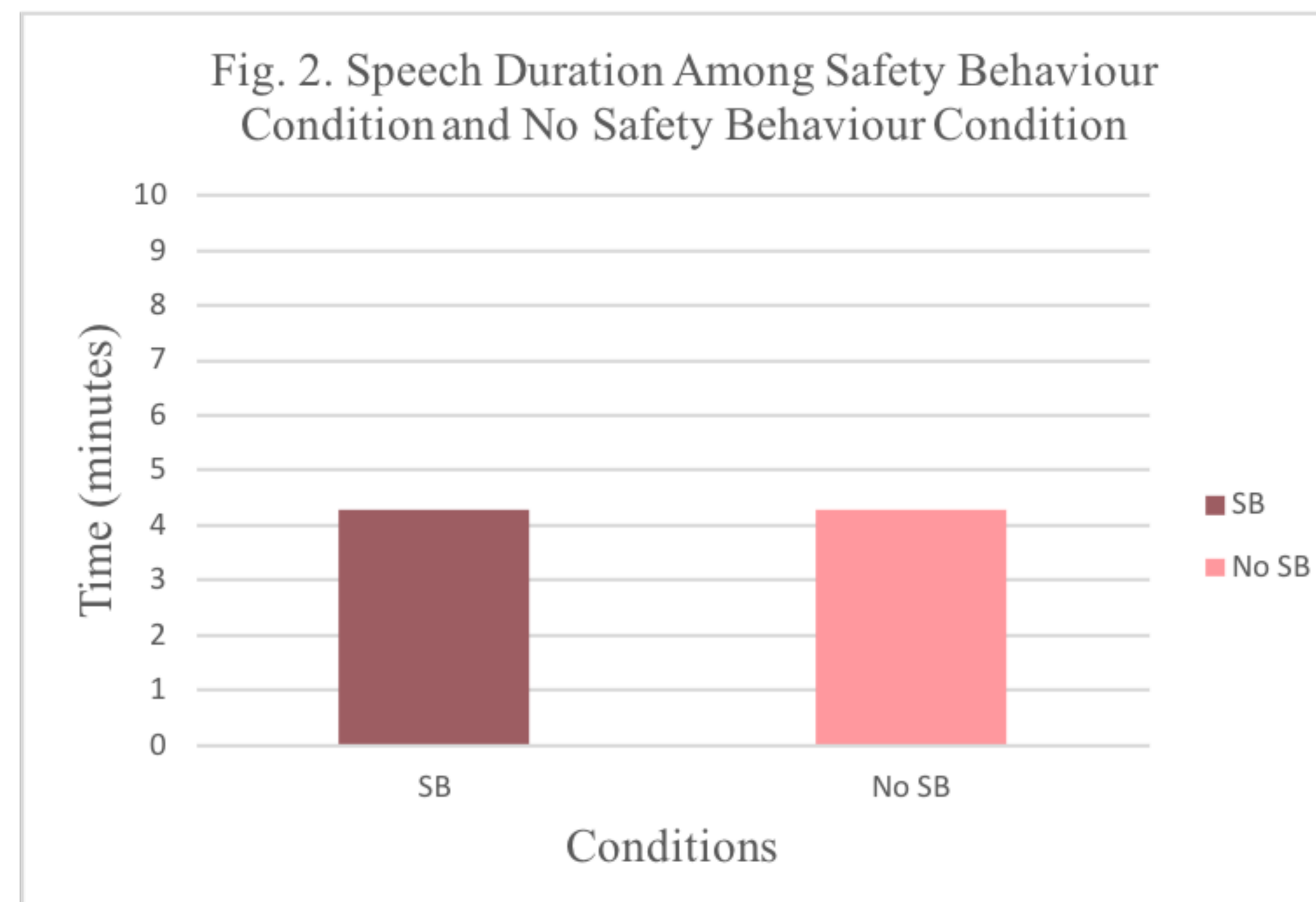
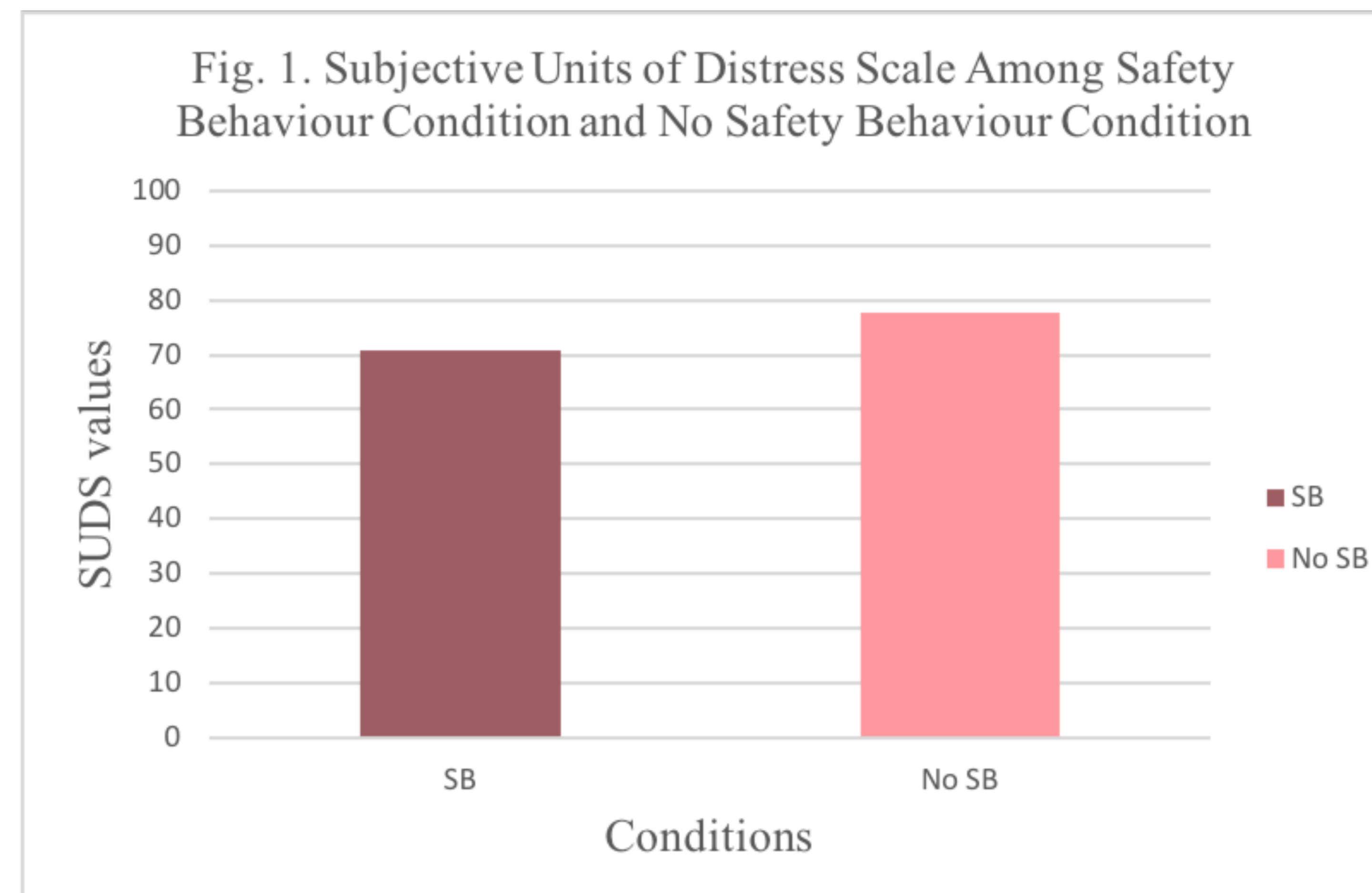
## Methodology

- Undergraduate students with high speech anxiety were recruited ( $N=42$ ) through the University of Ottawa's Integrated System of Participation in Research (ISPR) website.
- Participants were told that the study aimed to assess academic achievement.
- Participants were randomly assigned to deliver the speech with or without SBs (podium/water bottle/stress ball).



- Participants were asked to deliver a speech in front of a judge who videotaped and evaluated their performance. Participants had 5 minutes to prepare a 10-minute speech and could end their speech at any time.
- The judge was wearing a white lab coat and held a clipboard to enhance formality.
- The self-reported peak anxiety during the task was measured using the Subjective Units of Distress Scale (SUDS, Wolpe, 1969) form (scale from 0 to 100, 0=no anxiety ; 100= extreme anxiety).
- The speech duration was recorded using a stopwatch.
- Participants were fully debriefed at the end of their session.

## Results



	SB condition		No SB condition		<i>t</i>	<i>p</i>
	Mean	SD	Mean	SD		
SUDS	70.82	28.45	77.55	18.58	-.90	<i>p</i> = .34
Speech duration	4.28	1.63	4.27	2.56	-.59	<i>p</i> = .56

Fig. 3. Means and Standard Deviations in the SB and No SB condition, and *t*-values and *p*-values.

## Conclusion

- There was no significant differences in the self-reported anxiety and the speech duration between the two groups (Fig. 3.,  $p= .34$ ,  $p= .56$ ).
- The hypothesis that the use of SB in people with high speech anxiety results in longer speech duration and less self-reported anxiety during a speech task was therefore not supported.
- Unlike the findings of Levy & Radomsky, the use of SB in this study did not seem to enhance the acceptability of exposure therapy and did not reduce the level of anxiety of the participants. In this case, the use of SB among speech anxious individuals did not seem to either be detrimental or helpful during the speech task. Thus, these findings suggest that SB would not be a determining factor in the continuation of CBT.

### Limitations and Future Work

- The limited SB options might not reflect what the participants use in their everyday life and may have reduced reported anxiety levels.
- Future studies should replicate the study within a clinical sample with a long-term follow up.
- Evaluating the participants' perceived usefulness of SB during the speech task for those in the SB condition, and their willingness to repeat a speech performance experience could be of interest.

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