Acceptance and Commitment Therapy for Public Speaking: A Self-Help Format

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Abstract

A non-concurrent multiple baseline design across eight participants was used to determine whether working through Hayes and Smith's (2005) book would help those with public speaking anxiety. Hayes and Smith (2005) is based on Acceptance and Commitment Therapy. It encourages people to accept internal experiences as opposed to avoiding and struggling with them. For the purposes of this study, the book was divided into nine components, which participants discussed with the researcher. They also completed measures daily, during baseline and over the intervention period, as well as a battery of tests pre-baseline, mid and post intervention. The multiple baseline data showed that self-reported willingness to approach public speaking situations increased while self-reported avoidance decreased over the intervention. The pre and post measures also showed avoidance of internal experiences decreased significantly after the intervention. These outcomes are in line with changes suggested to result from engaging in such a therapy. The pre and post results also showed that quality of life increased significantly from mid to post-intervention. However, engagement with values did not change. While this measure is expected to change after such an intervention, this result may have occurred because the ideas about values were introduced last in the book. The intervention also led to significant decreases in anxiety, significant changes in thoughts about public speaking and significant increases in anxiety control as shown by the test battery. These findings are positive but are not predicted by processes posited for this therapy. However, there was no control group so these pre vs post comparisons must be interpreted with caution. Despite this limitation, the results suggest that the book, together with therapist contact, can help those with public speaking anxiety.

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Public Speaking Anxiety

Fear of public-speaking is high in community samples and for some people, it can have an extremely negative impact (see Furmark, 2002). Some may experience anxiety or panic when anticipating, or faced with public speaking situations (e.g.Behnke & Sawyer, 1999; Behnke & Sawyer, 2000; Harris, Sawyer & Behnke, 2006; Sawyer & Behnke, 2002). Physiological arousal, such as an increased heart-rate, blood pressure or sweating is also experienced (e.g. Clements & Graham, 1996; Feldman, Cohen, Hamrick, & Lepore, 2004; e.g. McCroskey, Beatty, Kearney, & Plax, 1985; Porhola, 2002). This can lead to the avoidance of public speaking situations, which negatively can impact social and occupational functioning (Stien, Walker, & Forde, 1996).

The focus of this review is to explore whether a self-help treatment for public speaking anxiety would be a useful way to address this fear. To do this, this review will discuss how public speaking is related to social anxiety disorder, and explore available treatments for social fears. One treatment in particular, which is known as Acceptance and Commitment Therapy, will be discussed in depth. This treatment is relatively new and appears to be a promising way to address social fears. This review will explore ACT's background theory as well as the processes that are involved in the therapy. As the focus of this study is on using ACT in a self-help format for public speaking anxiety, the review will then discuss self-help interventions for anxiety. This will give insight into whether ACT, in a self-help format, would be an acceptable treatment for public speaking anxiety.

Social Anxiety Disorder

Social Anxiety Disorder (SAD) is defined in the Diagnostic Statistical Manual of Mental Health, Fourth Edition, Text Revision (DSM-IV-TR) as a 'marked and persistent fear of one or more social or performance situations (American Psychiatric Association, 2000).' Individuals fear humiliation, and experience anxiety or panic in social situations. This disorder is chronic, and is associated with a reduced quality of life (Kessler, 2003; Wittchen & Fehm, 2003). It is often co-morbid with anxiety, depression and substance abuse (Wittchen, Fuetsh, Sonntag, Muller, Liebowitz, 2000). Stien, Walker and Ford (1996) found that 47% of those who met the criteria for SAD in a community survey, did so solely on the basis of public speaking fears. Thus fearing public speaking can result in enough disability and distress to warrant a clinical diagnosis (Stien et al., 1996). As those with the clinical diagnosis of SAD are negatively impacted across many areas of their life, it is important to determine a useful way to treat this disorder. The most common psychological treatments that are used to treat SAD are based on cognitive-behavioural or social-skill deficit models (Heimberg et al., 1990; Herbert, 1993).

Cognitive Behavioural Models

According to Herbert and Cardaciotto (2005) there are two main cognitive-behavioural approaches to treating SAD. These are derived from Beck, Emery and Greenberg's (1985) model of anxiety, which argues that dysfunctional cognitions develop and maintain anxiety. These cognitions create an information processing bias to threat, which means that those with the disorder pay more attention to threatening stimuli in the

environment. This increases their experience of anxiety (Beck, Emery, & Greenberg, 1985). Later approaches that apply this theory to SAD argue that this bias causes individuals to focus on negative feedback from the environment and on negative aspects of their own behaviour. It also causes them to interpret ambiguous events as threatening (Baldwin & Fergusson, 2001; Clark, 2001; Herbert & Cardaciotto, 2005).

Clark and Wells (1995) developed the first approach to understanding SAD, which postulates that those with SAD have high standards for how they should perform. They also have negative self-beliefs about their overall abilities, as well as beliefs that negative outcomes will occur if they perform badly. As a result, social situations are viewed as dangerous, which causes anxiety. Clark and Wells (1995) argue that this anxiety results in self-focused attention in social situations, as individuals monitor their own thoughts or actions, as opposed to the environment. Safety behaviours, such as rehearsing material, are developed in an attempt to prevent poor performances. However, these behaviours often negatively impact behaviour, as people focus on them rather than responding in the environment. Anxiety is maintained as the person becomes biased to processing negative cues and makes faulty, negative inferences about others responses to their performance. This strengthens core negative beliefs and causes future anxiety.

In the second approach, Rapee and Heimberg (1997) proposed that those with SAD attach more importance to positive appraisal than those without the disorder and also assume others are critical of them. The person forms a mental representation about their appearance and behaviour in social situations, and then focuses on negative aspects of it. They also form a representation of audience expectations and compare their self-image with it. Rapee and Heimberg (1997) argue that if the person judges their

performance to be below expectations, or as failing, they predict that they will be negatively evaluated by others. This elicits anxiety, which has a physiological, cognitive and behavioural impact. This negatively influences the individual's mental representation of their performance, renewing the cycle and maintaining anxiety (Rapee & Heimberg, 1997).

Cognitive behavioural treatments (CBT) for SAD are based on these models. They apply cognitive restructuring to identify and challenge negative beliefs about social situations and the self. Simulated and self-directed exposure is also used (Clark et al., 2006; Coles, Hart, & Hiemberg, 2001). Currently, the most researched form of this therapy is Cognitive Behavioural Group Therapy (CBGT) (Coles, Hart, & Hiemberg, 2001; Heimberg et al., 1990). Empirical evidence has supported its effectiveness at reducing anxiety as it has proven to be superior to a credible placebo (Heimberg et al., 1990) and as effective as medication such as clozapine and the monomamine oxidase inhibitor, phelelzine. It has also had more success at preventing relapse than phenelzine (Heimberg et al., 1990; Otto et al., 2000).

Although CBGT can successfully reduce anxiety in SAD, there are some limitations. For example, not everyone responds to the therapy, especially those with generalised SAD, which is a more severe form of the disorder (Rodebaugh et al., 2004). Brown, Heimberg and Juster (1995) and Hope and Herbert (1995) both found that those with generalised SAD had more impaired outcomes after CBGT. Also, CBGT focuses on anxiety reduction as opposed to improvements in quality of life. In one study, Eng, Coles, Heimberg, & Safren (2001) found that after treatment, quality of life was still below that

of an non-anxious population. This suggests CBGT may not address all the difficulties associated with SAD.

Another problem is the conflicting evidence about the role of cognitive restructuring (Rodebaugh et al., 2004). A dismantling study of CBGT by Hope, Heimberg and Bruch (1995), showed that exposure alone was as effective at reducing anxiety as exposure with cognitive restructuring. It also led to similar cognitive changes, as well as more generalised symptom changes, suggesting cognitive restructuring is not necessary in the treatment of SAD (Hope et al., 1995). Rodebaugh et al (2004) reviewed a number of meta-analyses (that included CBT methods separate from CBGT), and found that exposure combined with cognitive restructuring did not have a significantly larger effect size than exposure alone (Rodebaugh et al., 2004). However, in Taylor's (1996) meta-analysis, this combination was the only method significantly more successful than a placebo, though this may have occurred because the meta-analysis was based on studies that used solely self-report measures while other meta-analysis used studies that included measures of physiological responding (Taylor, 1996). These findings make it difficult to understand the role of cognitive restructuring.

Rodebaugh et al. (2004) argue that cognitive restructuring may be useful as it creates a focus on the actual situations during exposure, instead of allowing people to experience them through negative expectations. Clark (2001) argues that change occurs as a result of exposure when individuals shift attention from their own behaviour to the external situation. Without this, Clarke (2001) suggests, core negative beliefs are simply strengthened. Based on this argument, Clark (2001) created a modified CBT, which attempted to increase external focus, while decreasing self-focused attention and safety

behaviour (Clark, 2001). This therapy has shown superior outcomes in comparison to exposure combined with applied relaxation techniques for SAD, suggesting it is more useful than exposure alone (Clark et al., 2006). Herbert and Cardaciotto (2005) also argued that these results may mean a focus on information-processing is necessary and that other methods with this focus may be equally as successful (Dalrymple, 2005)

Social Skills Models

Another way of viewing SAD is through a social-skills deficit model. This model argues that those with SAD lack social skills, which causes anxiety in social situations (Herbert, 1993). A number of studies show that those with SAD tend to have lower scores on behavioural ratings of performance than control populations (e.g.,Baker & Edlemann, 2002; Norton & Hope, 2001) However, others argue that those with SAD may under-use their skills because of anxiety, or have faulty perceptions about their abilities, as opposed to actual skills deficit (Herbert, 1993; Rapee & Lim, 1992). Despite this confusion, social skills training (STT) has been found to be comparable to CBT at reducing anxiety, and when it was combined with CBGT, led to better outcomes than CBGT alone (Herbert et al., 2005; van Dam-Baggen & Kraaimaat, 2000). However, as STT is generally combined with exposure, it is difficult to separate these effects (Rodebaugh et al., 2004).

Avoidance Models

Herbert and Cardaciotto (2005) proposed a model of SAD based on avoidance, which draws from and expands on early cognitive approaches in an attempt to address

limitations in CBT therapy. In this model, Herbert and Cardaciotto (2005) argue that some people have a predisposition to social anxiety. This predisposition can either be genetic or learned. According to Herbert and Cardaciotto, when these individuals are in social situations, they experience physiological arousal and negative thoughts relating to negative evaluation. Following from the cognitive approach, they also argue that when this arousal occurs, it increases internal awareness and decreases awareness of external cues (Herbert & Cardaciotto, 2005). However, Herbert and Cardaciotto (2005) expand upon the cognitive approach by arguing that problems occur, not from internal experiences themselves, but from a low acceptance of these experiences. This low acceptance means that the actual experience of arousal distresses the individual. They then engage in control or avoidance strategies to reduce this experience and therefore, reduce their distress. However, this is problematic as these strategies disrupt their ability to respond and engage in the situations as they no longer can fully focus on the situation. As their behaviour becomes disrupted, this increases their internal focus as more arousal occurs. This creates a cycle as more attempts at avoidance are then engaged in (Herbert & Cardaciotto, 2005).

Thus this approach suggests the problem in SAD is lack of acceptance, or the engagement in avoidance strategies, as opposed to negative arousal or thoughts and so its should be targeted for change (Herbert & Cardaciotto, 2005). This differs from cognitive approaches which aim at directly disputing and changing negative thoughts associated with social situations (e.g. Clark et al., 2006; Hiemberg et al., 1990). Herbert and Caraciotto (2005) argue their approach encourages people to engage in social situations, instead of focusing on inward control. This allows a focus on achievements, as opposed

to struggling to avoid thoughts or decrease anxiety (Herbert & Cardaciotto, 2005). One therapy that does take this focus is known as Acceptance and Commitment therapy. This therapy will be reviewed below, and the theory behind it will be explored.

Acceptance and Commitment Therapy

Acceptance and Commitment Therapy (ACT) is a recently developed treatment that, while termed a CBT, focuses on targeting avoidance as opposed to anxiety reduction (Hayes, Luoma, Bond, Masuda, & Lillis, 2006). According to Hayes, Storosahl and Wilson (1999) ACT therapy attempts to change the context and function of psychological problems, as opposed to the problems themselves. This means that ACT attempts to change the relation of fear and avoidance people have with experiences such as anxiety as opposed to eliminating this anxiety (Eifert & Forsyth, 2005). By changing this relation, people no longer need to avoid behaviours that may lead to this experience, as it is no longer seen as harmful or dangerous. This increases the flexibility of their behaviour, and gives them more opportunity to follow behaviours that are important to them, despite the fact some of these may be linked to anxiety (Hayes et al., 2006). Engaging in wider patterns of behaviour can increase the individual's quality of life because instead of living a life based on anxiety reduction, they are living life according to the things they value (Hayes et al., 2006). ACT's focus means that it could be useful for SAD, as by reducing the need to control or avoid internal experiences, the attention on these experiences is reduced. This means more attention can be paid to the actual social environments, which can break the cycle of avoidance and distress that may maintain the

disorder (Dalrymple, 2005). As ACT therapy will be the focus of this review, the rationale behind the therapy will be discussed in some detail below.

Experiential Avoidance

ACT attempts to create change by targeting the relation of avoidance that people have with their experiences (Hayes et al., 1999). Hayes et al. (1996) term this relation 'experiential avoidance' (EA) and define it as an 'unwillingness to remain in contact with particular private experiences' and as taking 'steps to alter the form or frequency of these events and the contexts that occasion them' (Hayes et al., 1996, p.1154). This means that people see certain internal experiences such as anxiety as negative, and as a result do not want to experience them. To avoid these experiences, they attempt to avoid them by distracting themselves, suppressing their thoughts or avoiding situations which are related to these experiences (Hayes et al., 1996). Hayes et al. (1996) argue that people engage in EA as it is reinforced and modelled by others from an early age. It also has short-term positive rewards. However, the main reason they believe people engage in it, is because of its links to language (Hayes et al., 1996).

This link is illustrated through a theory of language known as the Relational Frame Theory (RFT), which is the theory that underlies ACT (see Hayes, Barnes-Holmes, & Roche, 2001 for a full review). The theory attempts to provide an explanation for suffering based on the way people create and relate to language (e. g., Hayes, Strosahl, Wilson, 1999; Hayes et al., 1996). RFT argues that language gives humans the ability to create relations between events based their non-arbitrary or arbitrary features. This ability allows people to 'derive relations' between events. For example, after being directly

taught the relation between two events, such as the written word ‘cat’ is 'the same as’ (is related to) the animal ‘cat,’ a person can then derive the knowledge that animal ‘cat’ is ‘the same as’ the written word ‘cat’. This is known as ‘bi-directionally relating’ (Ciarrochi, Hank, & Godsell, 2005). If they are then taught the spoken word ‘cat’ is related to the animal, they can derive the third relation between the spoken and written word, though these relations were never directly taught. This ability is known as ‘mutual entailment’ (Hayes, Barnes-Holmes, & Roche, 2001).

Relating events to each other leads to another process known as ‘functional transformation.’ As Blackledge (2003) points out, this means that events take on the function of other events they have been related to. EA is thought to be a direct result of functional transformation (Hayes et al., 1996). This is because when symbols such as words or thoughts take on the function of the events they represent, we respond to them in the same way we would to the original event (Hayes et al., 1996). For example, if we feel anxiety in actual public speaking situations, when we hear the word ‘public speaking’ we may feel the same anxiety the situation would elicit because the two are ‘related’. Anxiety is experienced without direct engagement in the actual event. Functional transformation also means experiences of events are affected by the language related to them. This means that if we surround public speaking with words such as ‘scary’ and ‘humiliating’ we may experience fear and humiliation in the situation, simply because of the relations derived from words (Blackledge & Hayes, 2001).

Hayes et al. (1996) argue that as a result of treating the thoughts as the events they represent, we to respond to them, regardless of actual contingencies in the environment. We avoid negative thoughts and any situations that may elicit them. Hayes, Strorosahl

and Wilson (1999) terms this pattern of responding 'cognitive fusion', and suggest that it results from seeing only the outcomes of relating events, instead of the process (Hayes et al., 1999) Doing this means we treat and respond to thoughts as though they were the real events they represent (Blackledge & Hayes, 2001). This produces inflexible patterns of behaviour as we avoid the thoughts we see as 'harmful'. As these relations between events and thoughts grow, our behaviour becomes more limited because we have to avoid more situations to avoid these internal experiences (Blackledge & Hayes, 2001). As a result, we may also avoid engaging in behaviours important to us, narrowing the positive consequences in our lives, and preventing us from engaging in necessary, healthy emotions like grief (Hayes et al., 1996).

Hayes et al. (1996) argue EA is also problematic as it does not work when applied to internal experience. This is because avoidance requires a 'verbal plan'. For example, to avoid anxiety we create rules like 'I must not feel anxiety.' However, as this rule contains the word anxiety, it ends up making the thoughts about anxiety more salient in our minds (Hayes et al., 1996). This effect has been illustrated in studies which show that avoidance strategies such as thought suppression, actually increase frequency and saliency of thoughts (see Abramowitz, Tolin, & Street, 2001 for a review).

Hayes et al. (1996) reviewed general psychological literature to determine EAs role in psychopathology. They found that obsessive compulsive disorder, panic disorder with agoraphobia, drug abuse and borderline personality disorder each involved avoiding experiences and engaging in ineffective avoidance strategies. They suggested that EA also played a role in non-syndromal categories such as suicide and childhood sexual abuse. They concluded that many fields of research support the idea that EA plays a role

in human problems (Hayes et al., 1996). Chawla and Ostin (2007) explored recent studies that focused specifically on EA. While they found variable evidence for the role of EA, they were able to reach a number of conclusions. For example, they concluded that EA played a part in relapse in substance abuse, in general psychological distress in post traumatic stress disorder, and in symptom severity in generalised anxiety disorder and trichotillomania (Chawla & Ostafin, 2007). This suggests it may be useful to target EA to create change in some disorders.

Hayes et al. (1996) argue that EA may provide a functional definition of psychopathology. This is because behaviours belonging to different syndrome classifications may have the same purpose of avoiding experiences (Hayes et al., 1996). However, Chawla and Ostafin (2007) argue that a better conceptualisation of EA is needed. They state that while it is assumed constructs such as thought suppression are related to EA, the relation between these constructs needs more exploration. It is also important to explore whether EA is based on a single factor, or whether it has mulitiple elements. Lastly, it is also important to determine whether people voluntarily engage in EA, or whether it is an automatic behaviour(Chawla & Ostafin, 2007). Despite the gaps in knowledge, the research suggests targeting EA may create a positive change in behaviour.

ACT Processes

ACT attempts to target the relation of avoidance that people have with their internal experiences through six main, interrelated processes. Hayes et al. (2006) term these processes ‘Acceptance’, ‘Cognitive Defusion’, ‘Being Present’, Self as Context’,

'Values' and 'Committed Action' (Hayes et al., 2006). These processes attempt to increase psychological flexibility by creating a new relation with thoughts (Hayes, Strosahl, Bunting, Twohig, & Wilson, 2004). Hayes et al. (2004) define psychological flexibility as a willingness to accept experiences fully, as they are, while choosing to do behaviour that leads in a valued direction in the present. This allows a more flexible response than following language and thoughts would otherwise allow (Hayes et al., 2004). These six process are outlined briefly below.

'Acceptance' or 'willingness' is central in ACT and is an alternative to avoidance. Hayes et al. (2004) define acceptance as 'taking a stance of non-judgemental awareness and actively embracing the experience of thoughts, feelings and bodily sensations as they occur' (Hayes et al., 2004, p.7). This means that people accept their thoughts as they are and do not try to change them. This allows psychological flexibility as internal experiences are no longer seen as dangerous and people no longer have to try and avoid or control them (Luoma, Hayes and Walser, 2007).

'Cognitive Defusion' is a process which aims to counteract fusion. Luoma et al. (2007, p.7) define it as 'creating nonliteral contexts in which language can be seen as an active, ongoing process that is historical in nature in present in the current moment.' This means that thoughts are viewed as thoughts as opposed to the things they represent. This changes their function, as individuals are no longer attached to, or believe the thoughts, allowing more flexible responding.

'Self as a context' is a process directly related to RFT (Hayes et al., 2004). According to RFT, deictic relational frames, such as 'I' versus 'you,' allows the self to be seen as a context where experiences occur or as a 'transcendent sense of self (Hayes et al.,

2004, p9) .' This means that the self is seen as separate from these experiences and instead as an observer of them. This means that the self is no longer defined by experiences, which allows a definition of 'I' that is separate from problem experiences (Hayes et al., 2004).

'Being Present' is a process that involves experiencing the world directly, as opposed to through verbal evaluations. Hayes et al. (2004) state that to contact the present moment one must 'observe and notice' the environment and private experiences and 'label and describe what is present without excessive judgement or evaluation' (Hayes et al., 2004, p.10). Events are experienced as they occur, which again allows people to separate the events from the words. This is because they are no longer negatively influenced by 'thoughts' about future events or about past experiences of them.

These four processes are seen as 'mindfulness' processes (Blackledge & Hayes, 2001). Mindfulness originated from a strand of Buddhist mediation, known as Vipassana, which aims to promote an awareness of the present and, traditionally, is seen as a whole way of being (see Block-Lerner, Salters-Pedneault, & Tull, 2005 for a review). Kabat-Zinn (2003 p.145) defined mindfulness as 'the awareness that emerges through paying attention, on purpose to the present moment, and non-judgemental to the unfolding experience moment by moment'. This means thoughts and emotions are experienced as they occur, without evaluation. (Eifert & Forsyth, 2005). Mindfulness has been extended to clinical practice and in ACT, is applied to promote separation from verbal relations that dominate behaviour (Hayes & Wilson, 2003). In the case of SAD, developing mindfulness may change the way a person attends to social situations by decreasing focus on internal experiences, allowing people to respond and attend to the present.

The final two processes of ACT are known as 'Values' and 'Committed Action.' These are termed behavioural change processes (Blackledge & Hayes, 2001) They overlap with the 'Being Present and 'Self as a Context' to create a new life-focus. Increasing people's engagement with their values is seen as the true goal of ACT. Hayes et al. (2004) define following values as making the choice to live in a way that an individual considers important, across different areas of their life. This choice involves following an ongoing direction as opposed to working toward an end product. Engaging in the mindfulness processes above allows people to live in line with their values and improves their quality of life, as they are engaging in behaviours they find important. 'Committed Actions' are specific goals that allow people to live according to their values. These two processes lead directly to behaviour change and allow people to engage in more behaviour than their verbal relations would allow otherwise (Hayes et al., 2004).

In ACT therapy, these processes help people shift from being controlled by psychological experiences, to experiencing them fully while engaging in what is important to them (Luoma et al. , 2007). ACT applies metaphors, paradox and experiential exercises to promote this change (Hayes et al., 1999). These tools are a means to provide powerful examples of the main ideas in ACT, which can be applied and remembered across situations (Hayes et al., 1999).

Evidence for ACT and Anxiety

ACT has been successfully applied to problems such as depression, chronic pain, and smoking addiction and has been used with psychotic inpatients (see Hayes et al., 2006 for a review). There is also growing evidence supporting its use in anxiety-based

problems (Forman, Herbert, Moitra, Yeomans, & Geller, 2007; Twohig, Hayes & Madusa 2006a; Twohig, Hayes & Masuda, 2006b; Michael P Twohig & Woods, 2004; Woods, Wetterneck, & Flessner, 2006; Zettle, 2003). These studies focus on increasing willingness to experience anxiety and on living with values, as opposed to anxiety reduction. ACT combined with habit-reversal has been applied to trichotillomania in two studies (Michael P Twohig & Woods, 2004; Woods, Wetterneck, & Flessner, 2006). This disorder involves repetitive pulling of ones hair and, sometimes, is a means to reduce anxiety. Twohig and Woods (2004) applied ACT to 6 participants in a multiple-baseline design and found self-reported hair-pulling decreased in 4. A secondary analysis showed that changes in hair-pulling occurred without related changes in anxiety and depression. Avoidance did not decrease, though authors suggested this finding may be due to the limited statistical power of the study (Twohig and Woods, 2004).

In a second study, Woods, Wetterneck and Flessner (2006) assigned participants with trictollomania to either a waitlist or ACT with habit reversal. Treatment led to a 66% reduction in hair-pulling severity and a 58% reduction in self-reported hair pulling frequency. The waitlist showed slight or no change. Changes were associated with decreases in avoidance and were maintained at a three month follow-up (Woods, Wetterneck, & Flessner, 2006). Although there were limitations in this study as some participants did not show change, it still provides preliminary evidence that ACT can be useful for trictollomania.

Twohig, Hayes and Masuda (2006a) applied ACT to obsessive compulsive disorder (OCD) in a multiple-baseline design across four participants. Treatment decreased the mean amount of compulsive behaviour for each participant. Clinically

significant improvements on measures of OCD also occurred, while depression and anxiety decreased. All participants showed reductions of EA, while three showed decreases on measures of believability of thoughts (Twohig et al., 2006a). This illustrates that ACT can be useful for OCD.

Twohig, Hayes and Madusa (2006b) also applied ACT to chronic skin picking. This disorder involves picking the skin of one's body physically and at times may have a function of anxiety reduction. Twohig et al (2006b) applied ACT in a multiple baseline design across 5 participants. Skin picking frequency decreased to nearly 0 for four of the participants. Photographs of the participants' skin also indicated decreases in skin-picking severity. Decreases also occurred on measures of severity of general anxiety and EA. However, only one participant maintained these gains at follow-up. Twohig et al. (2006b) argue that while future research is needed to determine how to maintain these gains, the immediate gains can be taken as evidence for ACT's potential in this area.

Forman, Herbert, Moitra, Yeomans and Geller (2007) compared ACT to cognitive therapy in a study with 101 participants screened for anxiety or depression. As only 57 participants completed treatment, an intention to treat (ITT) analysis was carried out. Forman et al. (2007) found that each group showed similar significant improvements on measures of depression, anxiety, quality of life and general functioning. Improvements on clinician ratings of functioning and wellbeing also occurred. Changes in functioning for the ACT group were associated with changes in EA, acting with awareness and acceptance, while changes in the cognitive therapy group were associated with observing and describing. Forman et al. (2007) concluded from this that ACT and CT were

conceptually distinct. However, as they pointed out, there was no control group and drop-out rate was high.

ACT has also been applied in a non-clinical anxiety problem. Zettle (2003) compared ACT and systematic desensitisation (SD) as a treatment of maths anxiety for students. Both treatments significantly reduced maths, test and state anxiety and these results were maintained at follow-up. However, only SD reduced trait anxiety. Zettle (2003) concluded this may have occurred as SD targets anxiety for change, while ACT has different goals. ACT led to further improvements on maths anxiety, while SD led to further improvement on test anxiety. Both treatments decreased EA. However, further analysis showed those with more avoidance before treatment benefited more from ACT. Zettle (2003) argued this may mean those with higher levels of EA are more responsive to ACT. Based on this research, it appears that ACT is a useful treatment for a number of anxiety disorders.

Evidence for ACT and social fears

ACT has been shown to create change when applied to social fears, like public speaking. For example, Block and Wulfurt (2000) compared ACT, CBGT and a wait-list control with students who had public speaking anxiety. Both treatments produced decreases in anxiety and increases in willingness to approach speaking situations in comparison to the waitlist. Measures of anxiety decreased more in the CBGT group, while measures of willingness increased more in ACT, which is consistent with the goals of each treatment (Block & Wulfurt, 2000).

Block (2002) attempted to clarify these results by assigning students with public speaking anxiety to CBGT, ACT or a no treatment control. She found both treatment leads to similar outcomes as both decreased anxiety and increased willingness. The only measure that was significantly different occurred on SUD's ratings of avoidance in a public speaking situation, as ACT showed a significant decrease, while CBGT did not. While this finding is consistent with goals of ACT, changes did not occur on the other measures that relate to ACT processes, such as engagement in values and quality of life, contrary to predictions. In a further analysis, Block (2002) concluded the changes in CBGT were associated with a decrease in frequency of negative thoughts, but could not draw clear conclusions about the mechanisms of change in ACT (Block, 2002).

Dalrymple (2005) and Dalrymple and Herbert (2007) attempted to address limitations in Block's (2002) study, such as the use of a 'non-clinical' sample. However, this study did not have a comparison group and instead compared the treatment to the outcomes of past research on CBGT. Participants were screened for SAD and treated with a modified version of ACT. Significant decreases occurred on measures of symptoms of SAD. Perceived quality of life and willingness to engage in social situations increased, while believability of negative cognitions decreased. The authors concluded that changes in SAD symptoms and quality of life were mediated by decreases in EA. Behavioural performances were also assessed. This showed the self-ratings and observer ratings of performance increased, while subjective ratings of distress decreased. The results were comparable to traditional Cognitive-Behavioural outcomes. This illustrates that ACT can be usefully applied to SAD and that changes in anxiety are associated with

changes in avoidance. However, this study lacked a direct comparison group (Dalrymple, 2005; Dalrymple & Herbert, 2007).

Ossman, Wilson, Storasasli & McNeill (2006) applied ACT in a group treatment format with 29 participants with SAD. However, only 12 participants completed treatment and those who dropped out had more severe agoraphobia. Treatment completers had large decreases on measures of SAD. These findings were comparable to previous CBT studies. Process measures of avoidance also decreased. An ITT analysis showed similar results. Treatment completers indicated that they were living more consistently with their friendship/social relationship values. Ossman et al. (2006) also found decreases on EA scores correlated with changes in SAD scores and valued living scores. This showed that ACT can successfully treat social fears and may increase engagement in life values. Changes were associated with decreases in avoidance, which means ACT may be a useful alternative for those with SAD.

Self-Help Interventions.

Although ACT is useful for SAD, this treatment may be difficult for some people to access, as therapist delivered treatments require expense, time or travel. This creates barriers for populations such as university students (Ellis, 1993). Those with social fears may also find it difficult to access therapy due to anxiety about communicating, or due to fears about being negatively evaluated. Self-help interventions (SHI) address many of these barriers (Menchola, Arkowitz, & Burke, 2007). They may also be applied in conjunction with therapist directed interventions (TDI), especially when time is limited. A wide range of SHI methods exist, and are delivered through formats, such as internet,

audio-tape or books that individuals can work through at their own pace (Mains & Scogin, 2003).

Despite the availability of SHI methods, many have not been empirically validated. Therefore, it is impossible to determine under which conditions they work best (Ellis, 1993; Newman, Erickson, Przeworski, & Dzus, 2003). Research exploring SHI methods often apply different treatments and use different populations, making the studies difficult to compare. As it is impossible to conduct research on these treatments without some level of therapist contact, different levels of therapist contact are also applied. This ranges from complete therapist contact, minimal therapist contact (therapist plays active but lesser role), predominately self help (therapist assesses and instructs client about how to use treatment), to completely self-administered (Newman et al., 2003). This makes it hard to come to a conclusion about the efficacy of SHI's.

Two meta-analyses explored research on SHI for anxiety, to determine its usefulness for those with anxiety (Hirai & Clum, 2006; Menchola, Arkowitz, & Burke, 2007). Hirai and Clum (2006) found SHI's were moderately effective when compared to a no treatment control, though TDIs were more effective at creating change. SHIs combined with minimal therapist contact showed larger effect sizes than those without this level of contact. This suggests SHI are more useful when combined with some therapist input. Drop-out rates were comparable across SHI and TDI, suggesting people are as likely to complete with both methods. Hirai and Clum (2006) also concluded SHIs showed different outcomes across disorders. They found that when SHI were applied to panic disorder, the outcome was comparable to TDI treatments. SHI for social and

specific phobia had weaker outcomes in comparison to TDI's. However, these conclusions were tentative as few studies exist for some disorders.

Hirai and Clum (2008), in a review based on their findings, argued the ability to carry out exercises in SHI manuals effectively impacted on the usefulness of the book. Participants' outcomes were also impacted by the degree to which the problem addressed in the manual was similar to the problem the participants were seeking help for, as SHIs with a more general focus were less effective (Hirai & Clum, 2008). Hirai and Clum (2008) also recommended that the SHI manuals that were less effective than the TDI's could be applied in a step-care model, where SHI is delivered as the first step in therapy and therapist interaction is added later as needed. Hirai and Clum (2008) also concluded from the limited studies on SHI for social fears that for them to work, exposure may be necessary and that the SHI manuals that target sub-clinical social fears may have better outcomes than those with the clinical diagnosis of SAD.

Menchola, Arkowitz and Burke (2007) report a meta-analysis of studies of SHI for depression and anxiety that used minimal therapist contact with clinical populations. They found that TDI's resulted in large effect sizes with anxiety disorders while SHI gave moderate effect sizes. However, these studies were limited by small sample sizes, which prevented conclusions being drawn about comparisons between the disorders. Menchola et al. (2007) cautioned that their conclusions could not be generalised to all forms of SHI and each different format of SHI should be empirically validated to determine its usefulness. They also argued that individuals have extremely variable responses to SHI, which makes it difficult to generalise the outcomes to all individuals.

However, these two meta-analyses provide evidence that those with anxiety can benefit from SHI therapy, which means they may be useful in therapeutic practice.

Mains and Scogin (2003) argue that, when using SHI in practice, progress and response should be monitored and maintenance plans should be put in place. This, they say, may reduce the risk of drop-out. They also suggest that individual characteristics should be taken into account, as those with high motivation, resourcefulness and positive attitudes respond better. Mains and Scogin (2003) argue that only empirically validated treatments should be applied, which points to the need to assess SHIs. Newman et al. (2003) suggest that such research should examine the credibility, understandability and helpfulness of the treatment. Manuals should be revised to determine optimal conditions of therapy. As it is impossible to research SHIs without some level of therapist interaction, different levels of contact should be applied. This will allow a better understanding of the conditions in which a specific SHI manual works best in.

Self-help Interventions and Acceptance and Commitment Therapy

One study has explored the utility of an ACT based SHI, though the focus of this study was not anxiety. Johnston (2008) explored the utility of an ACT SHI for chronic pain in a randomized controlled study. This intervention was created by Dahl and Lundgren (2006) and works through the ACT processes in readings and exercises in each chapter while specifically focusing on the problem of chronic pain. In Johnston's (2008) study, participants met regularly with the researcher to discuss chapters they had completed. After the study, those who completed the book showed significant increases in quality of life, acceptance and life satisfaction. They also showed significant increases

in their engagement in their values. There were no significant decreases on measures of anxiety and depression, however the author argued these findings were in line with the goals of ACT. Though this study is based on a small sample, it does show that an ACT self-help intervention is able to facilitate similar changes as a therapist directed treatment. This suggests that an ACT SHI may be for useful for other problems, such as anxiety.

Summary

Public speaking anxiety can cause distress, and for some be related to the wider diagnosis of SAD (Stien et al., 1996). Some of the cognitive-behaviour therapies that have been applied to SAD (e.g. Clark et al., 2006; Heimberg et al., 1990) are based on models that argue that those with SAD have core negative beliefs about social situations, which result in self-focused attention. These CBTs have proven to be effective at reducing anxiety in SAD. However, they do have limitations as not everyone responds to the therapy and quality of life is often still lower than average after treatment (Brown et al., 1995; Eng, Coles, Heimberg, & Safren, 2001).

An alternative CBT method is Acceptance and Commitment Therapy (Hayes et al., 1999). This therapy attempts to increase an individual's acceptance of internal experiences. This reduces the need to engage in avoidance behaviour and allows people to follow their values (Hayes et al., 1999). In the case of SAD, this approach may be especially useful as it helps people focus on the social situation during exposure as they are no longer attempting to suppress their internal experience. This allows them to engage in the situations properly and helps reduce anxiety (Herbert & Cardaciotto, 2005). ACT has been successful in treating both public speaking anxiety and SAD, and therefore may

be a useful alternative to the other CBTs (Block, 2002; Block & Wulfurt, 2000; Dalrymple, 2005; Dalrymple & Herbert, 2007).

However, therapist-directed treatments such as ACT can be costly and difficult to access, especially for individuals such as University students, who may lack financial resources. Self-help interventions may be a useful alternative to therapist directed treatments as they address barriers such as cost and have been shown to be useful when treating anxiety (Hirai & Clum, 2006; Hirai & Clum, 2008; Mains & Scogin, 2003). One ACT self-help intervention has been explored in a study focusing on chronic pain. Results showed changes occurred on measures that related to ACT processes. Thus using an ACT self-help intervention with some minimal therapist contact may help create change for those with public speaking fears.

The Present Study

Hayes and Smith (2005) 'Get out of your mind and into your life' is a self-help book based on ACT therapy that aims to help with any psychological issue. The book has 13 chapters covering the processes of ACT. Each chapter has a number of exercises, modified from therapist directed interventions, to help people understand and move through the ACT processes. The book has yet to be validated but could provide a useful resource to help people with public speaking anxiety. It is based on a treatment that as a TDI has been shown to provide help to those with public speaking fears, and could provide an alternative as a SHI where there are difficulties in accessing therapist directed interventions.

The research reviewed above points out that ACT targets avoidance, and attempts to increase acceptance and willingness to create change. Therefore, the present study hypothesised that if those with a fear of public speaking engaged with the material presented in Hayes and Smith's (2005) self-help book, then this would increase self-reported willingness to approach public-speaking situations. It was also hypothesised that it would decrease self-reported avoidance of such situations. Lastly, as ACT also aims at increasing people's engagement with their positive values, it was hypothesised that the use of the self-help book would increase people's engagement with their values and increase their quality of life.

Study Design

The design chosen for the study was a non-concurrent multiple-baseline design. Participants began collecting the baseline data as soon as they had completed the initial test battery on recruitment into the study. This design was chosen so that changes in participants' willingness to consider engaging in public speaking and their responses to the self-help book could be closely monitored. This follows from Newman et al.'s (2003) recommendation, that individuals should to be monitored while working through a SHI. It was not expected that beginning the intervention (i.e., starting working through the book) would lead to an abrupt change in willingness, but instead, any changes would be gradual, as individuals progressed through the book. This study design allowed monitoring of the way changes occurred. This research design also allowed individual variability in response to the intervention to be monitored, as Hirai and Clum (2008) argue that while some engage fully with SHI, others do not. The design also meant participants could be

given more flexibility both in the time that they started the intervention and the time spent on each component of the book. It required participants to fill in self-report measures regularly over the baseline and intervention period. In addition, a battery of tests was used at the beginning, in the middle and end of the intervention to test some of the hypothesis. Details of the properties of both the daily measures and test battery are covered later in the materials section of the Method. The reason each measure was selected is outlined below.

Daily Measures. Following from the hypothesis that the intervention would increase willingness to engage in a range of situations with other people, the first dependent variable was the score on the Willingness to Communicate Scale (WTC) (McCroskey & Richmond, 1990). As explained previously, willingness is thought to be part of acceptance and so should be changed by engagement in the ACT therapy. Although the WTC scale covers a much wider range of situations than simply public speaking, it was considered appropriate for this study because it includes a number of items pertaining to willingness to approach speaking situations. It is derived from a different approach to communication problems than is ACT, and has not been used in studies on public speaking fears with ACT; however, it was thought that successful ACT therapy should result in changes in this measure.

Three other dependent variables were the scores from three rating scales based on subjective units of distress (SUDs). These were used to assess the hypotheses that avoidance of and the distress caused by thinking about the feared situation would decrease and willingness to think about the situation would increase with more

engagement with the ACT material. Participants were asked to rate their avoidance of, their distress in and their willingness to approach an imagined public speaking scenario on the a scale of 0 – 100. These three scales were those used by Block (2002), but there they were applied to real speaking situations. As no behavioural experiments were to be used in this study, an imagined situation was used as the basis for these ratings in an attempt to provide measures comparable to Block's (2002) study. These imagined scenarios were different for each participant but were based on templates and included aspects of each participant's most feared public speaking situations. Details of how this was done are given later.

Participants also completed Daily ACT Ratings (Eifert & Forsyth, 2005). While these ratings are not usually applied as a measure in ACT studies, they are used during ACT treatment. They were applied as a monitoring measure in this study to allow a close understanding of how individuals were responding to the book across the intervention.

Test Battery. A test battery was also used to assess change. The hypothesis of reducing avoidance was tested using the Action and Acceptance Questionnaire (AAQ) (Hayes et al., 2002) . This is an instrument typically used in ACT studies to measure EA and it was used to allow comparisons to other ACT research. The White Bear Suppression Inventory (WBSI) (Wegner & Zanakos, 1994) was also used to give a further measure of avoidance. While AAQ is said to measure EA, WBSI is said to assess thought suppression and it to explore the relationship between the two.

The test battery included the Valued Living Questionnaire (VLQ) (Wilson, 2002-2006) to test the hypothesis, that living with values would increase. This questionnaire

measures how much people engage with their values and was included because it is often used in ACT studies and would allow comparison. It also gives a direct measure of how consistently people are following the values in their life. The Quality of Life Inventory (QOLI) was included to explore quality of life. This measure has been used in many studies of ACT as it is assumed if people engage in what they value, their quality of life will also increase. It was applied in this study in order to see whether an ACT SHI would create changes beyond anxiety reduction.

There were no hypotheses about changes in anxiety, as ACT does not specifically target this. However, measures of anxiety were included because both Block (2002) and Dalybre (2005) found that ACT decreased social anxiety. In this study anxiety measures were included to determine whether a SHI would produce similar changes. The Lebowitz Social Anxiety Scale (LSAS) (Liebowitz, 1987) was used to measure both fear and avoidance. This has been used in many studies of social anxiety, and it was thought that it would provide a useful measure of social anxiety that would allow comparisons across studies. The Personal Report of Communication Apprehension-24 (PRCA-24) was also included (McCroskey, Beatty, Kearney, & Plax, 1985). This measure is from an alternative field of research known as communication apprehension, which McCroskey defined as 'the level of fear or anxiety associated with either real or anticipated communication.' It was included in this study as it has been used in a number of studies that specifically explore public speaking fears and therefore would allow comparisons with these previous studies.

The 'Self-statements during public speaking scale' (SSPS) was also used to provide a measure of people's thoughts about public speaking (Hofmann & DiBartolo,

2000). ACT does not aim to change thoughts. However, Block (2002) found that after ACT, individuals made more positive statements about social interaction situations using the Social Interaction Self-Statement Test (SISST). The SSPS was included instead of SISST because the SSPS addresses public speaking as opposed to social situations in general. Thus, it allowed a more specific measure of change in relation to public speaking and it was shorter.

Lastly, the 'Anxiety Control Questionnaire' was included because it was used in both Block's (2002) and Dalybre's (2005) studies. Although ACT is meant to reduce the need for control, both studies found an increase in perceived control after therapy. This present study explored whether similar changes would occur with the SHI.

METHOD

Participants

Participants were recruited through advertisements placed around the University of Waikato campus. These advertisements (given in Appendix A) provided information on the study and explained that it was based on a self-help book. Those with fears of public speaking were asked to make contact with the researcher through email. Fourteen people initially responded to the advertisement. Ten people, who had indicated they had a primary fear of public speaking during the initial meeting, decided to take part in the intervention. One participant dropped out early in the study as they left the area and ceased making contact, while another did not finish the last component by the end of the study (see Table 1).

Ethics

Prior to the recruitment of participants, ethical approval for the study was gained from the University of Waikato Department of Psychology Research Ethic Committee for research with humans.

Materials

Self-Help Materials

The Self-Help book "Get out of your mind and into your life' was used in this study (Hayes & Smith, 2005). This book is based upon ACT therapy and has thirteen chapters of readings and exercises. It includes an introduction, conclusion, and an appendix which covers the evidence for ACT and the values underlying the therapy. The

chapters in the book can be grouped into the main stages and processes of ACT (as explained in the introduction), including cognitive defusion, mindfulness and values.

Table 1
The details for the participants who partially or fully completed the intervention

Participant	Gender	Age	Ethnicity	Occupation	Completion of Book
Participant 1	F	22	New Zealand European	Undergraduate Psychology Student	Yes
Participant 2	F	39	New Zealand European	Graduate Psychology Student	Yes
Participant 3	F	21	New Zealand European	Undergraduate Psychology Student	Yes
Participant 4	M	50	Malaysian Indian	Graduate Law Student	Yes
Participant 5	M	30	New Zealand European	Previous University Graduate	Yes
Participant 6	F	21	New Zealand European	Undergraduate Music Student	Yes
Participant 7	F	25	Chinese	Graduate Psychology Student	Yes
Participant 8	M	25	New Zealand European	Undergraduate Philosophy and Human Development student	Yes
Participant 0	F	28	Maori	Graduate Law Student	No
Participant 01	M	24	Information missing	Information Missing	No

For the purposes of this study, a workbook was created that was based directly on the self-help book (given on CD-ROM). The chapters, introduction and conclusion of the self-help book were divided into nine components, each of which could be completed within a week. The workbook included a summary of the relevant readings, duplicates of the exercises and the component rating scale for each component. At the end of each section there were statements about the main points that were covered for that component.

Instructions were also given in the introduction page of the workbook. These instructions outlined how to complete the components. Thy asked participants to read the required material, complete the exercises and complete the rating scale at the end of each section, while using the self help book as a guide. The material that was within each component is outlined in Appendix B. The instructions also stated that the self-help book used the term 'psychological pain' to refer to a range of problems and suggested that participants' should take this as referring to their PSA.

Participants were also given a separate booklet to complete the 'pain diary' exercise in Component 3 (Given on CD-ROM). The template for this booklet was copied from the self-help book and made into an A2 sized booklet so that participants could carry it with them.

Measures

Test Battery

The test battery was given to participants to complete at the beginning, middle and end of the study.

Action and acceptance questionnaire AAQ. The AAQ (Hayes et al., 2002) is a measure of experiential avoidance. It has nine items, although longer versions also exist. Participants are asked to rate certain statements on a scale of 1 (never true) to 7 (frequently true) and higher scores indicate less acceptance. The internal consistency (.70) and the test-retest reliability (.64) of this scale were both judged to be adequate for a scale this length (Hayes et al., 2002). The measure also shows good convergent and discriminate validity (Hayes et al., 2002).

The AAQ is scored as followed

- A total score is derived through the sum of the response to the nine items on the scale.

White Bear Suppression Inventory (WBSI). The WBSI (Wegner & Zanakos, 1994) is a 15-item scale designed to measure an individual's level of thought suppression. Items are scored on a five point scale from strongly disagree to strongly agree and higher scores indicate more suppression of thoughts. This measure has good internal consistency (alpha =.089) and retest reliability (0.80) (Muris, Merkelbach, & Horselenberg, 1996). It also shows convergent validity as it correlates with measures of obsessional thinking, and depressive and anxious affect (Wegner & Zanakos, 1994)

Score

- This score is derived by converting the scale into numbers so that A=1 and E=5. The sum of these responses gives a total score.

Valued Living Questionnaire (VLQ). The VLQ (Wilson, 2002-2006) is a 10 item questionnaire, which looks at how important particular areas of life are to an individual, and explores how consistently they have engaged in them in the past week. Participants are first asked to rate the importance of the area on a scale from 0 (not important) to 10 (very important). They are then asked to rate how consistent their actions have been with this area of life on a scale from 0 (not consistent) to 10 (very consistent). Preliminary evidence has shown that the internal consistency for the consistency scale is 0.75. There is also evidence supporting its test-retest reliability (.90) (Wilson, 2002-2006).

The VLQ is scored as followed

- Scores are derived by summing the total consistency scale.
- A discrepancy score can be derived from subtracting the total consistency score from the total importance score. However, Wilson recommends that the consistency score be used when using the scale as an assessment.

Quality of Life Inventory (QOLI) The QOLI (Frisch, 1994) measures life satisfaction across seventeen domains of life, such as family and creativity. Individuals rate how important each domain is to their overall happiness and satisfaction, from 0 (not at all important) to 2 (extremely important). They then rate their satisfaction with the domain from -3 (very dissatisfied) to 3 (very satisfied). Frisch, Cornell, Villaneuva and Retzlaff (1992) illustrated this measure had good internal consistency across three non-clinical and three clinical populations (.77-.89). They also explored the test-retest reliability

across two of these populations and found good results (.80-.91) (Frisch et al., 1992) Discriminative validity has been found as the measure negatively correlates with measures of psychopathology, anxiety and depression and positively correlates with measures of subjective well-being (Frisch et al., 1992; McAlinden & Oei, 2006).

The QOLI is scored as followed

- Scores are derived from the product of satisfaction and importance for each domain.
- The total of this is divided by the total areas of life an individual has indicated are important. This provides a raw score.
- The raw score is converted to a T-score and a percentile score from the manual.

Lebowitz Social Anxiety Scale (Self Report Scale). The LSAS (Liebowitz, 1987) is a 24-item questionnaire that instructs individuals to rate their levels of fear of social and performance situations on a four point likert scale (0=no fear to 3=severe fear). Individuals also have to make avoidance ratings on a similar scale to the same items. This provides six subscales, called Total Fear, Fear of Social Interaction, Fear of Performance, Total Avoidance, Avoidance of Social Interaction, Avoidance of Performance and it also provides a Total overall score. The self-report version of this scale shows high internal consistency for its total score (0.95), and high to moderate internal consistencies for the subscales (0.92-0.79) (Baker, Heinrichs, Kim, & Hofmann, 2002)It also shows good retest reliability ($r=0.83$, $p<0.01$) and convergent and discriminate validity (Baker et al., 2002; Fresco et al., 2001).

The LSAS is scored as followed

- The Total Fear score is derived from the sum of all fear ratings on the 24 items
- The Total Avoidance is derived from the sum of all avoidance ratings on the 24 items
- The Total Score is derived from adding the Total Avoidance and Total Fear Scores.
- The Fear of Social Interaction is the sum of fear ratings on items 5, 7, 10-12, 15, 18, 19, 22-24. The Avoidance of Social Interaction is the sum of the avoidance ratings on the same items.
- Fear of Performance is the sum of fear ratings for items 1-4, 6, 8 ,9, 13, 14, 16, 17, 20, 21 and the Avoidance of Performance is the sum of the avoidance ratings on these same items.

Personal report of Communication Apprehension-24 (PRCA-24). The PRCA-24 (McCroskey, 1997) is a 24 item measure of communication apprehension. It has four subscales based on social contexts, which are called Public speaking, Group Discussion, Interpersonal and Meeting. It also provides a total score. Individuals are instructed to rate their agreement with statements about communicating in speaking situation on a scale from 1 (strongly agree) to 5 (strongly disagree). Higher score indicates more apprehension about speaking situations. This measure, and earlier versions of it, have been used in a number of studies of public speaking (e.g. Allen, Hunter, & Donohue, 1989) There is also evidence supporting its internal reliability (alpha= .90) and its content validity (McCroskey, Beatty, Kearney, & Plax, 1985)

The PRCA is scored as followed

- The Group Discussion score is 18 – (scores for items 2, 4, 6) + (scores for items 1, 3, 5).
- The Meeting score is 18 – (scores for items 8, 9, and 12) + (scores for items 7, 10 and 11).
- The Interpersonal score is 18 – (scores for items 14, 16 and 17) + (scores for items 13, 15 and 18).
- Public Speaking score is 18 – (scores for items 19, 21 and 23) + (scores for items 20, 22, and 24.)
- The Total Score is the sum of these subscales.

Self statements during public speaking (SSPS). The SSPS (Hofmann & DiBartolo, 2000) is a 10-item questionnaire created to measure self-statements and distress during public speaking situations. It has two subscales which measure positive and negative self-statements. Individuals are asked to rate their agreement on a scale from 0 (if you do not agree at all) to 5 (if you extremely agree). Internal consistency is good for both the positive (alpha=.84) and negative subscale (alpha=.83) (Hofmann & DiBartolo, 2000). The scale also shows convergent validity with other measures of social anxiety, with the highest correlation on a measure of public speaking. Depression was also more associated with the negative subscale (Hofmann & DiBartolo, 2000). The test-retest reliability is also demonstrated to be satisfactory and the factor structure of the scale is supported (Hofmann & DiBartolo, 2000)

The SSPS is scored as followed

- The positive subscale (SSPS-P) score is derived through summing the response to items 1, 3, 5, 6, and 9.
- The negative subscale score is derived by summing the response to items 2, 4, 8, and 10.

Anxiety control questionnaire (ACQ). The ACQ (Rapee, Craske, Brown, & Barlow, 1996) is a 30-item scale which look at perceived control over anxiety-related events. It uses a six point likert scale, relating to the strength of belief in each statement (0=strongly disagree, 5=strongly agree). There are two subscales, the reactions and events subscales. These indicate an individuals' perceived control over internal and external events. The measure has high internal consistency (ranging from 0.87-0.89) (Rapee et al., 1996; Zebb & Moore, 1999). There is also evidence supporting its good convergent validity as it is correlated with measures of anxiety and control (Rapee et al., 1996).

The ACQ is scored as followed

- Responses to items 2, 3, 5-9, 14-16, 18, 20, 23-26, 28 and 30 are reversed.
- A total score is derived through the sum of all the items.
- The reactions subscale is derived through the sum of the response to 14 items (3, 4, 6, 9-11, 13, 17, 18, 21, 22, 26-28) while the remaining 16 items form the event subscales.

Daily Measures

The Daily Measures were given to the participants to complete each week day (see Appendix C).

Willingness to communicate (WTC). The WTC (McCroskey, 1992) is a 20-item scale that measures the predisposition to approaching or avoiding communication situations. Individuals indicate the percent of time they would communicate in a given situation (0 being never, 100 being always). The scale produces four Context-Based subscales. These subscales look at situations an individual may speak in. There are also three Receiver-Based subscales. These subscales look at the type of people individuals may speak with. The Context-Based subscales are called Meeting, Public Speaking, Group Discussions and Interpersonal. The Receiver-Based subscales are called Friend, Acquaintance and Stranger. The scale also provides a Total Score. This measure has been used in a number of communication studies and its reliability estimates range from .86 to .95 (McCroskey, 1992). There is also support for its test-retest reliability (McCroskey, 1992).

Scoring

- The Group Discussion score is the average of items 8, 15 and 19.
- The Meeting score is the average of items 6, 11 and 17.
- The Interpersonal score is the average of items 4, 9 and 12.
- The Public Speaking score is the average of items 3, 14 and 20.
- The Stranger score is the average of items 3, 8, 12 and 17.
- The Acquaintance score is the average of items 4, 11, 15 and 20.

- The Friend scores is the average of items 6, 9, 14 and 19.
- The total WTC score is the average of the Stranger, Acquaintance and Friend subscales.

Subjective units of discomfort, anxiety and willingness (SUD's ratings). SUDS ratings are often used in studies of anxiety and have been applied in studies on SAD (e.g. Hope, Hiemberg, & Bruch, 1995) . They involve a person indicating the level of discomfort or anxiety they experience on a scale from 0 (least anxiety) to 100 (most anxiety) Block (2002) applied this measurement in her study to gather ratings of distress, avoidance and willingness to engage in a public speaking situation. The present study applied similar ratings to an imagined public speaking scenario created from participants' responses to a ranking questionnaire (under *other measures*). Participants rate how much distress they feel about the scenario (0=least distress, 100=most), how much they wish to avoid it (0=no avoidance, 100=complete avoidance) and how willing they would be to engage in it (0=not willing, 100=completely willing) on a daily basis.

Daily ACT ratings. Daily ACT ratings are used within ACT therapy (Eifert & Forsyth, 2005). They involve asking the client to make daily ratings on a scale from 0 (not at all) to 10 (extreme amount) about how distressed they were about their anxiety, how much effort they used to make it go away, how much of their day was workable. They also rate how well they lived in accordance with their values and goals (Eifert & Forsyth, 2005).

Other Measures

Ranking Questionnaire. This measure was designed specifically for this study and is given in Appendix D. Participants were asked 7 questions which determined the type of public speaking situation they most feared. Participants' most feared responses were used in a template which allowed a scenario of a public speaking situation to be created. The same scenario was used throughout the study. Appendix E shows the scenarios for each of the participants. SUDs ratings were then applied to these scenarios.

Component Ratings Scale. The Self-Help book the study was based on was divided into 9 components. Once each was completed, participants were asked to complete a rating scale which referred to the material that was covered in the component (given in Appendix F). They responded to three statements on a scale from 0 (not at all) to 10 (very much). These statements looked at whether the component provided useful skills for their PSA, whether they found the ideas that were introduced in the component to be valid and whether they enjoyed the readings that were required to complete the component.

Study Design

The study followed a non-concurrent baseline design, in which participants started in the study as soon as each was recruited. Baseline data were collected on weekdays and each baseline lasted five weekdays or longer if required for stability. Intervention was started for each participant as soon as data were judged stable. This resulted in a series of AB designs with staggered starts. In addition, a battery of measures was applied in the beginning, middle and end of the study. This battery included

measures of values, quality of life, anxiety, thoughts and anxiety control to allow comparisons to other studies and provide alternative measures of change.

Procedure

Initial Stage

Once ethical approval was gained, the study was advertised around the University Campus. This advertisement (given in Appendix A) asked for people willing to participate in research on a self-help intervention on PSA to respond. When individuals responded to the advertisement by email, an initial interview was scheduled. These interviews took place at the University of Waikato. During this meeting, the individuals were provided with an information sheet (given in Appendix G) on this study and the details were discussed. The workbook, the self-help book and the battery of measures were also briefly shown to the individual. Participants were informed that they had the option of dropping out of the study at any point if they desired to.

If they agreed to take part in the study at this time, a consent form was filled in (given in Appendix H). The first battery of measures was then completed. This battery included the LSAS, the PRCA, VLQ, AAQ, ACQ, WBSI and SSIS, the QOLF. The ranking questionnaire was also given to participants at this time. Their responses were put into the template mentioned above to create the individual scenarios. These were then used for the SUD ratings included in the baseline measures.

Baseline

Each participant began baseline data collection immediately after their initial meeting. The dates of the weeks in which the participants began the intervention are listed on Table 2. The baseline measures were compiled during the initial interview while participants were completing the battery. They consisted of the WTC, the SUD ratings and the Daily ACT ratings. Participants were given these measures in an envelope and were asked to complete these measures for the next five week days. When they had completed a measure they were asked to place it in a spare envelope and not to look at it again. After this time, the data were collected in a brief meeting with the participant and new measures were given if necessary. In order to judge stability, the total WTC score was plotted against the days they were completed using the Excel programme. The stability was then judged visually. If the graph was stable or trending downwards, which meant the participants willingness was decreasing, the intervention was started. If the data showed an upward trend, which meant there willingness was increasing without the intervention, participants' were asked to complete the measures for another five week days and the procedure was repeated.

Intervention

The intervention was delivered as a workbook-based, guided self-help programme with weekly mentoring sessions. The intervention began in the first interview after baseline. Participants were given a copy of the self-help book and the workbook and were asked to work through each component of the intervention on a weekly basis. However, they were told they could have more time to complete any section if they requested it.

Table 2

This table shows the months of the study and the period of baseline for each participant (p), as well as the period in which they completed the intervention. The dates and months are indicated at the top of the grid. The numbers shown in the shaded areas of the grid give the components the participants were working through studied over the corresponding weeks.

P	2007																				2008							
	August		September				October				November			December							January				February			
	20	27	3	10	17	24	1	8	15	22	29	5	12	19	26	3	10	17	24	31	7	14	21	28	4	11	18	25
1			1	2	3			4	5					6	7		8			9								
2						1			2					3	4	5	6	7	8		9							
3								1	2	3	4	5	6	7	8	9												
4								1		2	2	3	3	4	5	6	7, 8 & 9***											
5											1	2	3	4	5	6	7		8	9								
6											1		2	3	4	5	6	7		8	9							
7												1	2	3	4	5	6	7	8		9							
8														1	2	3	4	5	6		7	8	9					

Baseline

Intervention

***Participant 4 sent back responses for Components 7, 8 and 9 at the same time.

The participants were asked to continue completing the daily measures each weekday throughout the intervention. In each subsequent meeting, new measures were given. Participants either gave the measures back during the interviews or posted them to the researcher. Participants were also instructed to complete the component ratings and read over the main points as soon as they completed each section.

In every meeting, the next weekly meeting was scheduled with the researcher. However, if the participant emailed or phoned to ask for more time, then the meeting was rescheduled for a later date. During these meetings the participant was asked to tell the researcher how they rated the current component based on the Rating Scale. They were also asked whether they completed the exercises and how they found each one. Some of the main points for that section (identified in the workbook) were discussed to assess how well they understood that section (given in Appendix J). These responses were recorded by the interviewer on a weekly meeting sheet.

The main researcher interviewed all but one of the participants. The interviews for this participant were carried out by a psychology graduate student who was familiar with the self-help book. This occurred as this participant was known to the researcher and it was considered more ethical if the researcher did not conduct the interviews. The graduate student collected the measures from this participant and recorded responses in the weekly meeting. After the participants completed the intervention, this data was given to the researcher.

The majority of the interviews occurred face to face. However, if participants travelled across New Zealand during the University holidays the interviews were conducted over the phone. Two participants travelled out of the country and their last

interviews were carried out via email. As a result of travelling, Participant 4 sent back responses for three sections at the same time. Approximately half-way through the intervention, the participants completed the battery for a second time.

After the participants had completed the final component, participants were asked additional questions about how they found the book overall. This included questions about the gains they felt they had achieved, what they liked about the book and the negative aspects that they found (given on CD-ROM). The battery of tests was re-administered at this time. Participants were then thanked for their time and offered a summary of their results.

RESULTS

Daily Measures

The daily measures for each participant were plotted against number of weekdays taken to complete the intervention. The actual dates participants worked through the book are given in Table 2 (in the method section). If participants reported that they took a break from working on the book this is indicated by a gap in the data path in the following figures. Some participants missed recording the occasional daily measure but if they reported that they were still working on the book, then there is no gap in the data path. The end of baseline is indicated by the first dotted vertical line on the graphs. The end of each component is indicated by following solid vertical lines. As Participant 2 failed to complete any measures during the 9th component, there are no data for this component. Participant 4 completed components 7, 8 and 9 while overseas and returned his measures at the same time and so these components are not separated on his graph.

Willingness to Communicate Scale Total Score

Figure 1a and 1b shows the overall score for the WTC scale for each participant. As mentioned earlier this score is the average of the Acquaintance, Friend and Stranger subscales of the WTC scale.

Baseline

During baseline, most participants' data showed some variability but no upward trend. Participant 4's data were the exception as they trended upwards over the start of baseline and so baseline was continued until these data were stable.

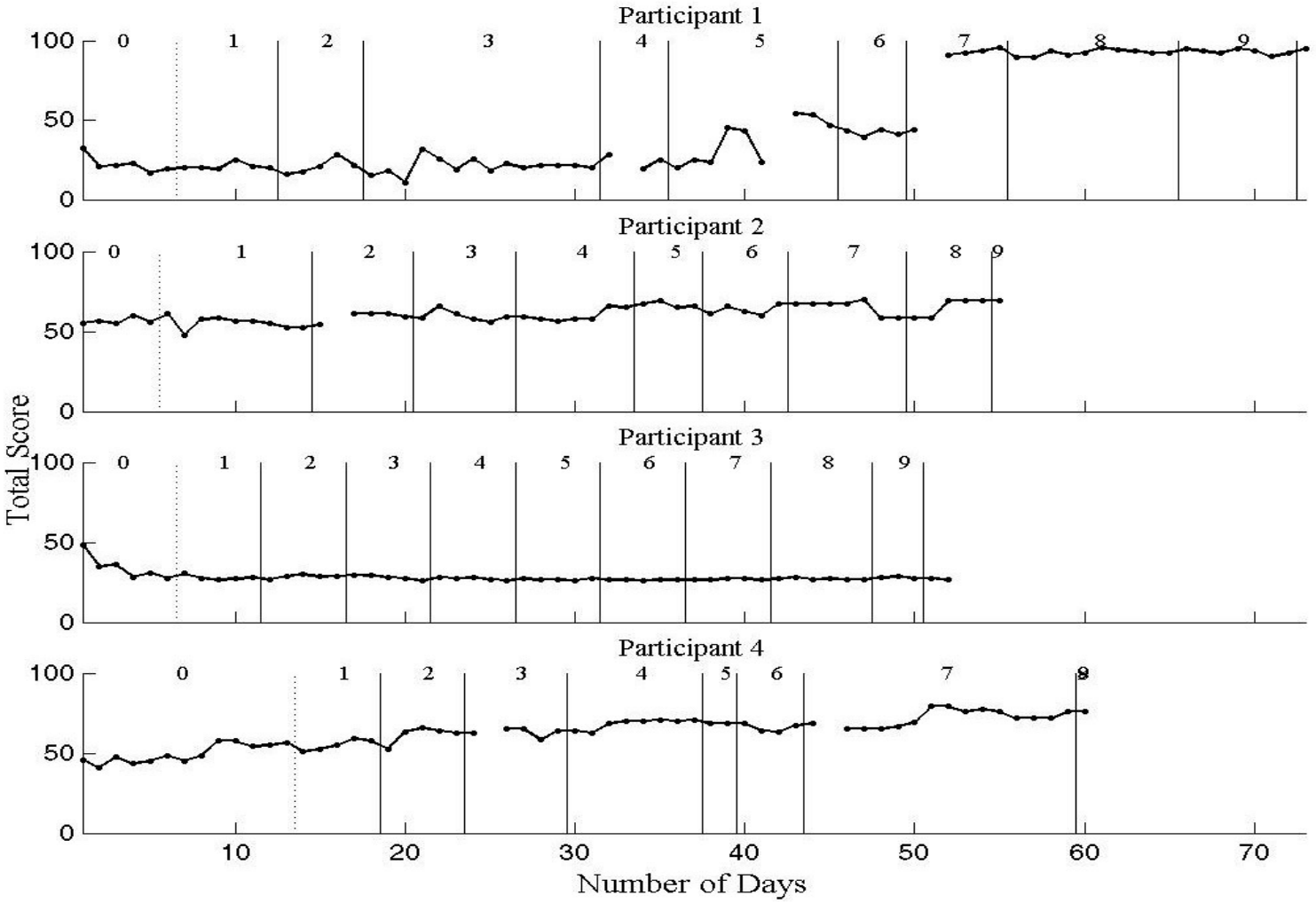

Figure 1a. The Total WTC score for Participants 1-4. This score is plotted against the number of weekdays. The numbers on the top of each graph (1 to 9) show which component of the book the participant was reading at the time, with 0 indicating the baseline period. The vertical dotted line shows the end of baseline and the following vertical solid lines show when the participant finished a component.

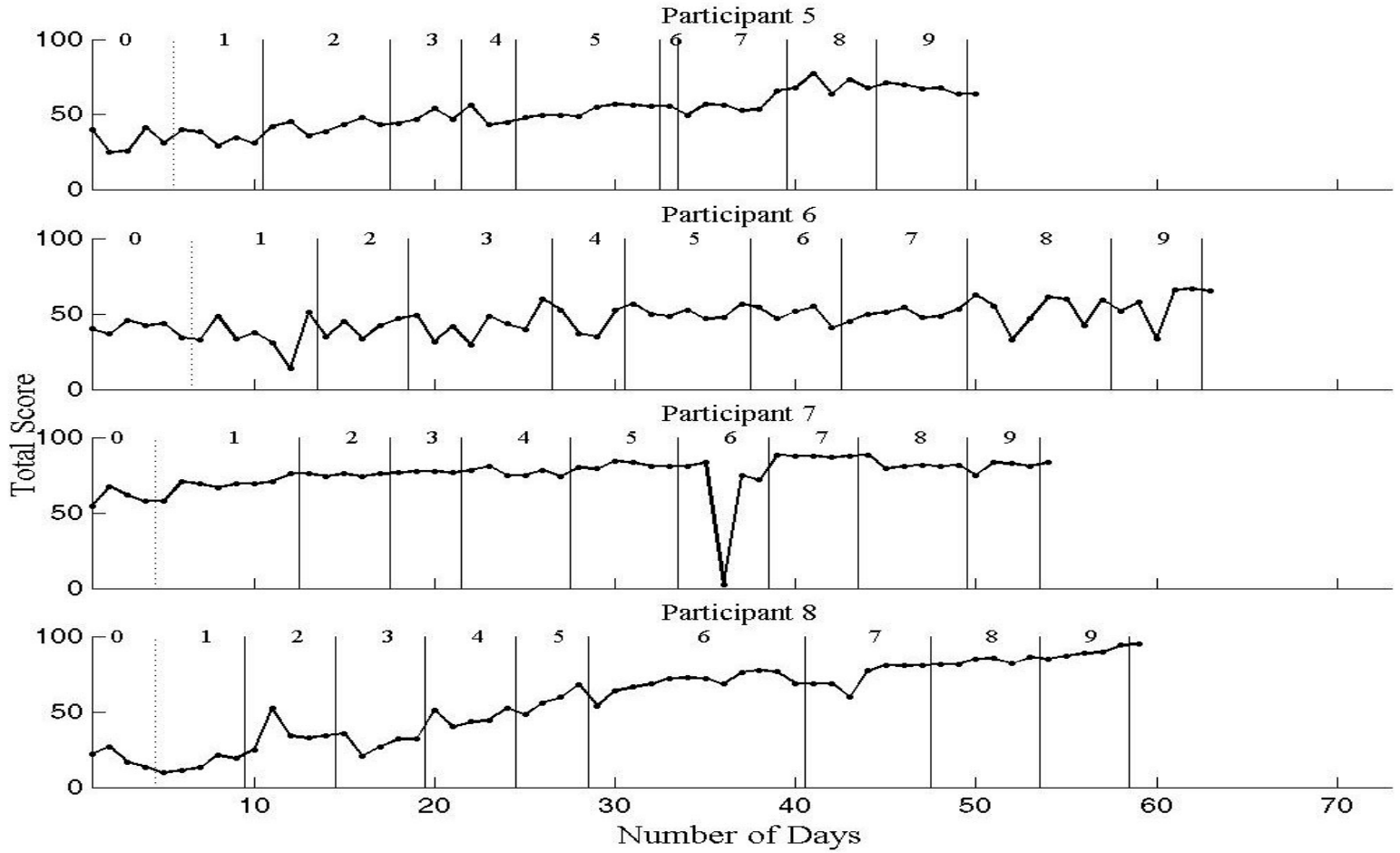

Figure1 b. Participants 5-8 total WTC score. This score is plotted against the number of weekdays. The numbers on the top of each graph (1 to 9) show which component of the book the participant was reading at the time, with 0 indicating the baseline period. The vertical dotted line shows the end of baseline and the following vertical solid lines show when the participant finished a component

Intervention

During the intervention, most participants' data showed an upward trend. The exception to this trend was Participant 3, whose ratings remained stable across the whole intervention. There were also some different patterns across the data that did show an upward trend. Participant 1's ratings increased to 95 during component 7 after the second break she took from the intervention. Her scores continued at the maximum until the end of intervention. Participant 2, 4, 5, 6 and 7's ratings showed gradual upward trends and did not reach the maximum. Participant 7's ratings spiked downward to 0 for one day during component 6, but returned to follow the previous trend after this point. Participant 8's data had the steepest trend and approached the maximum by the end of the intervention.

Willingness to Communicate Subscale Scores

Figure 2a, 2b, 2c and 2d show the data from the subscales of the WTC scale. Figures 2a and 3b show the Context-based subscales (Group-Discussion, Meeting, Interpersonal and Public-Speaking). Figures 2c and 3d show the Receiver-based subscales (Stranger, Acquaintance and Friend) that contribute to the overall WTC.

Baseline

In general, most subscales scores were variable with no upward trend across baseline. Participant 4's subscale scores showed the same initial upward trend as his

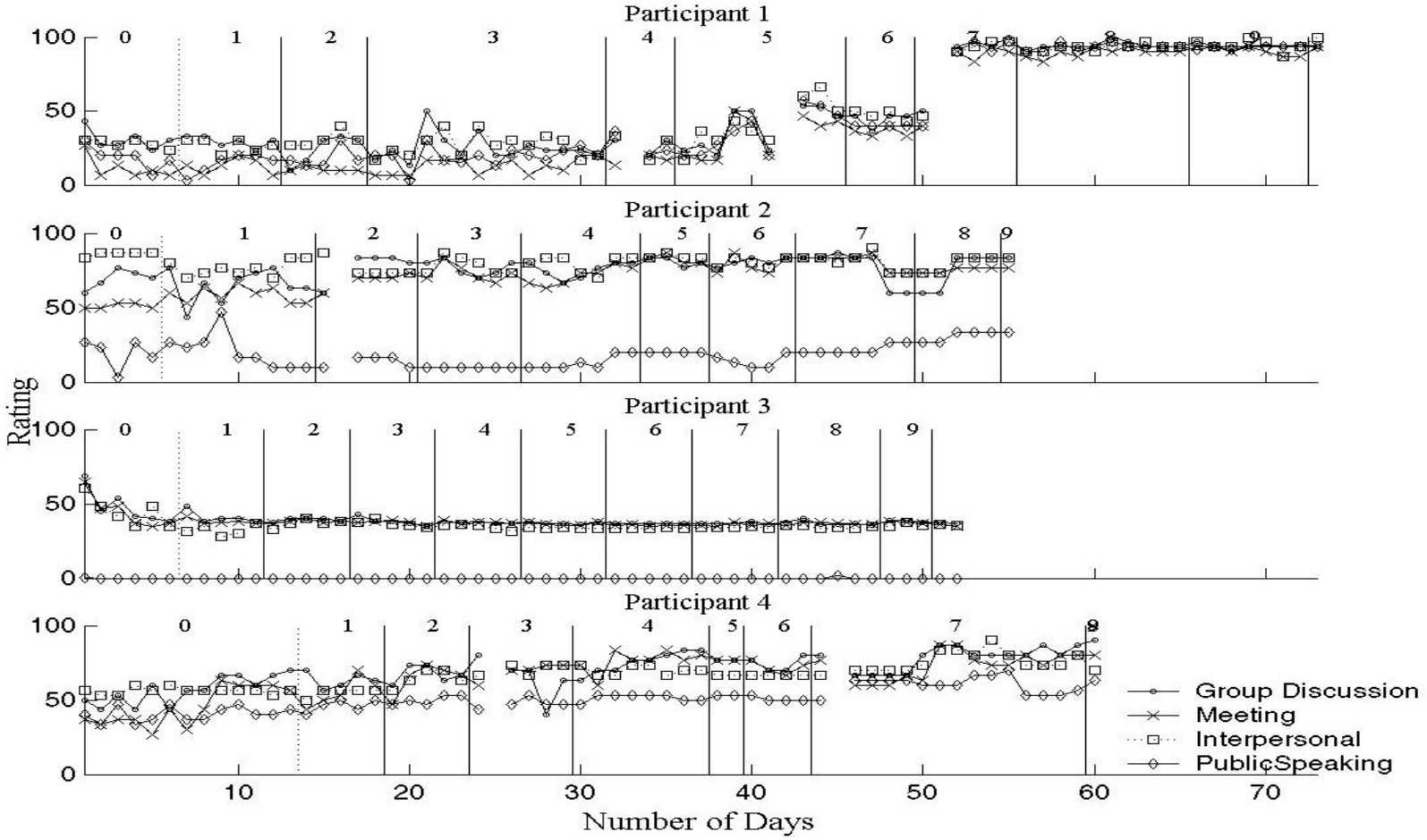

Figure 2a. The WTC context subscale scores for participant 1-4. This score is plotted against the number of weekdays. The numbers on the top of each graph (1 to 9) show which component of the book the participant was reading at the time, with 0 indicating the baseline period. The vertical dotted line shows the end of baseline and the following vertical solid lines show when the participant finished a component. The different data paths indicate the various subscales of the WTC.

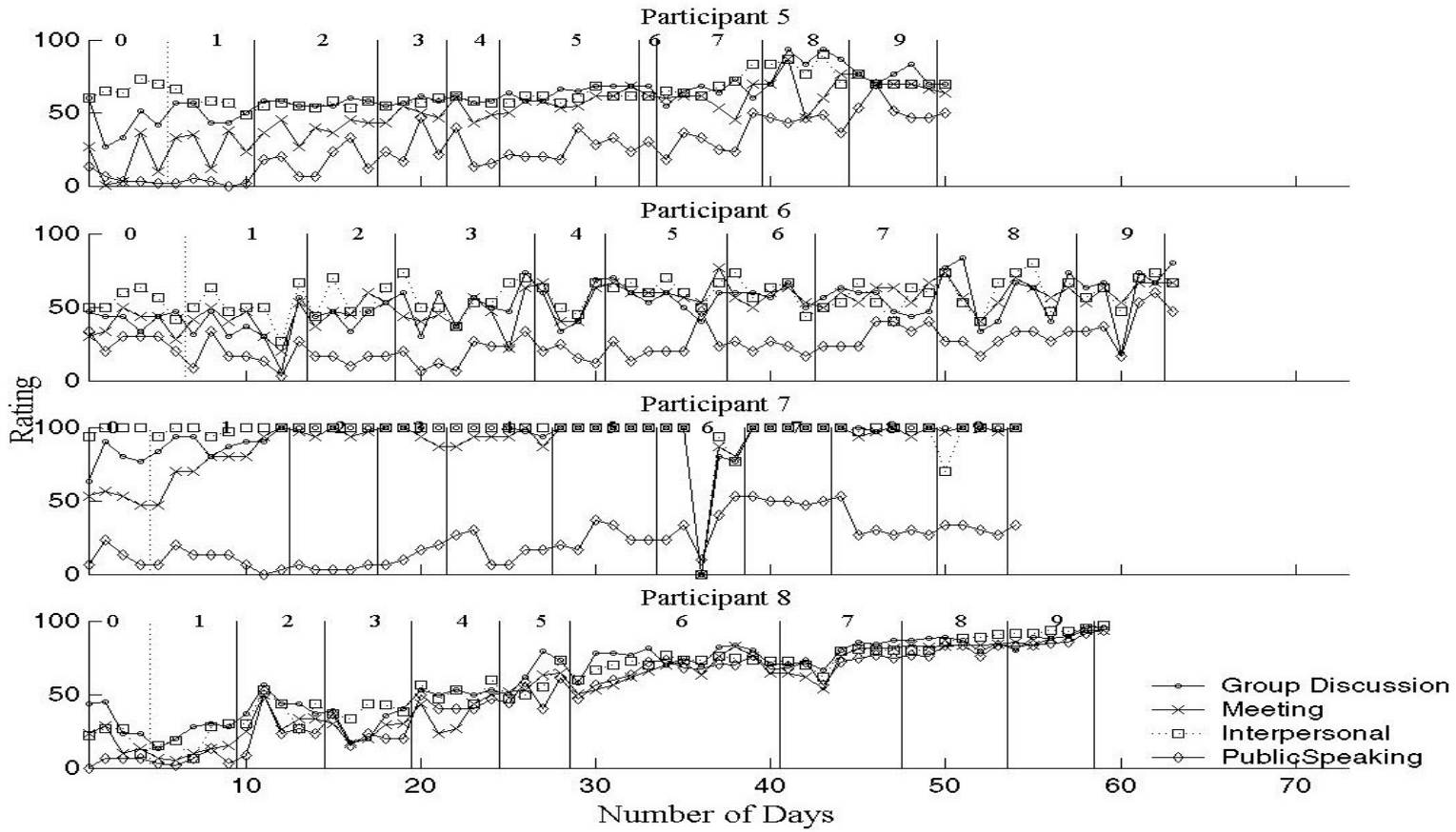

Figure 2b. The WTC context subscale scores for participant 5-8. This score is plotted against the number of weekdays. The numbers on the top of each graph (1 to 9) show which component of the book the participant was reading at the time, with 0 indicating the baseline period. The vertical dotted line shows the end of baseline and the following vertical solid lines show when the participant finished a component. The different data paths indicate the various subscales of the WTC.

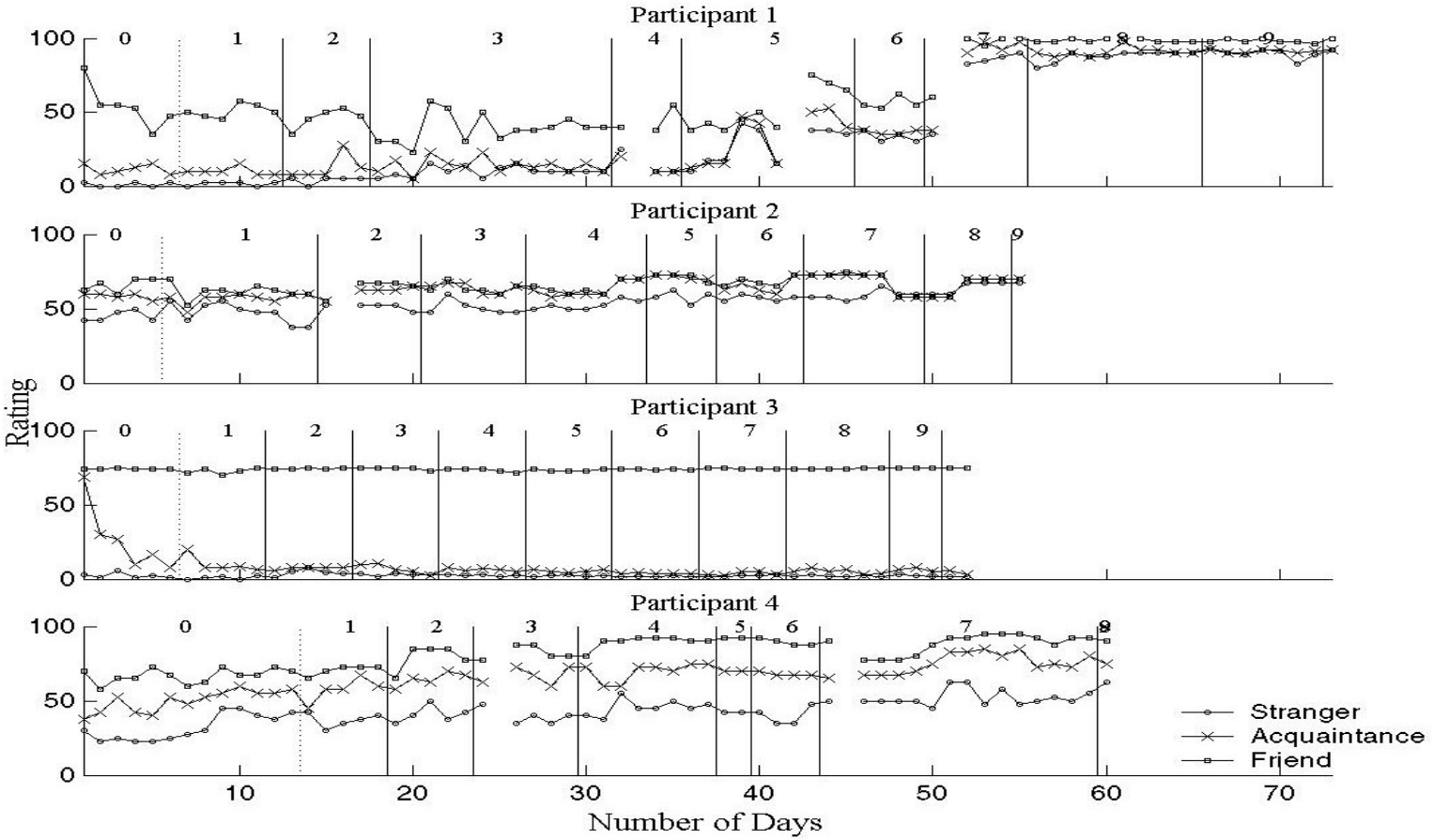

Figure 2c. The WTC receiver subscale scores for participant 1-4. This score is plotted against the number of weekdays. The numbers on the top of each graph (1 to 9) show which component of the book the participant was reading at the time, with 0 indicating the baseline period. The vertical dotted line shows the end of baseline and the following vertical solid lines show when the participant finished a component. The different data paths indicate the various subscales of the WTC.

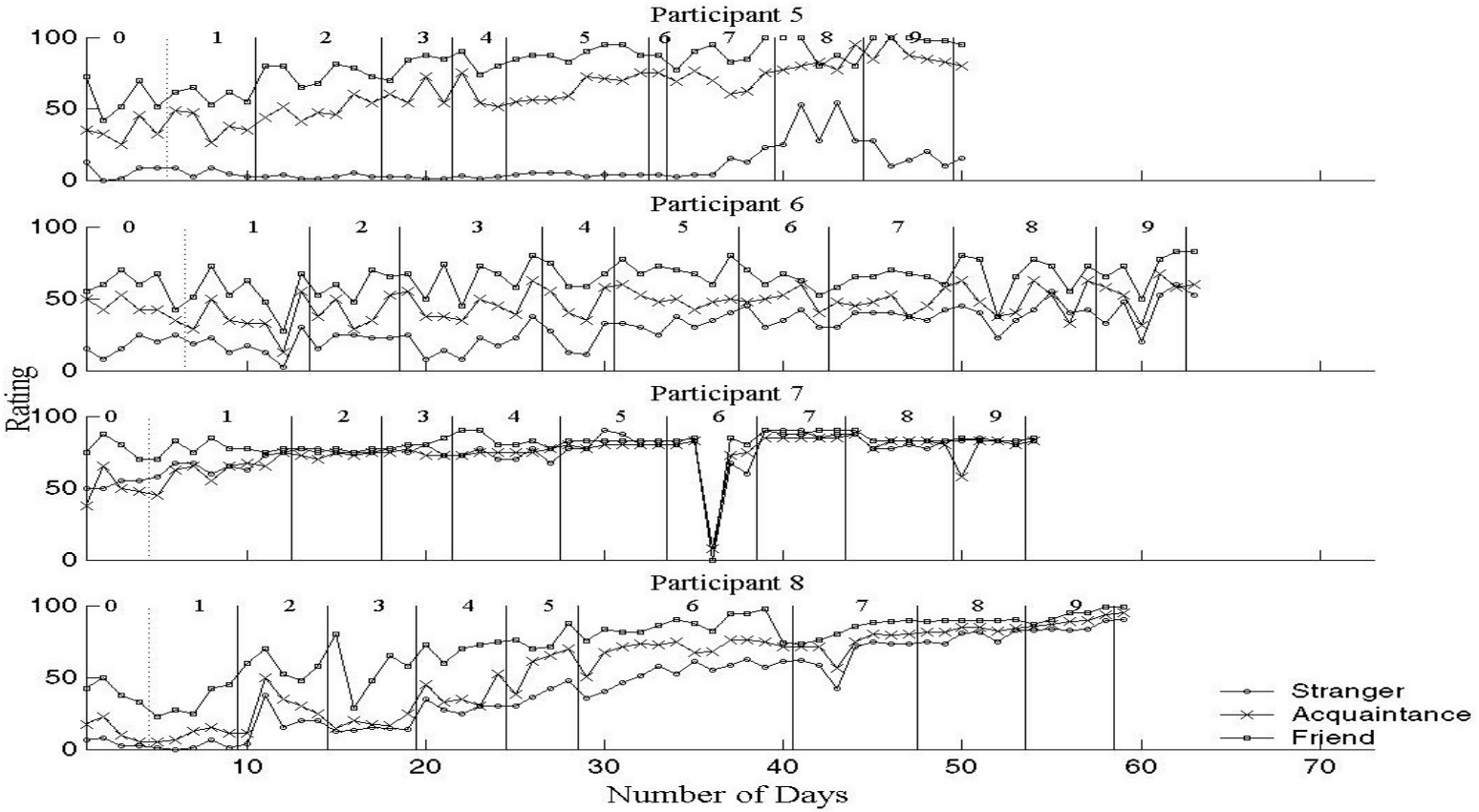

Figure 2d. The WTC context subscale scores for participant 5-8. This score is plotted against the number of weekdays. The numbers on the top of each graph (1 to 9) show which component of the book the participant was reading at the time, with 0 indicating the baseline period. The vertical dotted line shows the end of baseline and the following vertical solid lines show when the participant finished a component. The different data paths indicate the various subscales of the WTC.

overall score. Participant 5's Meeting and Group-Discussion subscale scores (Figures 2a and 2b) also trended upwards.

During baseline the Public Speaking score was the lowest score out of the Context-Based scores (Figures 2a and 2b) for 6 participants (Participant 2, 3, 5, 6, 7 and 8) For Participant 2, 3 and 7, this subscale was substantially lower than their other subscale scores. Out of the Receiver scores (Figures 2c and 2d) the Stranger subscale was lowest during baseline for all participants except Participant 7. For Participant 4 and 5, the Stranger subscale score was substantially lower than their other subscale scores. The Friend subscales scores (Figures 2a and 2b) were clearly the highest scores for all but Participant 2 and 7 out of the Receiver scores. No Context subscale was clearly highest across participants.

Intervention

There are three aspects of the graphs to be considered in Figure 2; (a) The trends for individual subscale scores, (b) the relative magnitude of the subscale scores (c) the different patterns of change in comparison to the Total WTC score. These will be covered below.

a) *Trends across subscale scores*. Most participants' subscale scores showed an upwards trends over the intervention. Participant 3 scores were the exception as no trend occurred for any subscale across the intervention. The degree of the trend for those that had an upward trend is outlined below.

- All Participant 1's subscale scores (Figures 2a and 2c) increased gradually until component 7, where they increased suddenly and approached the maximum possible after the second gap in her data.
- Out of Participant 2's Context subscale scores (Figure 2a), her Meeting and Group-Discussion subscale scores showed extremely gradual upward trends, while her Interpersonal subscale score did not trend. Her Public Speaking subscale began to show a gradual upward trend late in the intervention, beginning at component 6. Out of her Receiver subscale scores (Figure 2c), the Acquaintance and Stranger subscale scores showed extremely gradual upward trends, while the Friend subscale did not trend
- Participant 4's Receiver and Context subscales scores showed gradual upward trends (Figure 2a and 2c) His Friend subscale score approached maximum during component 4 (Figure 2c).
- Out of Participant 5's Receiver subscale scores (Figure 2b) the Group-Discussion and Interpersonal and Public Speaking subscales showed gradual upward trends, until component 7 and 8, where the scores increased suddenly. His Interpersonal subscale scores did not trend. Out of his Receiver subscale scores (Figure 2d), his Friend and Acquaintance subscale scores increased gradually and approached the maximum, while Public Speaking subscale scores did not trend until component 7 and 8, where they increased suddenly.
- All of Participant 6's Receiver and Context subscale scores showed variable and gradual upward trends across the intervention (Figure 2b and Figure 2d).

- Out of Participant 7's Context subscale scores (Figure 2b), her Meeting and Group Discussion subscale scores increased during component 1 and reached the maximum. The Friend subscale scores did not trend, while the Public Speaking subscale scores only began to trend late in the intervention and were highest in component 7. Out of her Receiver subscale scores (Figure 2d) the Acquaintance and Stranger subscales showed gradual upward trends approaching maximum during component 7. The Friend subscale did not show a clear trend, but also approached the maximum during component 7. Like her WTC total, all graphs showed a downward spike to 0.
- Participant 8's Receiver and Context subscale scores (Figure 2b and d) showed steep upward trends and approached the maximum by the end of the intervention.

In summary, all subscale scores generally showed an upward trend towards more willingness to communicate across both Receiver and Context scores across the intervention for all but one participant.

b) *Relative magnitude of the scores*. The magnitude of the scores differed across the subscales. The Public-Speaking subscale score remained the lowest out of the Context scores (Figures 2a and 2b) for Participant's 2, 3, 5, 6 and 7, following from their baseline patterns and became Participant 4's lowest score throughout the intervention. Stranger subscale scores stayed the lowest of the Receiver subscale scores (Figures 2c and 2d) across the intervention, following from baseline, for all but Participant 1 and 7. For Participant 5, this score remained

substantially lower than his other subscale scores. Friend remained the highest score for all except Participant 2 and 7.

c) *Comparison to the Total WTC*. Comparisons can be made between the subscales (Figure 2) and the total WTC score (Figure 1). The total is derived from the average of the Receiver-subscales (Figures 2c and 2d). For Participant 1, 2, 7 and 8, the individual Receiver-subscale scores closely matched the overall WTC trends (Figure 1). Participant 5's overall WTC score was affected by his Stranger subscale scores, which were lower than his other Receiver-subscales. Participant 3, 4 and 6's Receiver subscales' scores showed more variability than their overall WTC scores, although they showed the same general pattern. The Context scores (Figures 2a and 2b) do not contribute to the total WTC. However, for Participant 1, 4 and 8, these subscales still followed a similar trend to their overall score. For Participant's 2, 5, 6, and 7's, these subscales showed a different trend, as the Public-Speaking subscales scores were considerably lower and generally only trended over the second half of the intervention. Participant 2 and 7's other Context subscales' scores were also higher than their overall WTC scores.

SUD's Ratings

Figure 3 shows the SUDs ratings of Avoidance, Distress and Willingness. The ratings were made out of 100 (0 being no Avoidance, Distress or Willingness and 100 being the most) in relation to an imagined scenario.

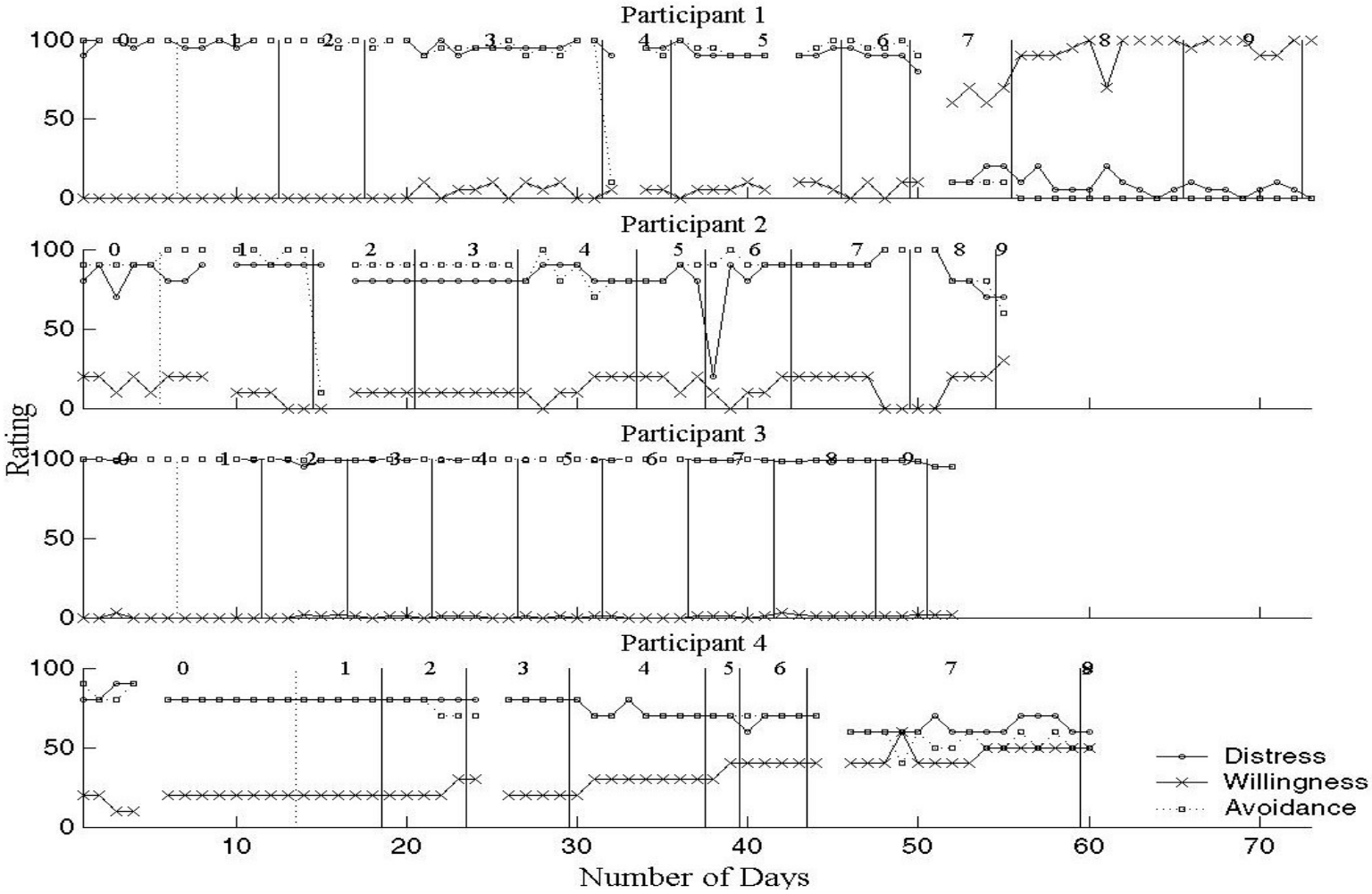

Figure 3a. The SUD's ratings for participants 1-4. This rating is plotted against the number of weekdays. The numbers on the top of each graph (1 to 9) show which component of the book the participant was reading at the time, with 0 indicating the baseline period. The vertical dotted line shows the end of baseline and the following vertical solid lines show when the participants finished a component. The different data paths show the Distress, Willingness and Avoidance ratings (refer to legend).

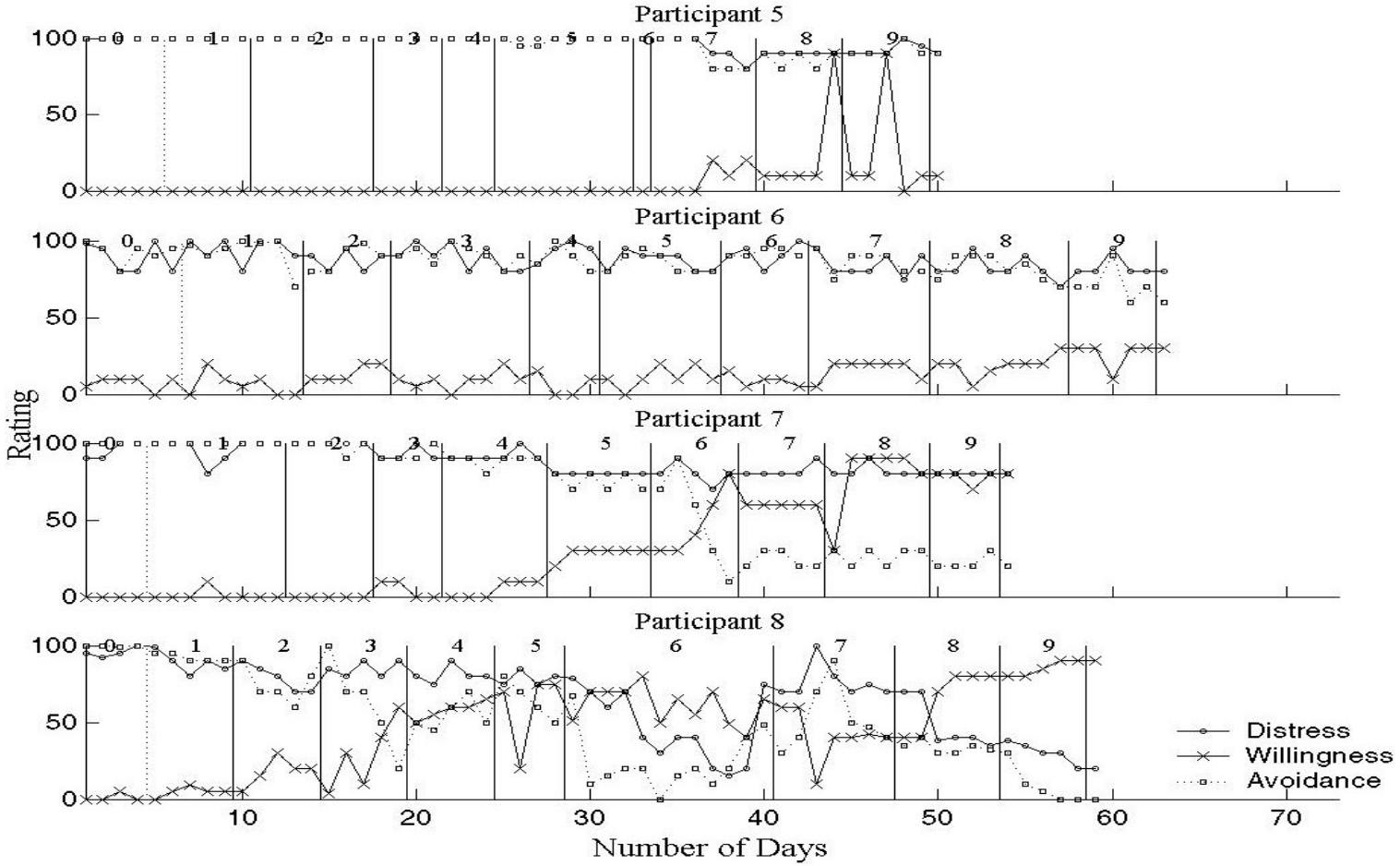

Figure 3b. The SUD's ratings for participants 5-8. This rating is plotted against the number of weekdays. The numbers on the top of each graph (1 to 9) show which component of the book the participant was reading at the time, with 0 indicating the baseline period. The vertical dotted line shows the end of baseline and the following vertical solid lines show when the participants finished a component. The different data paths show the Distress, Willingness and Avoidance ratings (refer to legend

Baseline

Figure 3 show that during baseline all SUD ratings were stable, with little variability. Willingness ratings started around 0, which suggests no Willingness to approach Public-Speaking situations. Distress and Avoidance were around 100, suggesting strong Distress and Avoidance.

Intervention

The data showed three general patterns across the intervention for all except Participant 8. In the first pattern (a), little change occurred throughout the intervention. Avoidance and Distress stayed around 100, while Willingness stayed at 0. In the second pattern (b), Avoidance and Distress trended downward, while Willingness trended upwards. The scores approached each other by the end of the intervention. In the third pattern (c), Avoidance and Distress trended downward, while Willingness trended upwards. These ratings crossed-over by the end of the intervention. Across all patterns, Distress showed the shallowest trend. Details of the patterns are below:

a) Participant 3 and 5's data most resembled the first pattern. Participant 3's data did not change throughout the intervention. Participant 5's data showed no change until component 7. During this time, his Willingness ratings increased briefly to 100 but decreased to 0 after this period. His data collection ended with ratings of Distress at 95, of Avoidance at 90 and of Willingness at 10. Participant 3 and 5's ratings of Avoidance, Distress and Willingness showed little change over the intervention

b)Participants 2, 4 and 6's graphs most resemble the second pattern. Participant 2's ratings began to trend in component 8. During this time, Willingness trended upward and

finishing at 40 and Avoidance trended downward and finishing at 60. Distress finished at 70. Participant 4's ratings were stable until component 2 when some slight changes occurred on Willingness and Avoidance. They began to trend in component 4 as Avoidance and Distress moved downward and Willingness moved upwards. Willingness and Avoidance briefly crossed over during the last components before both ending at 50. Distress showed a slight downward trend to 60. Participant 6's ratings showed a variable gradual trend on Willingness and Avoidance. This trend became more apparent towards the end of the intervention. Willingness increased to 40 while Avoidance decreased to 60. Distress ratings slightly decreased to 90. This data illustrates that Participants 2, 4 and 6 had decreases in Avoidance and increases in Willingness ratings throughout the intervention. They also had slight decreases in Distress ratings.

c) Participant 1 and 7's graphs most resembled the third pattern. Participant 1's data did not show much change until component 7, after the second break she took from the intervention. After this time, Willingness trended toward 100, whereas ratings of Avoidance and Distress moved towards and stayed at 0. Participant 7's ratings began to trend in component 4. Avoidance and Distress ratings trended downward, while Willingness ratings trended upward. Avoidance and Willingness ratings crossed in component 6. Avoidance ratings continued trending downward until the beginning of component 7 and ended around 20. Willingness trended upward to 80 in component 7 and stayed at this point until the end of the intervention. Distress ratings showed a slight downward trend to 80. These ratings illustrate that Participant 1 and 7 showed large increases in Willingness and decreases in Avoidance.

Participant 8's data did not follow any of the three patterns. His Avoidance and Distress ratings trended downwards immediately after the beginning of the intervention, but began trending upwards during component 6 and 7. At the end of the intervention the downward trend began again. Willingness ratings showed an immediate upward trend, and then trended downward in component 6 and 7. At the end of the intervention they began to trend upward again. Willingness ratings finished at 90, and Avoidance and Distress finished at 0 and 20 respectively. His Avoidance and Distress ratings decreased at the end of the intervention, while Willingness increased.

Daily ACT Ratings

Figure 4 shows the individuals' Daily ratings of Workability, Valued Action, Struggle and Suffering. These ratings are made from 0 (no workability etc.) to 10 (the most workability etc).

Baseline

There was no consistent trend across the ratings during baseline No ratings were consistently highest or lowest across participants. For example struggle was highest for Participant 4, but lowest for Participant 8.

Intervention

No consistent trends were apparent in the ratings across intervention. However, there was some consistency in patterns of highest and lowest ratings towards the end of the study.

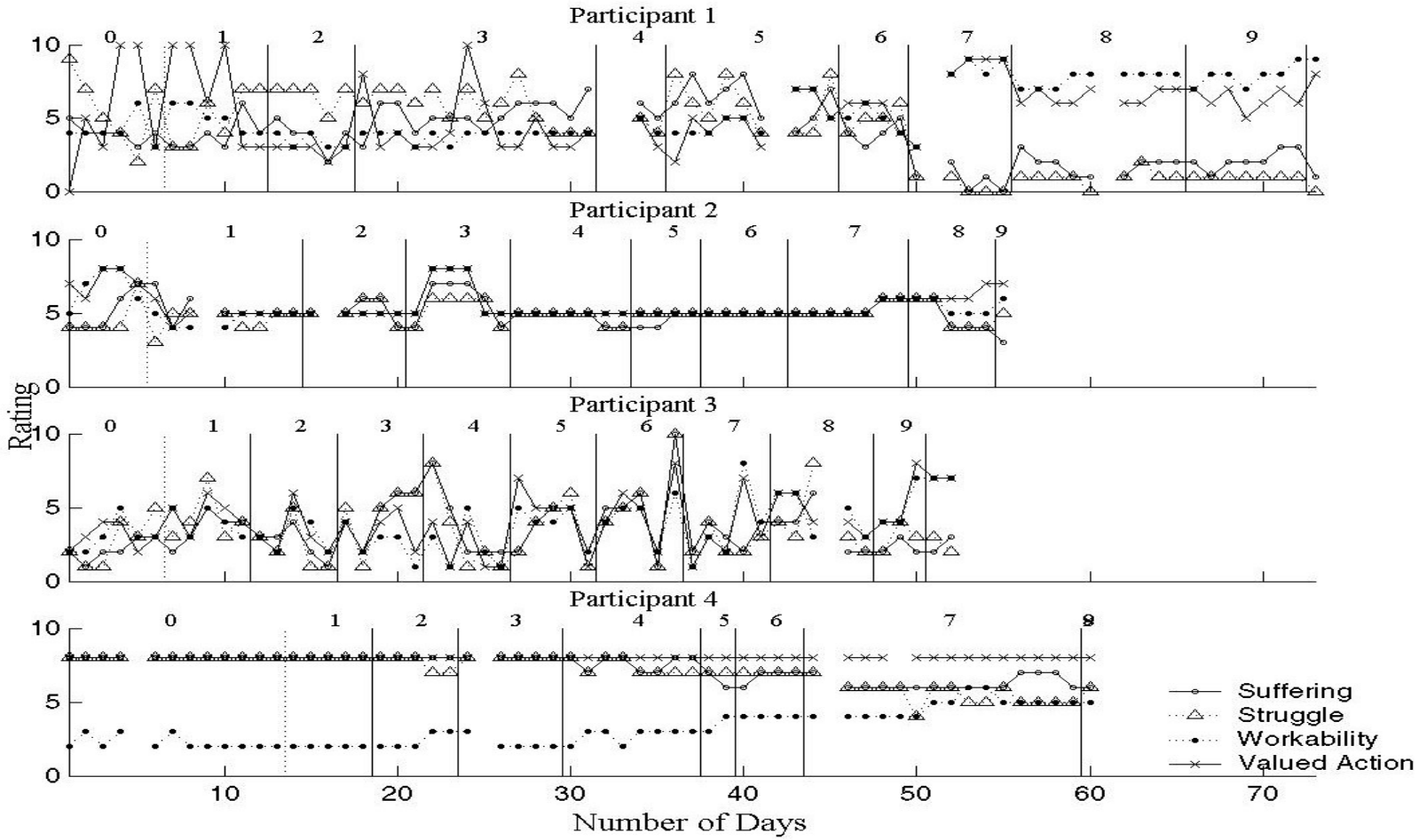

Figure 4a. The Daily ACT rating for Participants 1-4. This rating is plotted against the number of weekdays. The numbers on the top of each graph (1 to 9) show which component of the book the participant was reading at the time, with 0 indicating the baseline period. The vertical dotted line shows the end of baseline and the following vertical solid lines show when the participants finished a component. The different data paths show the different rating scales (refer to graph legend).

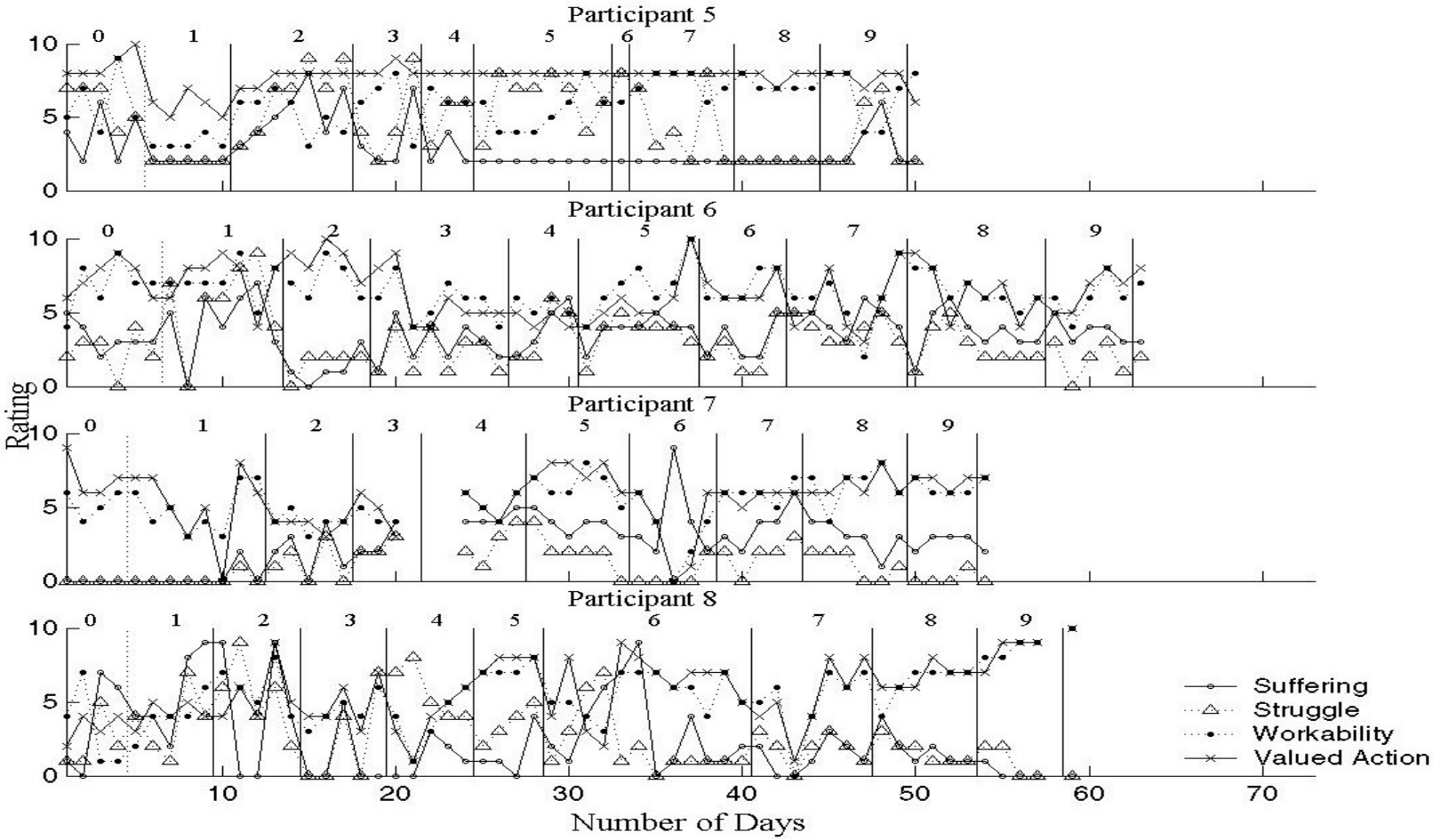

Figure 4b. The Daily ACT rating for Participants 5-8. This rating is plotted against the number of weekdays. The numbers on the top of each graph (1 to 9) show which component of the book the participant was reading at the time, with 0 indicating the baseline period. The vertical dotted line shows the end of baseline and the following vertical solid lines show when the participants finished a component. The different data paths show the different rating scales (refer to graph legend).

for all but Participant 4 (Figure 5). Valued Action and Workability moved to, or stayed the highest ratings while Struggle and Suffering moved too or stayed lowest

Statistical Analysis of Means of Daily Measures

For later comparison with the test battery results the means of the WTC total scores and of the SUD's ratings over the baseline and the means of these over the last five data points of the intervention for each participant were calculated. These were compared for each measure using a dependent t-test and the results are given in Table 3, together with the measure of effect size (Cohen's d). The difference in the mean total WTC scores was significant, there was a large effect size and the means from the end of the intervention were larger. The differences in the mean SUD's ratings for Willingness and Avoidance were both significant and there were large effect sizes. The final mean Willingness ratings were larger and the final mean Avoidance ratings were smaller than those from baseline. The difference in the mean ratings of Distress was not significant.

Table 3
The obtained *t* values, the *df* , the obtained *p* values and the effect sizes (Cohen's d) for dependent *t* tests comparing the means of the WTC total scores and of the SUD's ratings over the baseline to the means of these over the last five data points of the intervention for each participant.

Measure	$M_{baseline}$	M_{Final}	$SD_{baseline}$	SD_{Final}	*t*	*df*	*p*	Cohen's *d*
Total WTC	39.127	69.589	14.472	19.567	3.067	7	.018*	1.1
SUDS ratings:								
Willingness	5.373	47.718	7.838	35.762	3.088	7	.018*	1.1
Avoidance	95.626	52.275	6.608	39.205	2.996	7	.020*	1.1
Distress	93.045	66.31	7.190	33.192	0.611	7	.561	0.2

*Significant with $p < .05$

Test Battery

Group Analyses

The test battery was administered three times over the intervention. These test scores were subject to repeated measures ANOVAs and Mauchley's test of sphericity. When Mauchley's test was significant (with $p<.05$) the Green-House Giesser correction was used in interpreting the ANOVA. If it was not significant, then sphericity was assumed. The ANOVA was considered significant if $p<.05$. Table 4 shows the results of these tests, which will be referred to below.

Acceptance and Action Questionnaire (AAQ). Figure 5 shows the mean of the AAQ scores and their standard deviations. The mean scores decreased over the intervention. Table 4 shows this decrease was significant ($F(2,14)=5.319$, $p<.05$, partial $\eta^2=.432$). Pairwise comparisons showed that significant differences occurred between the first and last administration of the test.

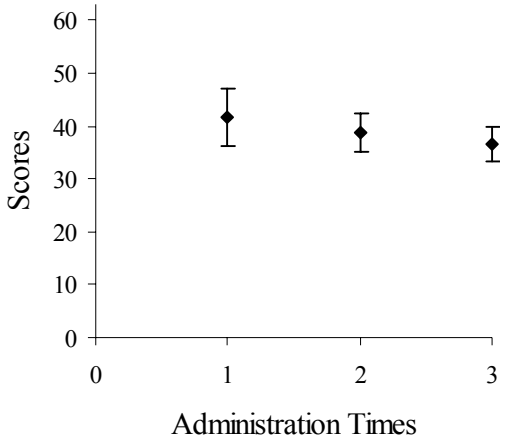

Figure 5 – Mean AAQ score across each administration times. Vertical lines indicate one standard deviation each side of the mean. The maximum possible score on this measure is 63, while the minimum possible score is 0.

Table 4
Outcomes for the Repeated Measures ANOVA and Machley's test of specificity for administration of each measure across the participants

	Machley's Test		Repeated Measures ANOVA				Pairwise		
Test	W	Sig	df (w,b)	F	Sig	η^2	1-2	2-3	1-3
AAQ	.725	.380	2,14	5.319	.019*	.432	.173	.132	.009*
WBSI	,688	.326	2,14	16.989	.000*	.708	.527	.000*	.006*
VLQ	.869	.655	2,14	3.172	.0.73	.312	.067	.145	.286
QOLI	.685	.321	2,14	3.359	.064	.324	.161	.330	.021*
LSAS Total	.665	.292	2,14	4.329	.034*	.382	.453	.072	.054
LSAS Avoid	.634	.254	2,14	5.588	.016*	.444	.634	.042	.037*
LSAS Fear	.694	.334	2,14	3.016	.081	.301	.316	.152	.087
LSAS AP	.628	.247	2,14	5.286	.019*	.430	.837	.031*	.051
LSAS ASI	.673	.305	2,14	4.121	.039*	.371	.428	.103	.044*
LSAS FSI	.804	.520	2,14	1.268	.312	.153	.334	.465	.212
LSAS FP	.521	.141	2,14	8.882	.003*	.559	.337	.013*	.017*
PRCA Total	.352	.044 *	1.214, 8.496	8.540.	.015*	.550	.110	.053	.006*
PRCA M	.868	.654	2,14	6.540	.010*	.483	1.000	.012*	.031*
PRCA GRDIS	.893	.712	2,14	6.078	.013*	.465	.952	.015*	.012*
PRCA PSP	.477	.109	2,14	3.985	.043*	.363	.129	.575	.001*
PRCA INT	.930	.803	2,14	.989	.397	.124	.939	.283	.293
SSPS-N	.429	.079	2,14	9.191	.003*	.568	.296	.020*	.014*
SSPS-P	.875	.628	2,14	4.713	.027*	.402	.374	.374	.033*
ACQInternal	.920	.779	2,14	24.820	.002*	.780	.074	.110*	.002*
ACQExternal	.644	.268	2,14	5.566	.017*	.443	.159	.039*	.029*

*Indicates significance at the $p<.05$ level

White Bear Suppression Inventory (WBSI). Figure 6 shows the mean of the WBSI scores and their standard deviations. The graph shows a slight increase in mean scores between the first and second measurements and a decrease between the second and third measurements. Table 4 shows that the changes on this measure were significant across the intervention ($F(2,14)=16.989$, $p<.05$, partial $\eta^2=708$). Pairwise comparisons showed that significant differences occurred between second and last administration and the first and last administration of this test.

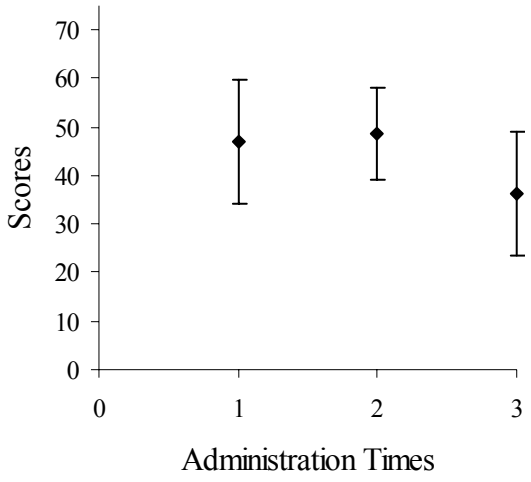

Figure 6. Mean WBSI scores across the administration times. Vertical lines indicate one standard deviation each side of the mean. The maximum possible score on this measure is 75, while the minimum possible score is 0

Valued Living Questionnaire (VLQ). Figure 7 shows the mean of the VLQ scores as well as their standard deviation. The mean scores did not show any trend over the period individuals were working on the book. Table 4 shows that there were no significant differences across the intervention ($F(2,14)=3.172$, $p>.05$, partial $\eta^2=.312$).

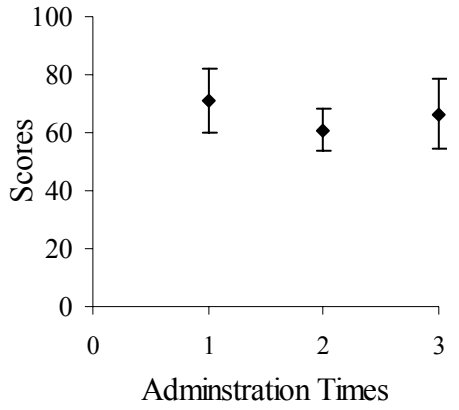

Figure 7- The mean VLQ score over administration times. The vertical lines indicate one standard deviation each side of the mean. The maximum possible score on this measure is 100 and the minimum score is 0.

Quality of Life Inventory (QOLI). Figure 8 shows the mean of the QOLI scores and their standard deviations. The scores showed an upward trend over the intervention. Table 4 shows that these differences were not significant over all the measures ($F(2,14)=3.359$, $p>.05$, partial $\eta^2=.324$). However, Pairwise comparisons showed the measures did significantly increase from the second to third administration of the measure was significant.

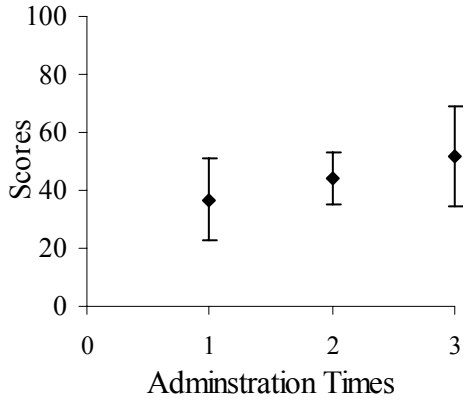

Figure 8- The mean QOLI scores over administration times. The vertical lines indicate one standard deviation each side of the mean. The maximum possible score on this measure is 76 while the minimum possible score is 0.

Leibowitz Social Anxiety Scale (LSAS). Figure 9a shows the mean of the Total LSAS scores. Figure 9*b* shows the means of the Fear and Avoidance subscale scores. Figure 9*c* shows the means of the Fear subscale scores and Figure 9d shows the means of the Avoidance subscale scores. The figures also show the standard deviations (SD) of each of the means. When more than one mean is shown in the same graph, the SD is indicated in only one direction.

All means show downward trends across the study. The decrease in means was statistically significant for the Total LSAS (Table 4, ($F(2,14)=4.329$, $p<.05$, partial $\eta^2=.382$) (Figure 9a). Pairwise comparisons showed no specific significant differences for the Total LSAS scores across the first, second and last administration. Decreases in the Total Fear subscale scores were not statistically significant, while decreases in the Total Avoidance subscale scores were statistically significant (Figure 9b). Pairwise comparisons showed the differences on the Total Avoidance between the first and last, and second and last administration of the test subscale were statistically significant. The Fear of Social Interaction subscale scores did not change significantly across the study, while the decrease in the Fear of Performance Subscale scores, as shown on Table 4 (Figure 9c), was significantly significant. Pairwise comparisons of the Fear of Performance subscale scores showed that significant differences occurred between the first and last, and second and last administration of measure. Both Avoidance of Performance and Avoidance of Social Interaction Subscale scores showed significant decreases across the intervention as shown on Table 4 (Figure 9d). Pairwise comparisons showed the Avoidance of Social Interaction scores were significantly different between the first and last administration while the Avoidance of Performance subscale scores

significantly changed across the second to third measure. No significant changes occurred between the first and second administration for any subscale, suggesting that the changes on this measure occurred later in the intervention.

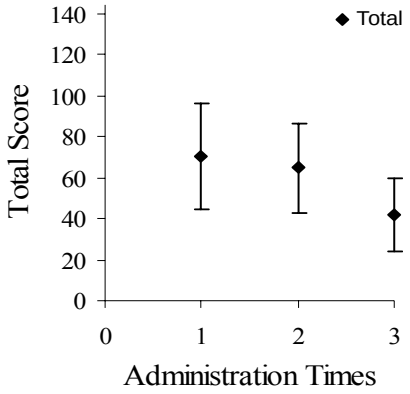

Figure 9a

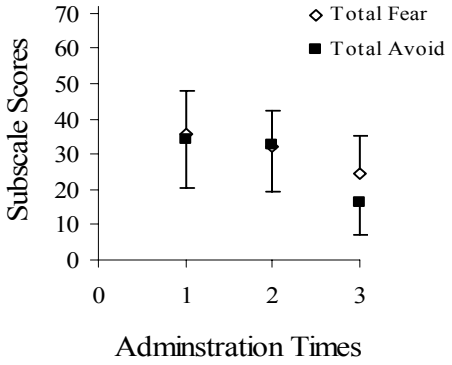

Figure 9b

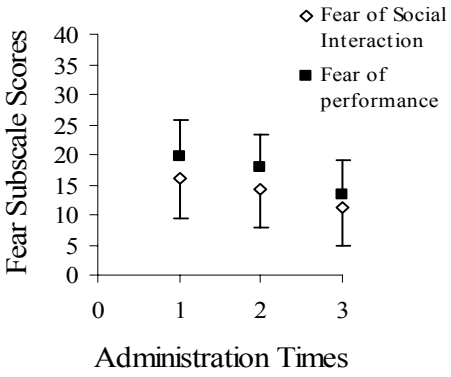

Figure 9c

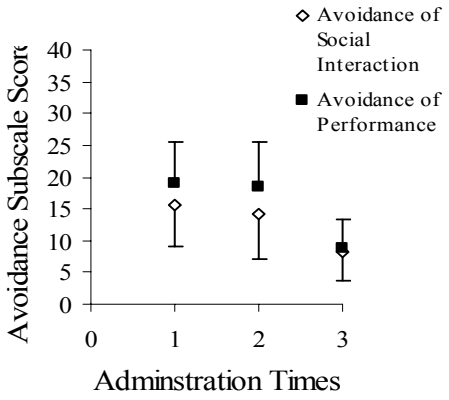

Figure 9d

Figure 9. The LSAS mean scores across administration times. Figure 9a shows the Total LSAS score, Figure 9b, shows the Total Fear and Avoidance scores, 9c shows the Fear subscales and 9d shows the Avoidance subscales. Vertical lines indicate one standard deviation of the mean. When two subscale means are on the graph, the standard deviation is only shown in one direction to improve visual clarity.

Personal Report of Communication Apprehension-24 (PRCA-24). Figure 10a shows the mean of the Total PRCA score. Figure 10 b shows, the mean Group Discussion Subscale scores and the mean Meeting Subscale scores. Figure 10 c shows the mean Interpersonal Subscale scores and the Public Speaking Subscales scores. The figures also show the standard deviations of the means. When more than one subscale is shown on the graph, then the standard deviation is only indicated in one direction. These graphs show that the PRCA total scale and subscales decreased across the intervention.

The decrease on the Total PRCA was statistically significant across the intervention as shown on Table 4 ($F(1.214, 8.496)=8.540$, $p<.05$, partial $\eta^2=.550$) (Figure 10a). Pairwise comparisons illustrated these differences were significant between the first and third administration of the measures. Statistically significant differences were found on both the Meeting and Group Discussion Subscale Scores (Figure 10b). Pairwise comparisons showed that this change was significant between the second and last administration of the measure and the first and last administration of the measure.

Table 4 also shows the Public Speaking subscale significantly decreased across the intervention, while changes on the Interpersonal Subscale Score were not significantly different (Figure 10c). Pairwise comparisons on the Public Speaking subscale score showed significant changes occurred between the first and the last administration of the subscale. No significant differences were found between the first and second administration across any of the subscale scores.

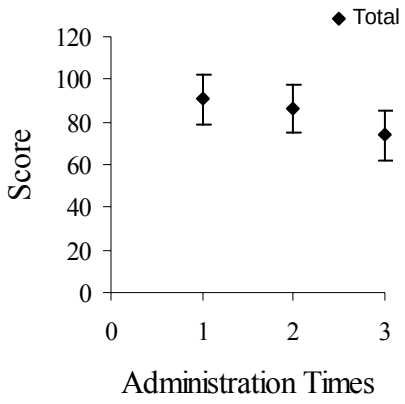

Figure 10a

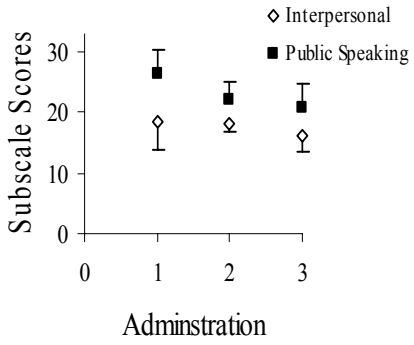

Figure 10b

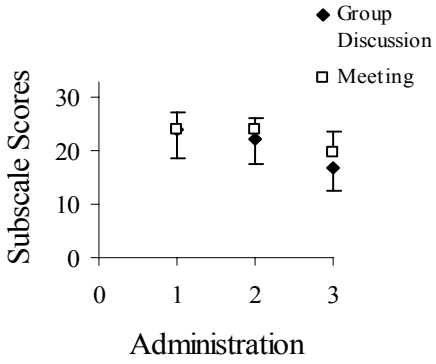

Figure 10c

Figure 10. The PRCA mean scores over administration times. Figure 10a shows the Total PRCA score, Figure 10b shows the Interpersonal and Public Speaking subscale score and Figure 10c shows the Group Discussion and Meeting subscale scores. The vertical lines indicate one standard deviation around the mean. When more than one subscale are shown in the same graph the standard deviations are only indicated in one direction to improve visual clarity.

Self-Statements During Public Speaking (SSPS). Figure 11 shows the means of the SSPS-P and SSPS-N scores' across the intervention. The figures also show the standard deviation of these means in one direction. SSPS-N decreased during the

intervention while the SPSS-P increased. Table 4 scores showed these changes were significant across both the subscales (SSPS-N=$F(2,14)=9.191$, $p<.05$, partial $\eta^2=.568$; ($F(2,14)=4.713$, $p<.05$, partial $\eta^2=..402$) were significantly different on both subscales. Pairwise comparisons showed that for the SPSS-N, the changes were significant from the second to the last and the first to the last administration of the tests. On the SPSS-P subscale pairwise comparisons showed that significant changes occurred between the first and last administration of the subscales. There were no significant differences between the first and second administrations of either of the subscales.

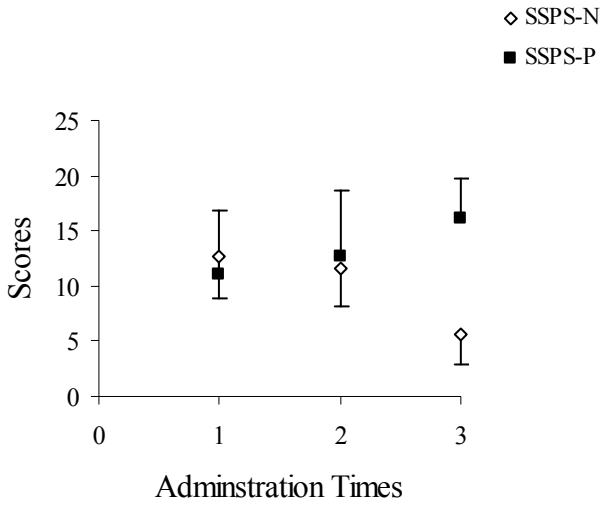

Figure 11-The mean SSPS-N and SSPS-P subscales over administrations. Vertical lines indicate one standard deviation from the mean. The maximum possible score on this measure is 25 and the minimum possible score is 0. As more than one subscale is shown on the graph, the standard deviation is only indicated in one direction to improve visual clarity.

Anxiety Control Questionnaire (ACQ). Figure 12 shows the average scores for the Internal Reactions and the Events subscales and their standard deviations. Both subscales' scores increase over the intervention. Table 4 shows that these changes were significant for both subscales (Internal=($F(2,14)=24.820$, $p<.05$, partial $\eta^2=.780$; Events=$F(2,14)=5.566$, $p<.05$, partial $\eta^2=.443$). Pairwise comparisons found that

significant differences occurred between the second and last administration and the first and last administration of the test for both subscales.

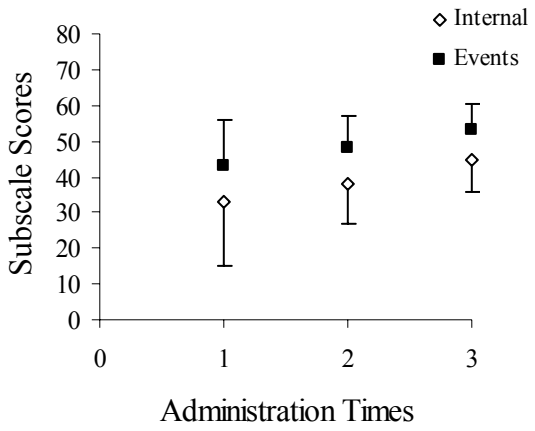

Figure 12- The mean internal reaction subscale and events subscale of the ACQ over administration. Vertical lines indicate standard deviations one standard deviation from the mean. The maximum possible score on the internal reaction subscale is 70 while the minimum is 0. The maximum possible score on the events subscale was 80 while the minimum is 0. As more than one subscale is shown on the graph, the standard deviation is only indicated in one direction to improve visual clarity.

Summary of Outcome Measures. In summary, the AAQ and WBSI significantly decreased over the intervention. The VLQ did not show a clear trend over the intervention and the QOLI only significantly decreased between the second and last administration of the measures. Measures of anxiety (LSAS and PRCA) showed significant decreases over the intervention. Positive thoughts about speaking situations increased significantly while negative thoughts decreased significantly .The Internal Reactions subscale and the Events subscale of the ACQ significantly increased over the intervention. All significant changes occurred between the second and last administration or the first and last administrations of the measure.

Individual Analyses

The participants' individual responses to the first and last administration of each test in the battery were graphed and analysed visually. This was done to examine changes across individual participants' scores.

AAQ. Figure 13a shows that 6 participants' scores decreased from the first to last administration of the AAQ. Participant 2 and 6's scores slightly increased

WBSI. Figure 13b shows that 6 participants' scores decreased from the first to last administration of the WBSI. However, Participant 6's scores increased, while Participant 7's scores stayed the same.

VLQ. Figure 13c shows that the patterns of score changes on the VLQ scores were not consistent across the participants. Participants 2, 4, 5 and 8 showed an increase in VLQ scores. Participants 1, 3 and 6's scores decreased while Participant 7's score stayed the same.

QOLI. It can be seen in Figure 13d that 6 participants' scores increased from the first to last administration of the QOLI. Participant 4 and 7 were the exceptions, as their scores decreased slightly

LSAS. Only the total scores of the LSAS was analysed across the participants as the subscales in this measure make up the total score and showed similar changes

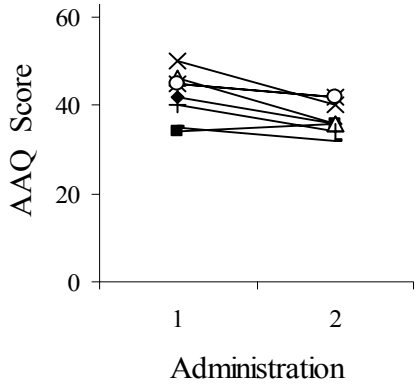

Figure 13a

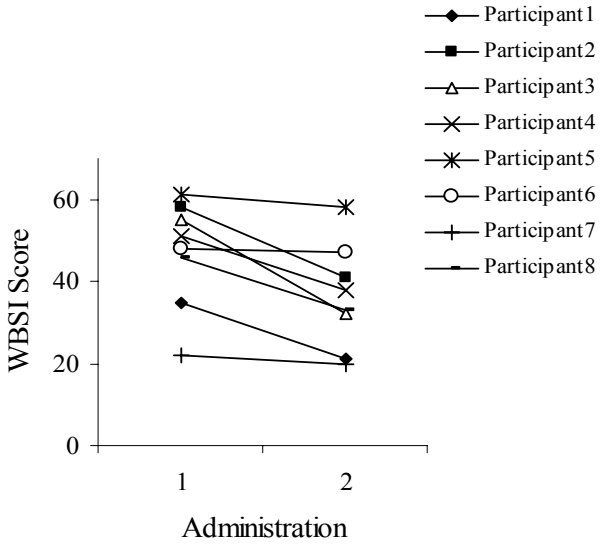

Figure 13b

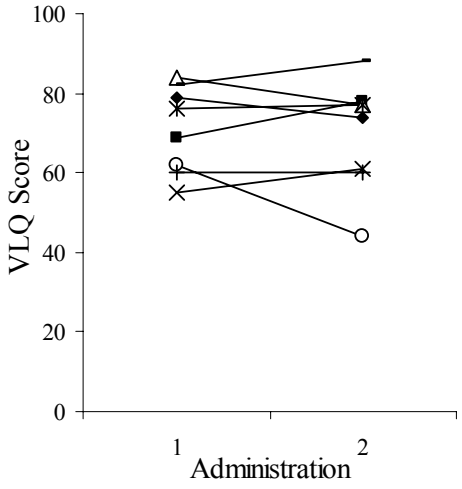

Figure 13c

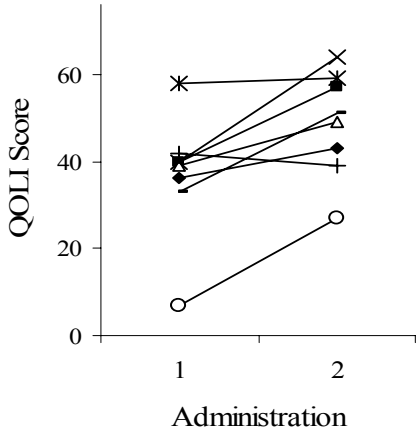

Figure 13d

Figure 13: Participants' individual scores across the first and last administrations of the AAQ (Figure 13a), the WBSI (Figure 13b), the VLQ (Figure 13c) and the QOLI (Figure 143). The legend in the top-right hand corner can be used to interpret each of the graphs on the page.

across the participants. Therefore it was decided that it would be unnecessary to analyse this data. Figure 14a shows the total score of the LSA from the first and last administration of the measure. Seven participants' total LSAS scores decreased across this time. The exception was Participant 2, who had an increase in scores.

PRCA. Figure 14b shows the total PRCA scores. Like the LSAS, only the total score of this measure was analysed. Seven participants' total PRCA scores decreased from the first to last administration of the measure, but Participant 2's score increased.

SSPS. Figure 14c shows that 6 participants' scores increased from the first to last administration of the SSPS-P. However, Participant 1's scores stayed the same, while Participant 6's score decreased. Figure 14 d showed that seven of the participants' scores on the SSPS-N decreased from the first to last administration of the measure, although Participant 2 and 6's scores decreased only slightly. Participants 7's score did not change.

ACQ. Figure 14e shows that all participants' scores increased on the ACQ-Internal Reaction subscale from the first to last administration of the measure. Figure 14 f shows six participants increased on the ACQ-Events subscale. Participants 7 and 8 scores on this subscale did not change.

Component Ratings

After each component, participants rated 'whether the component provided useful skills, whether the ideas in the component were valid and whether they enjoyed reading the

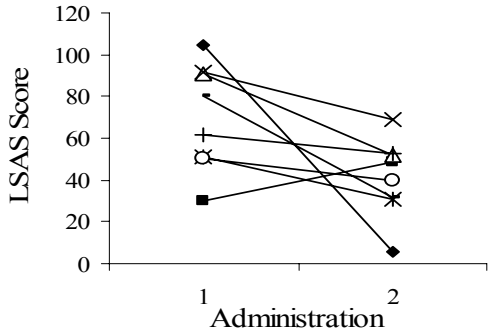

Figure 14a

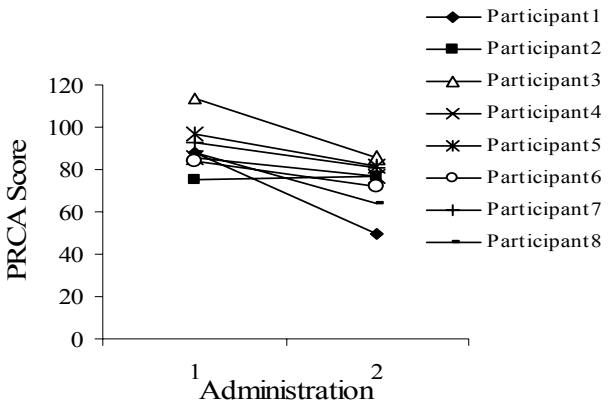

Figure 14b

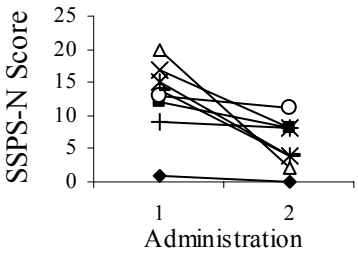

Figure 14c

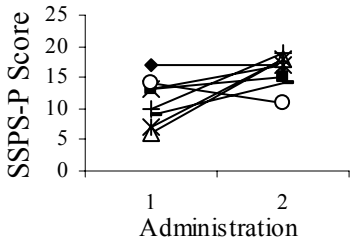

Figure 14d

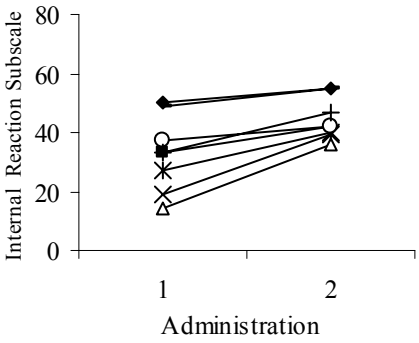

Figure 14e

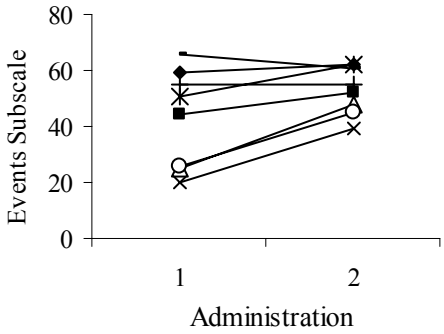

Figure 14 f

Figure 14: Participants' individual scores for the first and last administrations of the LSAS (Figure 15a), the PRCA (Figure 15b), the SSPS-P (Figure 15c), SSPS-N (Figure 15d) and the ACQ-Internal Reactions (Figure 15e) and Events subscale (Figure 15f). The legend in the top right hand corner is relevant to all the graphs.

component.' These three ratings (of skills, ideas and enjoyment) were made from 0 (not useful, valid or enjoyed) to 10 (extremely useful, valid or enjoyed). Figure 15a shows the average component ratings participants gave for each component. The ratings show a general upward trend throughout the intervention. This was most apparent with the skills ratings, which range between 5.1 and 8.1. The lowest ratings were in the first component, while the highest were in the last three. Ideas ratings range from 7.2 and 8.8, with components 1 and 3 having the lowest and the last three having the highest. Ratings for whether they enjoyed reading the component range from 6.4 to 8.8. Components 3, 5 and 7 had the lowest ratings, and the last two had the highest.

Figure 15b shows the individual participants' average component ratings for the intervention. Participant 2 and 4 gave the lowest ratings on average over the intervention while Participant 3 and 8 had the highest average ratings. Skills were given the lowest ratings by all except Participant 2.

Understanding

Participants' understanding was determined by their responses to the questions about the main ideas in each component that were discussed at the end of each component. The accuracy of their responses was taken to reflect the degree the participants understood the information. To assess accuracy their responses were compared to an ideal response and marked right or wrong in comparison to it. The correct responses were totalled for each component across each participant. These scores were then converted to a percentage. From these individual percentages, a mean accuracy percentage was calculated for each. of the components. Participant 4's responses were not scored as he emailed responses for

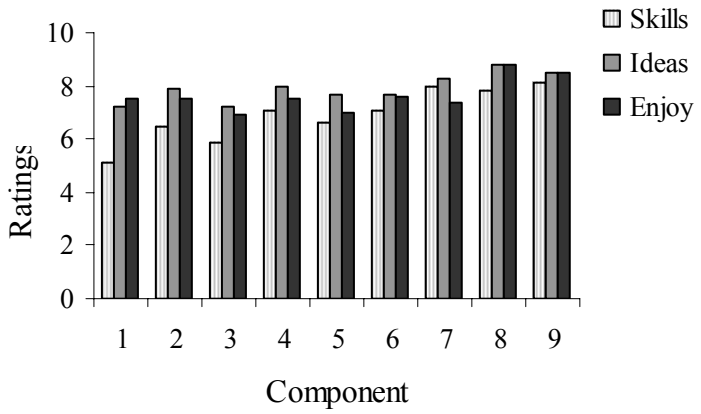

Figure 15a: The skills, ideas and enjoyment ratings on average across the participants' for each component of the intervention. The X-axis is the components of the intervention while the Y-axis is the component rating.

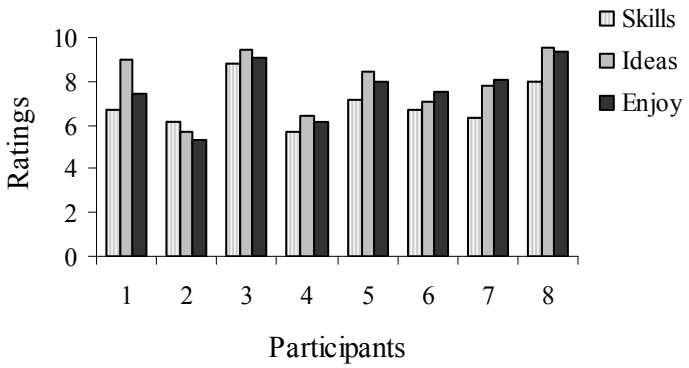

Figure-15b: The individual participants' average skills, ideas and enjoyment ratings across the intervention. The X-axis is the participant while the Y-axis is the component rating.

the last three components to the researcher and his responses appeared to be drawn straight from the book. Figure 16a shows the average percentage of accuracy across components ranged between 54 and 82 %. The highest accuracy occurred in the middle of the intervention, for component 5, 4 and 6. The lowest accuracy occurred for components 7 and 9.

The average percentage correct for each participant (averaged over components) is shown in Figure 16b. Participant 4's percentages were not included for reasons mentioned above. Participant 8 had the highest accuracy, at 91%. Participant 2 had the lowest, at 53%. The rest of the percentages ranged between 66 to 74%.

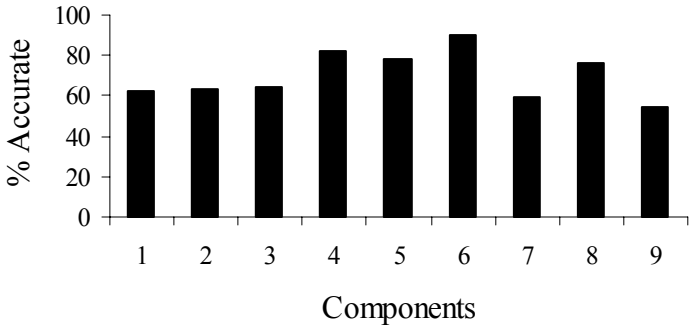

Figure 16a: The average percentage of accurate responses across the participants for each component. The X-axis represents each component, while the Y-axis represents the percentage correct.

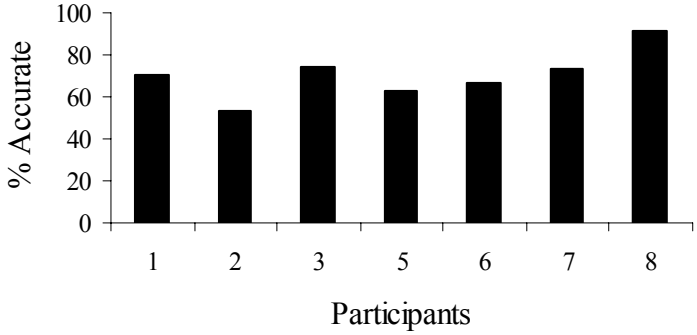

Figure 16b: The average percentage of accurate responses for each participant. The X-axis represents each participant, while the Y-axis represents the percentage correct. Participant 4 is not included on this graph as due to their responses for the last components.

Exercises

During the weekly meetings participants indicated whether they had completed the exercises. These responses were recorded in the meetings. After the intervention was

complete, the total percentage of exercises completed by each participant was calculated. An exercise was counted as completed if the participant said they at least attempted it or had finished it. A second scorer also examined the participants' reports of exercises completed to determine inter-rater reliability. This scorer randomly selected one component for each of the participants and scored whether or not they had reported completing the exercises. This scorer had 100% agreement with the researcher. This percentage was calculated by dividing the number of agreements between the researcher and the second scorer by the number of opportunities there was to agree. This was figure was then multiplied by 100 (Martin & Pear, 2003). Figure 17a shows the average percentage of exercises completed was calculated for each component. Component 7 had the lowest rate of completion at 69%, while component 5 had the highest at 98%. Figure 17b shows the average percentage of completed exercises across the participants. There was not much variability across the participants. The percentages ranged between 85 and 95%, with Participants 6 and 7 having the highest at 95 and 96% respectively, and Participant 5 the lowest at 80%.

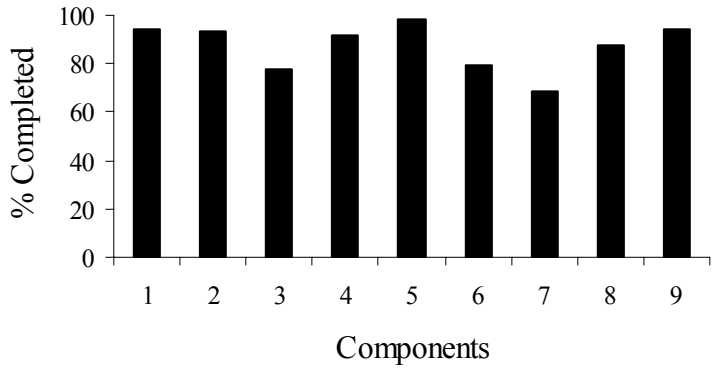

Figure 17a: Average completion of the exercises across each component. The X-axis displays the components while they Y-axis displays the percentage complete.

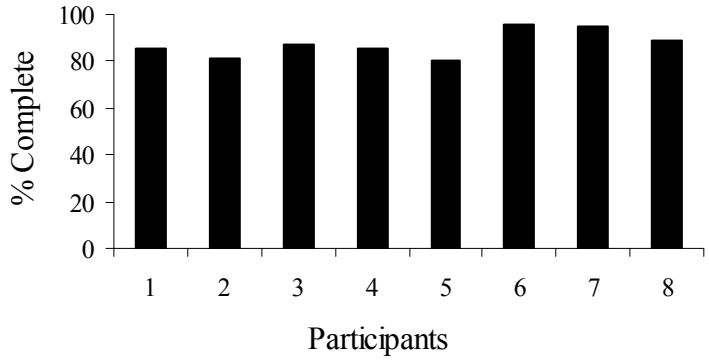

Figure 17b: The average percentage of completed exercises for each participant. The X-axis represents each participant, while the Y-axis represents the percentage completed

Usefulness of exercises. Participants were asked the question 'did you find this exercise useful?' about each exercise they had completed. Scores were assigned to these responses by the researcher after the intervention was complete. These scores were assigned by using a code (see Appendix J). These scores range from 0 (not useful), 0.5 (somewhat useful) to 1 (useful). The coded responses were then summed for each component and converted into percentages. For example, if there were three exercises in a component, and these were coded as 'somewhat useful', each exercise was given a score of 0.5. These scores were then summed and divided by the total possible score. This number would be multiplied by 100 to give an overall percentage. Inter-rater reliability was gained by randomly selecting one component for each participant and having another individual use the coding table to code responses. The reliability fell between 80 to 100 percent for each components which is considered acceptable (Martin & Pear, 2003). This measure was again calculated by dividing the number of agreements by the total possible agreements and multiplying by 100. Figure 18a shows the average of participants' scores for each component. Average usefulness is between 68 and 87%. Components 3, 5, 6 and

7 had the lowest percentages of 71, 68, 71 and 68%. Components 4, 8 and 9 were highest with percentages of 83, 86 and 87%.

Figure 18b shows the averages of percentage of exercises that each participant found useful for each component. These range from 64 to 86. Participants 2, 3 and 8's scores were highest at 84, 85 and 86% respectively. Participants 1 and 6's scores were lowest at 65 and 67% respectively.

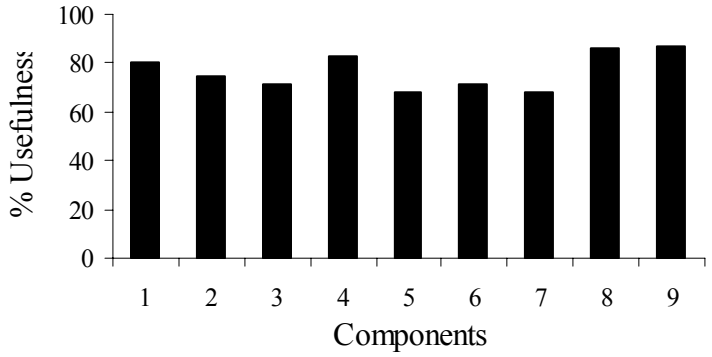

Figure 18a: Average percentage of usefulness of exercises in each component. The X-axis displays the components while the Y-axis displays the percentage complete.

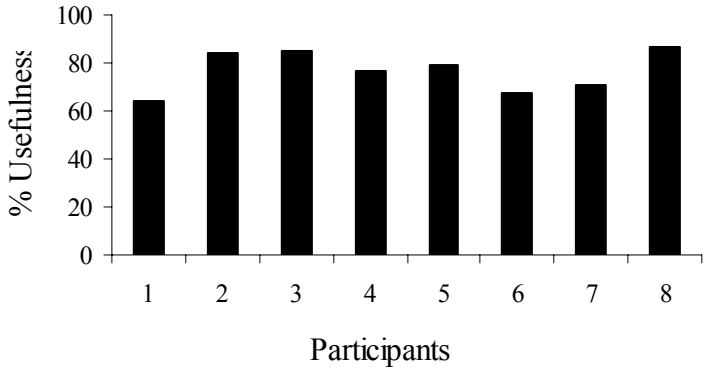

Figure 18b: The average percentage of exercises that each participant found useful. The X-axis represents each participant, while the Y-axis represents the percentage they found useful.

Overall Ratings of the Book

At the end of the intervention, participants responded to questions about the book as a whole. Positive responses to these questions were totalled and graphed. Figure 19 displays the number of positive responses that participants made in relation to closed questions. The number of participants is shown on the Y-axis, while the closed questions are shown on the X-axis. The graph shows that all but one participant felt they had done activities they would not have done before the intervention and had found the book understandable. Only two would have read the book without the meetings. All found the meetings were useful, felt they gained something from the book and claimed they would use the material from the book in their lives. Table 5 gives more details of the actual positive and negative comments that participants made about the book. The positive comments about the book showed that all participants reported that they had gained something from the intervention. The negative comments showed that all but Participant 2 and 8 reported finding some parts of the book difficult to understand.

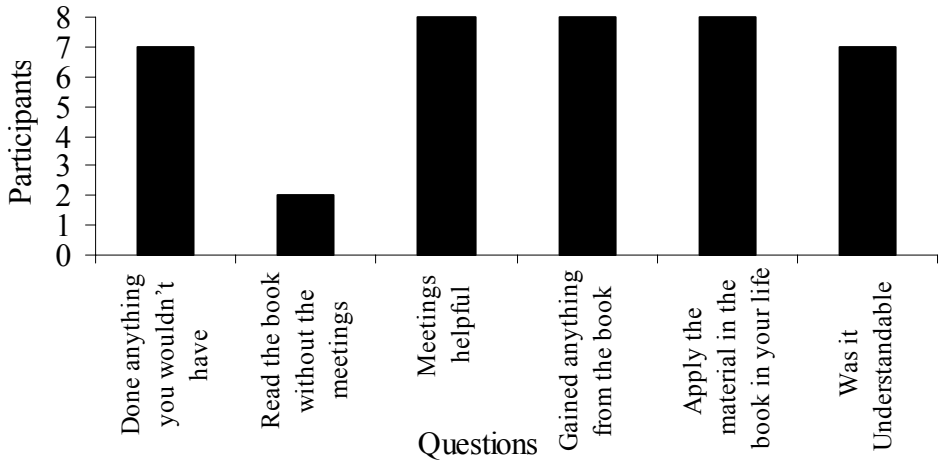

Figure 19: The closed questions that the participants responded positively to in the final meeting. The X-axis shows the questions, while the Y-axis displays the number of participants who responded positively to the questions.

Table 5
Positive and negative comments that participants made about the book in the final meetings.

Participants	Positive Comments	Negative Comments
1	It was quite a good read and it had good points. Totally relevant and the exercises were useful It was all good. Some bits weren't enjoyable but it was all needed. There are things you can do it if you get stuck. It doesn't have to be that way anymore.	Sometimes it was confusing or the exercises were long. They sometimes didn't provide the right example.
2	The values and fusing together of things was good I make sure I don't think about embarrassing myself. I got up on a stage. I wasn't speaking but I wasn't scared at all.	I found it hard to make time
3	It was well written and everything was relevant. The exercises were good. The whole thing was really insightful. It was awesome I think about stuff differently. With public speaking I feel different. Next time I do a speech, I will feel better about it.	Some exercises brought up things I didn't like, like the funeral one There were a few bits in the beginning where I was like, what's going on.
4	There were many good aspects of the book. The willingness was very important. You can't change your fear of public speaking, you can change your willingness and what you do. My behaviour has changed. I value my family more after the values exercise. I thought I was a reserved person. Now I can open up more. People have noticed. They are surprised and ask what has changed I have to put into practice but I feel more confident. I probably would dare to speak now	It was difficult to go through the exercises. I needed assistance Not easily understand. Need effort to comprehend. Doesn't come easily me.
5	I liked the mediation and the ways you visualise your problems. The bus metaphor was also good The last half was a great wake up call. Its been an enlightenment It all tied in well, the values and the middle chapter were the best. I'm glad I answered the advertisement. It was a positive thing. I am learning forgiveness to myself and being aware that I am living my head and trying to step out of it. It showed me the problem isn't so bad.	The first half was heavy and reading it on your own, you may not have known where it was heading Maybe it would have been better if it was simpler or more compact. I think the higher education may have helped. I may have struggled without it.

6	The mind train and defusion were helpful. Values and willingness were good aspects of the book. I won't forget the things I've read. I've never read anything like this. Its an eye-opener. It makes you see yourself. It's a healthy way to deal with problems. If I hit problems and situations I can analyse them better. I can look back. It makes me level headed. It's helped with public speaking. I'm doing teaching next semester. If I'm nervous, I will think, "why?" instead of letting emotions take me over. There is more to life than feeling nervous. This book allowed me to see that. It gave me an attitude of go out there and do it.	I didn't like the barriers exercise. It made me think too much and brought me down. I didn't like the mediation bit. It was helpful. Some things went over my head.
7	Actually, I loved the book. It will help when thinking about what is important in life. I would like to translate it to Chinese. Accepting and experiencing emotions as they are. I use to try and change them but I found myself trying to avoid them. I haven't completely changed but I am aware. It helped with public speaking. I still feel anxious but willing. I feel like I want to do it. I understand what I really want now.	It was quite American. The culture and some of the exercises were confusing. I would change the chapters and do values first. It feels like the book is finished but I am not. I need more after the book. Bits are difficult. The language is easy to understand but some concepts are abstract.
8	I liked the mindfulness and skill based techniques. They helped with my job It helped me with my life and it was well written. It has helped with my anxiety	It was a bit repetitive

DISCUSSION

Main Hypotheses

The aim of this study was to investigate whether Hayes and Smith (2005) self-help book would be a successful treatment for public speaking anxiety. Overall the self-report data suggest that the use of the book, together with regular therapist contact, increased self-reported willingness to approach public-speaking situations and decreased self-reported avoidance of these situations. The findings also suggest that the book decreased experiential avoidance and increased quality of life. These findings will be discussed in detail below.

There were four main hypotheses in the study. The data from the daily measures relate to the first two hypotheses while the data from the test battery relate to the second two. The first hypothesis was that self-reported willingness to approach public speaking situations would increase. This hypothesis was assessed by the WTC and the SUD's ratings of willingness from the daily measures (see Appendix X). The second hypothesis was that self-reported behavioural avoidance would decrease. This was assessed by the SUDs ratings of avoidance from the daily measures. The third hypothesis was that experiential avoidance would decrease after the intervention, and was assessed by the AAQ and the WBSI from the test battery. The last hypothesis was that living with values and quality of life would increase. This was assessed by VLQ and the QOLI of the test battery. Each of these hypotheses is discussed below.

Changes in Willingness. The first hypothesis was that the study would increase self-reported willingness to approach public-speaking situations. This hypothesis was supported as self-reported willingness, measured by the WTC, increased for all but one

participant throughout the intervention (Figure 1a and b). As this data was stable during the baseline period, it suggests that these changes are related to this intervention. Comparison of the data from baseline to end of treatment showed that the increases were significant. This increase also had a large effect size according to Cohen's conventions (Barnette, 2006, June) (see Table 4). These results are comparable to those from Block's (2002) study which involved a therapist-directed ACT intervention for public speaking. Her study showed that those in the ACT group had a significant increase in self-reported willingness at follow-up in comparison to a control group, although she reported this was only partially significant immediately after treatment. Though this study used a different design and did not have a control group, it is still promising as this SHI shows similar changes as a TDI treatment. Also, as the baseline period was stable, it suggests the changes that occurred during the intervention were a result of the intervention alone as opposed to time.

Block's (2002) study used a different measure of willingness from the one that was used in this study. The measure she used was designed specifically for her study and included eight different University related public speaking situations. Participants were asked to rate their willingness to engage in these situations from 1 (completely unwilling) to 10 (completely willing). This study differed from the WTC scale, which asked participants to rate whether they would communicate from 0(never) to 100(always.) in general speaking situations. These measures were measuring slightly different concepts, as Blocks (2002) asked about engagement, while the WTC asked about communication. However, one can assume that engagement in speaking situations would involve communication, though this assumption has not been properly tested. However, the fact

that increases occurred across these studies on these different measures of willingness supports the argument that ACT can target an individual's willingness to approach and communicate in speaking situations. This finding also illustrates that an ACT based SHI intervention may lead to similar outcomes as a TDI intervention, if the measures are measuring similar constructs.

Although the overall WTC increased, which suggests that participants' felt more willing to approach public speaking situations, there are some points to discuss about the WTC subscale scores (see Figures 2a,b, c and d). In general, the subscale scores showed upward trends throughout the intervention. However, the public Speaking subscale scores tended to trend upwards only in the latter half of the study. In fact the Public-speaking and Stranger subscales' scores generally started and stayed the lowest out of the subscales across the participants. This happened despite the fact that this study targeted public speaking. One reason for this could have been because the workbooks and weekly meetings focused a lot on general social fears as opposed to public speaking alone, although an attempt was made to make sure they had a public speaking focus. It also could have occurred as public speaking was the primary fear, which meant that participants felt much less willing to approach these situations than the other speaking situations that the WTC asked about. This could mean that participants took a longer time to show change on this subscale in comparison to the time they took to show changes on the other subscales in this measure. However, as McCrosky and Richmond (1990) validated only the Total score of this measure and there are no validity data for the subscales, it is not known whether these subscale scores can be analysed separately.

The changes in SUDs ratings also supported the first hypothesis, as all but 2 participants showed increases on these ratings over the study (see Figure 3a and b). The resulting differences from baseline to end of treatment were significant and there was a large effect size. However, the degree of these increases were extremely variable across the participants. This may have been because they made their ratings based on different imagined scenarios. Using the same scenario may have lead to more consistent change. The different scenarios were used, however, in attempt to capture the type of speaking situation that each individual most feared. The variability in outcomes could also have occurred as the participants had different levels of fear before starting the intervention. However, as the SUD's ratings of willingness were similar across baseline across the participants, and those who gave slightly higher ratings at baseline did not show more change than the other participants later in the intervention, this does not seem to be a likely explanation.

Block's (2002) study also used SUD's ratings of willingness and found that these ratings increased when participants rated their willingness while in a public speaking situation, in comparison to a control. Unlike Block (2002), the current study asked participants to rate their fear of imagined situations, rather than to rate what they felt in a real public speaking situation. It would have been interesting to have included ratings of fear when exposed to actual speaking situations to allow comparison of this SHI directly with Block's findings. It was not included as including planed exposure to real public speaking could have lead to changes beyond those resulting from just the book. However, one exercise in the SHI did encourage self-exposure. Participants were asked if they engaged in the exercise after the component it was introduced in, but it was not further

monitored throughout the intervention. Participants may have continued to work through this exercise later in the intervention, as it involved working through a list of behaviours. As Hirai and Clum (2008) concluded, in order for change to occur in SHI treatments that target social fears, exposure exercises may be necessary. The change that participants showed in this study may have been a result of the self-exposure exercise. Future research could attempt to see if this exercise was carried out by participants in later components of this study and how doing this exercise related to the participants overall outcomes.

Both this study and Block's (2002) study showed increases in willingness after the ACT intervention. This suggests that this SHI can have similar outcomes as a TDI treatment in regards to willingness. However, despite the overall support for the hypothesis, there are some limitations in the findings. The WTC has never been applied on a daily basis, so it is difficult to know whether it tracked change appropriately. However, the baseline data showed stability across the first week. This suggests the later changes were due to the intervention as opposed to time.

Another limitation was that only two participants reached a maximum score on the WTC, and only three reached the maximum on the SUD's ratings on willingness. This means the intervention may need some improvement to create larger changes. The finding that not all participants reached the maximum score could also be related to Hirai and Clum's (2008) conclusion that more general SH treatments led to less change than those that specifically target a problem. As this book was designed to help general problems rather than public speaking, this may have limited the change that occurred across participants. Forsyth and Eifert (2007) recently developed an ACT self-help book that specifically targets anxiety and this may address this limitation. This new book may

be more appropriate for public speaking anxiety than Hayes and Smith's (2005) more generally focused book. Future research could explore whether Forsyth and Eifert's (2007) book would lead to superior outcomes for an anxiety based disorder than the book used in this intervention.

Changes in Avoidance of Public Speaking. The second hypothesis argued that self-reported behavioural avoidance of public speaking situations would decrease. Avoidance was measured by the SUD's ratings of avoidance in the daily measures. The ratings were applied to a specific imagined-speaking situation in a similar manner to the willingness ratings. The hypothesis was supported, as these ratings increased for all but two participants throughout the intervention (Figure 3a and b) and the overall changes were significant from baseline to end of treatment. However, like the ratings of willingness, the increases on these ratings were extremely variable across the participants. This again may be related to the differences across the imagined scenarios. Using a single scenario for all participants may have lead to more consistent changes.

It is difficult to know how the changes in both self-reported willingness and avoidance actually relate to behavioural change. Block's (2002) study used SUDs ratings of willingness and avoidance in a real public speaking situation and found significant decreases. She called this a behavioural change because the ratings were given in a public speaking situation. She used a different measure to look at self-reported avoidance, known as the Fear Questionnaire-social phobia sale. This measure asks individuals to rate their level of avoidance across five items on an eight-point scale. This measure did not decrease after the ACT intervention in comparison to a control study, though it did decrease from pre to post treatment. Block (2002) argued that the Fear Questionnaire may

have been too broad a measure to show changes in a study that only targeted public speaking as it included other social situations. She also argued that the SUD's ratings of avoidance which she used were a better indicator as they related to behaviour in a real public speaking situation. However, it is not clear whether these SUD's ratings are a measure of behaviour change. They were used to give an indicator of the participants' internal experiences while in a public speaking situation, which means that they were still self-reports of avoidance. Maybe a behavioural measure of avoidance could have been obtained by giving the participants the option of engaging in a speaking situation several times over the study and seeing if they would or not. If participants avoided these situations after the intervention, this would show that they still engaged in avoidance behaviour. Following from this argument, it would appear that Block's (2002) SUD's ratings relate to self-reported avoidance as opposed to avoidance behaviour. Thus it could be argued that both Block's (2002) TDI treatment and this SH treatment decreased self-reported avoidance. Future studies should incorporate clearer measures of avoidance behaviour or monitor behavioural change to see whether these self-reported changes in avoidance correlate with changes in what the person actually did and did not do in life.

Changes in Experiential Avoidance. The third hypothesis was that experiential avoidance would decrease over the intervention. This hypothesis was measured by measures in the test battery. It is important to note in interpreting these results that there was no control group for comparison and pre and post measurements alone do not rule out changes that can occur over time. The pre-post comparisons support this hypothesis as both the AAQ and the WBSI significantly decreased over the intervention. There were large effect sizes as measured (partial η^2) according to Cohen's suggested cut-offs

(Barnette, 2006, June). These findings suggests that the avoidance of internal experiences decreased after the intervention.

This result differs from Block (2002), who found no significant change on the AAQ after the treatment, in comparison to a control group. Dalrymple (2005), who applied ACT as an intervention for SAD, did however, find significant decreases on the AAQ and the WBSI after ACT therapy. These decreases were related to changes on the outcome measures of anxiety. Other studies on anxiety have had similar results and have found that the decreases on the AAQ mediated the changes that occurred on outcome measures of anxiety (e.g., Twohig et al., 2006b; Woods et al., 2006). This current study did not carry out a mediational analysis, though it is promising that this SHI showed changes in EA, as EA has been found to be central to the changes that occur after ACT therapist-directed interventions. Future studies on this SHI should explore how the decreases on the AAQ relate to decreases in anxiety.

Both the AAQ and the WBSI were used, as they measure EA and thought suppression. EA is argued to be a construct that underlies thought suppression as people engage in this suppression in order to avoid internal experiences which they see as negative. EA is also argued to involve other types of behaviour such as distraction (Hayes et al., 2002). Although this may be the case, the boundaries between EA and thought suppression have not been fully explored and, as Chawla and Ostafin (2007) suggest, more research is needed to understand the differences between them. In this study, while the changes on both measures were generally consistent across participants, Participant 2's scores increased on the AAQ and decreased on the WBSI, while Participant 6's scores on the WBSI increased but decreased on the AAQ. Though these differences are slight, if

thought suppression is a form of EA, each participant should have shown similar directions of change for both the measures (e.g., both should increase or both should decrease.) The differences could have occurred if these two participants were not engaging in thought suppression as a form of EA. More research is needed to determine the boundaries of each of these constructs to allow a clearer explanation of how they interact and to give insight into whether everyone that engages in EA uses thought suppression.

It is also necessary to determine how behavioural avoidance relates to EA. It is argued that people engage in behavioural avoidance to avoid unwanted internal experiences (Hayes et al., 2002). While this current study and Block's (2002) study did not include actual behavioural measures of avoidance, they include self-reported behavioural avoidance. If this self-reported behaviour reflects actual behavioural change, it could be expected that the decreases in this self-reported behavioural avoidance relates to decreases on the AAQ. This would occur because if people are no longer attempting to avoid internal experiences, then they no longer need to avoid situations that my elicit them. However, changes were not seen across the measures in this way in the studies. For example, Block (2002) found that significant decreases occurred on avoidance as measured by SUDs ratings after the intervention, but did not find significant decreases on the AAQ. The current study also showed that while Participant 3 and 5's scores on the AAQ decreased, their self-reported behavioural avoidance did not decrease as measured by the SUDs ratings, and Participant 6's score on the AAQ did not decrease but self-reported behavioural avoidance did decrease as measured by the SUD's ratings. While it may be that the self-reported avoidance did not actually reflect actual behavioural

avoidance, it could also be argued that the relationship between EA and behavioural avoidance is not clear. If so, more research is needed to understand the construct of EA and the behaviours that are thought to relate to it as it implies behavioural avoidance may not always be linked to the avoidance of internal thoughts and experiences.

Changes in Living. The fourth hypothesis argued that quality of life and living in accordance with values would increase after the intervention. This hypothesis was partially supported as the QOLI scores increased significantly from the second to third administration of the measure. However, the VLQ scores did not change significantly across the intervention. Block (2002) found that both the QOLI and VLQ did not change in her study. She argued that this may have occurred as both the QOLI and the VLQ look at a broad range of life domains. The focus on public speaking may have been too specific to allow changes to occur across the different domains in these measures. Further support for this argument is seen in the studies that have applied ACT to SAD (Dalrymple, 2005; Ossman et al., 2006). The diagnostic definition of SAD requires that the social fear impacts functioning across different domains of life (American Psychiatric Association, 2000). This means that SAD has a wider impact on an individual's life than just a fear of public speaking would. This means that treatment for SAD should be targeting change across these different areas of functioning, and so should be more likely to result in changes across both the VLQ and the QOLI. Studies that have applied ACT to SAD support this suggestion, as they have found significant increases on both the VLQ and QOLI after treatment (Dalrymple, 2005; Ossman et al., 2006). The fact that this SHI led to changes on the QOLI is promising, as it suggests that reading the book and doing

the exercises had a wide impact on life despite the narrow focus of the research on public speaking.

One reason there were not significant increases on the VLQ may be because the values section was introduced at the end of the book. This meant the participants had limited time to adjust to living their lives according to their values before the last measures were taken. A follow-up measure taken sometime after the end of after the intervention would have been useful, as the participants would have had more opportunities to engage in their values. Hayes and Smith (2005) state, in the introduction to their book, that the values section could be completed first if preferred. Delivering the intervention in this way might have lead to more changes in living and to larger increases on the VLQ, as again, participants would have more opportunity to live in accordance with their values. Support for this suggestion comes from a recent study by Johnston (2008), which explored a different ACT self-help book titled 'Living Beyond your Pain' (Dahl & Lundgren, 2006). This book has the values section near the start and Johnston (2008) found significant increases on the VLQ after the participants completed the intervention. Future studies with Hayes and Smith (2005) could see if either completing the values section first or including a follow-up measure would result in changes on the VLQ.

Conclusions on the Hypotheses

Based on the above discussion, all of the hypotheses were at least partially supported by the results in this study. Self-reported willingness increased and avoidance decreased. Experiential avoidance decreased and quality of life increased. It is suggested

that future studies should monitor any behavioural changes that occur after the intervention to see whether the changes in the self-report measures actually reflect behavioural change. Follow-up measures should also be included to provide an idea of the durability of these changes. These follow-up measures could, in addition, give an indication of whether the intervention increased individuals' engagement with their values. Despite the need for this further research, this study does provide evidence that the SHI is a helpful intervention for those with public speaking fears.

Related Findings

The study included measures that were not directly related to the four main hypotheses to allow comparisons to the results of past studies of ACT and treatments for public speaking. An additional reason for their inclusion was to help discover changes this SHI could lead to.

Anxiety. Although ACT does not aim to change anxiety, anxiety was measured in this study as previous research on ACT and social fears has found that ACT interventions can lead to decreases in anxiety (Block, 2002; Dalrymple & Herbert, 2007). This present intervention found decreases in anxiety, as measured by the LSAS and the PRCA. The LSAS Total scores significantly decreased by the end of the intervention, which suggests this intervention decreased anxiety as this overall all score on the scale is seen as a measure of social anxiety. However, this measure is made of subscales that look at both avoidance and fear. An analysis of the subscales showed that while the Total Avoidance subscale significantly decreased, the Total Fear subscale did not. Both changes were associated with reasonably large effect sizes (Barnette, 2006, June) but the Avoidance

subscale effect size was larger than that of the total fear subscale. Dalrymple (2005) found a similar result, as she found that while the Fear and Avoidance subscale both significantly decreased after ACT therapy, the Avoidance subscale had a larger effect size. As Dalrymple (2005) argued, this finding is in line with the focus of ACT, which targets avoidance as opposed to fear reduction. Further support for this idea can be seen through the SUDs ratings of this intervention. The SUDs ratings showed that distress of public speaking situations did not significantly decrease during the intervention. This distress can also be seen as a level of fear. However the avoidance ratings of this situation did significantly decrease. This finding is again in line with the goals of ACT as ACT attempts to encourage people to engage in behaviours that are in line with their values, even if they lead to emotions such as anxiety or distress in the short-term. The therapy does not try to reduce the distress or anxiety that is linked to these behaviours. This means the above findings are in line with ACT as distress or fear would not be expected to change after the intervention, while avoidance would be expected to decrease.

Despite the evidence for the idea that this SHI creates changes that are in line with ACT goals, there is also evidence that shows some fear reduction did occur, despite the fact that this was not an overall goal of the therapy. For example, The Fear of Performance subscale scores (from the LSAS) were significantly smaller after the intervention. Also, the PRCA Total score decreased. This measure is considered to be a measure of anxiety while in communication situations. These two findings suggest that ACT does result in some fear reduction, although this is not an aim of the therapy. That ACT can lead to fear reduction suggests that the differences between ACT and CBGT are not clear cut as ACT argues that it takes a different focus from CBGT since it does not

look at reducing anxiety and instead focuses more on building a valued life. CBGT on the other hand, attempts to reduce the experience of anxiety directly. As this ACT SHI has resulted in some fear reduction it may be, that the actual targets of ACT and CBGT are more similar than their background theory suggests. Supporting this view was Block's (2002) study, which found few significant differences between the outcome measures from the ACT and CBGT treatments. This suggests these treatments result in similar outcomes, despite their differing background theories. More research is needed to determine what ACT actually changes.

The PRCA is not often used in clinical research, though it is applied across communication literature (McCroskey, 1997). It may have been useful to have included a measure used in clinical research to allow more comparison. However, it was considered appropriate to include this measure as it looked directly at speaking situations. Past studies that have applied the PRCA measure have used treatments such as systematic desensitization, skills training and visualisation (Ayres et al., 1995; Duff, Levine, Beatty, & Woolbright, 2007; Pribyl, Keaten, & Sakamoto, 2001). Since the SHI applied in this study led to statistically significant decreases on the PRCA with large effect sizes, it suggests that this intervention resulted in changes comparable to these other treatment methods. However, this SHI has to be directly compared to the above treatment methods in order to determine which approaches are most useful.

Thoughts. ACT does not target thoughts for change. However, Block (2002) and Dalrymple (2005) found that significant decreases in negative thoughts about social situations and increases in positive thoughts about social situations occurred at post-treatment or at follow-up after an ACT TDI condition. This present study found similar

outcomes, with significant increases in positive thoughts and decreases in negative thoughts about public speaking occurring after the intervention, as measured by the SSPS. Block (2002) and Dalrymple (2005) applied the Self-Statement about Social Interactions scale (SSIS) in their study and talked about it as a process measure, though Block did state it could be viewed as a measure of either a process or an outcome. While this study used the SSPS which is a different measure of thoughts, and applied it as an outcome measure, it is interesting to note that the SHI treatment led to similar changes in thoughts as the TDI treatments.

Both Block (2002) and Dalympre (2005) found that decreases in negative thoughts were related to the overall decreases in anxiety after the ACT intervention. From this, they concluded that decreases in negative thoughts were an underlying mechanism for change in ACT therapy. However, as Block (2002) noted, this finding goes against ACT's underlying theory because ACT encourages people to accept their thoughts as they are as opposed to changing them. CBGT on the other hand directly targets thoughts through cognitive restructuring techniques to create changes in anxiety. Since Block (2002) and Dalympre (2005) both found that changes in anxiety measures were related to decreases in negative thoughts, it suggests that ACT may have similar change mechanisms as traditional CBGT. Block (2002) pointed out that this suggests more research is needed to better understand the mechanisms that do underlie change in ACT and how they relate to traditional CBGT.

In Block's (2002) study she argued that the decreases in negative thoughts may have occurred because the therapist who delivered ACT in her intervention had a background in traditional CBT. This may have unwittingly led to the traditional CBT

processes being introduced through the ACT therapy. However, this current study was delivered with minimal therapist contact, so it appears that even without the therapist input, ACT still somewhat changes thoughts. This indicates that more research is required to understand what mechanisms of change lie behind ACT and what ACT actually does change in therapy. It may be that the changes in thoughts that occur after ACT therapy are actually a product of the other changes that ACT brings about. This means they are not a targeted focus of ACT therapy like they are in traditional CBT. For example, increasing willingness may lead to more positive thoughts about public speaking and less negative thoughts. However, again, more research is needed to understand this relationship.

Anxiety Control. This study included a measure of anxiety control as Block (2002) and Dalrymple (2005) found the ACQ scores increased after ACT. In this study, there were statistically significant increases on the perceived control of events subscale, which is the control an individual believes they have over their surroundings. There was also a significant increase on the internal reactions subscales, which is the control a person thinks they have over their own experiences. The internal reaction subscale had the largest effect size of all measures (.708). As noted by Block (2002) and Dalrymple (2005) these changes appear contradictory to the goals of ACT. It could be argued that control over internal reactions should also decrease as opposed to increase as engagement in thought suppression decreases (Dalrymple, 2005). Block (2002) also noted the increases on this measure also appears to contradict the processes involved in ACT, as ACT attempts to decrease individual's engagement in internal control strategies. However, Dalrymple (2005) argued that the increases that were found in her study on this measure

may have occurred as the ACQ is related to coping more than it is to control over thought content. This conclusion was drawn from Zebb and Moore's (1999) factor analysis of the ACQ, which lead to the argument that the measure actually looked at internal sense of control, lack of helplessness over internal events and lack of helplessness over external events. On the basis of these results, Dalrymple (2005) suggested that the changes in this measure in her study may have reflected changes in feelings of helplessness. It is promising that the present SHI showed the same changes on this measure as a TDI therapy, as it suggests that this SHI can change feelings of helplessness associated with anxiety in a similar manner as a therapist directed approach.

Daily ACT Ratings. Daily ACT ratings were included in this study as although they are not usually used for monitoring in ACT research, they are applied in ACT therapy. It was considered appropriate to use them as it would allow monitoring of individuals' responses to the book. The changes on these ACT ratings were extremely variable throughout the study and were not consistent across participants (Figure 4a and b). However, there was a pattern over the last components where Workability and Valued Action tended to be higher than Suffering and Struggle (Figure 3a, 3b). It would have been useful to have collected data beyond the time the participants completed the last component of the book to follow this pattern further and to see if it continued. However, the fact that individuals rated Valued Action highly does suggest they were engaging in their values, despite the lack of change on the VLQ questionnaire.

The fact that the changes across the Daily ACT measures were variable is not surprising. In the initial meeting these ratings were briefly explained to the participants, but the participants had not yet read about the ideas. The ideas about Suffering, Struggle

and Workability were not introduced until component 2 of the book and the idea of Valued Action was not introduced until components 8 and 9. This is could have contributed to the pattern of responses seen, with ratings of Valued Action and Workability becoming higher than ratings of Suffering and Struggle only towards the end of the intervention.

The greatest changes on daily measures of SUD's ratings and the WTC subscales tended to appear while the participants were completing 6th component and onwards. Additionally, significant changes on the tests in the test battery occurred only between the first and last and second and last administrations of these measures. These greater changes in the various measures could have occurred later in the intervention as more skills were introduced towards the end of the book than over the beginning chapters, which focused more on theories. Alternatively, the changes may have occurred later in the intervention simply because the participants accumulated the knowledge from the previous chapters. Furthermore, as the intervention progressed participants may have had more of a chance to apply the different ideas in the book to their lives, which means that change would be more likely to occur later in the intervention.

Book

Participants' were asked questions after each component of the intervention to get an overall understanding of their views of the book. These questions were included to follow Newman et al. (2003) recommendations, that research on SHI should monitor outcomes but also assess participants' perceptions of the intervention.

Ratings of Component. Participants rated whether they thought each component provided useful skills, whether the ideas in the component were valid and whether they enjoyed reading that component. These ratings were considered to reflect an individual's level of engagement in the book. Higher ratings were thought to mean that the participants' found the book more useful. The ratings were variable across the participants. However no participant gave the highest possible rating for skills, enjoyment and ideas consistently across the intervention. This could mean that improvements could be made to the book in these areas to increase people's level of engagement. Participants tended to give higher ratings in the later sections towards the end of the intervention. As pointed out previously, changes on the SUD's ratings, the WTC subscales and all the measures in the test battery also tended to occur later in the intervention. The last components may have been given higher ratings because, later in the intervention, participants had had the chance to test more of the ideas and the skills out. This may have allowed them to see how the material presented in the latter half of the intervention could be useful while they were working through it. Also the later chapters emphasised skills rather than 'theories' and so participants might have found these sections more useful. The value and the committed action components were the two components that had the highest ratings of all the components in the intervention, suggesting that participants were engaging with the material in these chapters. This again could mean that increases on the VLQ could have occurred after the study was completed and participants had time to live in according to their values as discussed above.

The ratings of skills had the lowest average for all components except component 7. These ratings may have been lowest because the book had a general focus and did not

directly target public speaking. Thus individuals might have felt that they were not learning skills that would be useful in public speaking situations, or they might not have seen how the skills in the book could be applied to public speaking. This relates to Hirai and Clum's (2006) conclusion that the SHI's that do not directly target the problem are less useful. Skills also could have been lowest because the book did not encouraged participants to engage in any self-exposure until component 7. This could mean they did not try to apply the skills they were learning to public speaking until the book suggested exposure in component 7, and therefore, did not see how they were useful. This idea is supported by the fact the skills ratings for component 7, where participants were encouraged to practice the skills they learnt in the book through exposure, were higher than those for any other component. Participants may have given this component higher skills ratings because the self-exposure allowed them to see how these skills were useful.

All participants reported that they had gained something useful by the end of the book and that they would apply the material from the books in their life. Their positive comments also appeared to reflect the idea that they learnt ways in which to manage their public speaking anxiety. This means that even though the skills ratings were the lowest of the component ratings, participants had found the book useful. Future research could better monitor whether or not participants are applying the skills suggested in their life while they are working through the book. This might help clarify whether the book does provide participants with the real life skills to manage their public speaking anxiety.

Understanding of the book. Participants' understanding of the book was measured by their responses to questions asked during the weekly meetings. These questions were designed specifically for this study and attempted to capture the main ideas in each

component. It was important to include this type of measure in a study of an SHI intervention, as without therapist contact, individuals working through SHI have to come to an understanding of the material by themselves. This means that these interventions should make sense to the people reading them. No participant had 100% accuracy for any component, suggesting all had difficulty understanding some of the concepts in the book. In the final meeting, all but one of the participants reported that they had difficulty understanding parts of the book. As these participants had tertiary education at Univeristy, it might be expected that they would have a greater understanding of written material than the general population. Since they had difficulty understanding some of concepts in the book, then a less educated population could have more trouble. Thus, the book may be inappropriate for people without a tertiary education.

Johnston (2008), in studying an ACT SHI for chronic pain, first screened participants to determine if they had the reading ability to work through the book. Even after this screening, she found that some participants had difficulty understanding defusion and mindfulness concepts. Her participants also reported that the reading level in the book was at a medium to hard level. Although Johnston (2008) was based on different book, her results suggest that people could have difficulty working through an ACT self-help book by themselves. The principles of ACT may need to be further simplified when delivered in a self-help format to increase people's understanding of them. However, further simplification risks loosing the main points and so the effects of the intervention. Future research on Hayes and Smith (2002) self-help book could attempt to determine what type of population would have the greatest understanding of the SHI and how much the idea can be simplified without loosing the effects of ACT. .

Components 7 and 9 covered willingness and committed action and had the lowest accuracy which suggests participants had less understanding of these components. In spite of this, changes on the daily measures often occurred during or after these last components and the scores on the tests in the battery changed most in the later half of the intervention. This could mean that individuals do not need to grasp principles put forward in the book for change to occur. However, as suggested earlier, the changes could have been a result of the accumulation of knowledge from earlier components as opposed to the specific material in these components. If this were the case, the lower understanding of these components might not have impacted on the participants' responses on the various outcome measures at this time.

As noted by Johnston (2008), the therapist contact may have impacted on the participants' understanding of the book. When a participant did not understand a point or a concept, these concepts were then discussed in the meeting when they finished reading that component. This discussion could have increased the participants' level of understanding of the material. Individuals working through the book on their own would not have this and, thus, could end up with a lower level of understanding. Even with the therapist input, these participants still had difficulty understanding some concepts. This could mean that this book would work best when used within a therapeutic setting, in conjunction with a therapist directed treatment as participants could discuss concepts they did not understand with the therapist. Future research on this book could determine whether including it in therapy as homework benefits therapist directed treatment. Alternatively future research could also see if reducing the amount of therapist contact impacts the overall understanding of the book and explore whether reduced

understanding increases the likelihood of drop-out or impacts on participants overall changes in willingness.

It is important to note that despite the lack of accuracy in the participants' responses, all but one of the participants stated that they found the book understandable when they completed the intervention. Three of the participants reported the book was well written and majority reported applying ideas from the book, such as willingness, in their lives. This suggests that they felt they understood the book as a whole. Participants may have received a low percentage of accuracy throughout the intervention because ideas that were introduced in each component were elaborated on later in the book. This may have meant that during the meetings, participants were still learning about concepts that they were asked to explain. As the book elaborated on the concepts and encouraged participants to apply them in their life, the participants could have developed a clearer understanding of their meaning. This means by the end of the book, they could have felt that they understood the material as a whole. However, the fact that the last component had one of the lowest levels of accuracy and that there were no more chapters to elaborate on the content in this component suggests that people working through the book alone will find parts of it difficult to understand. Future research could assess participants understanding of all concepts introduced throughout the book at the end of the intervention. This would show whether participants began to understand the concepts in the book better as they worked through it.

Book Exercises. Overall, the participants tended to complete the exercises in the book. This is promising because it means that there were few barriers that impacted on their ability to complete the majority of the exercises. Completing the exercises in an SHI

is important as Hirai and Clum (2008) found that participants' ability to do the exercises in a SHI was related to change. However, this high rate of completion may have been due to social reinforcement from the meetings with the researcher. Without these meetings a lower rate of completion may have occurred. Previous research on SHI has found that higher levels of therapist contact is related to the participants' outcomes (Hirai & Clum, 2008). Future research on this SHI could lower the amount of therapist contact to determine whether less contact would have reduced the completion of the exercises and whether this would have impacted the participants' overall response to the book.

Component 7 had the lowest rate of reported exercise completion. In this component, participants were asked to engage in behaviours and expose themselves to speaking situations. Many had not done this by the time they completed this component. However, some mentioned during later meetings that they had tried to expose themselves to some activities. As mentioned previously, monitoring of their attempts at exposure exercises throughout the study (as opposed to simply at the end of component 7) would have shown whether the participants did try to engage in such exercises and whether doing so related to change.

Participants' views on the usefulness of each exercise were analysed through a coding method based on their responses to the question 'is this exercise useful.' Components that looked at defusion, values and committed action were seen as having the most useful exercises across the intervention. This again points to the need for a follow-up administration of the test battery, including the VLQ, as it appears that individuals did complete and get something from the exercises in these later sections. Overall, however, all components had some exercises that were seen as not useful, none

reached 100%. Also, no participant found all the exercises in the book useful. Thus some of the exercises in the book may need improvement. These results also may have occurred as the book had a general focus and participants may not have seen how the exercises related to their problem. However, all participants found more than half the exercises useful, suggesting they each gained something by completing them.

Individual Analysis

Although similar trends occurred across the measures for all the participants, there was variability across the patterns in these trends. Other research has also shown that individuals have variable responses to SHI (Hirai & Clum, 2006; Newman et al., 2003). Some of these differences will be discussed below. However, it is important to note that there are limitations to the findings from the measures across the participants, as Participant 1 and 4 took a break from the intervention, Participant 2 did not complete her daily measures within the last component of the intervention, and Participant 4 returned responses for three components at the same time. These differences impacted on the interpretation of results for these participants because it is not clear if any other variable played a part in creating change.

Participant 1 and 8 were the only participants' that approached the maximum score on the WTC by the end of the intervention. Their SUDs ratings also decreased to the minimum for distress and avoidance, while increased to the maximum for willingness. Participant 8 was interviewed by a different person from the other participants as he knew the researcher personally and both of these factors may have impacted on his results. He had the highest level understanding of the book, gave the highest component ratings and

gave one of the highest ratings for the usefulness of the exercises in the intervention. This suggests Participant 8 had a high level of engagement with the book, which could have led to more change on the measures of willingness and avoidance.

Participant 1's results are not as clear. Her understanding of the book was in the average range for the participants and she found the exercises the least useful. Her skills and enjoyments component ratings were low, though she did give higher ratings about the ideas in the component being valid. Overall, her ratings suggest that she did not have a high level of engagement in the book which makes it difficult to know why she approached the maximum score on the willingness measures. She may have approached the maximum because she found the ideas in the book valid which suggests she was applying them in her life. However, the increase could actually be related to the break she took from the intervention. After this break, her scores on all measures showed large changes in the desired directions. Though she related these changes to the book, another variable may have also played a role in this change.

Participant 3 showed no change on her Daily measures. However, she gave the components high ratings, had the second highest rate of understanding and found the majority of the exercises useful. This suggests that she found the book useful and was engaging in it. The fact she did not change on her daily measures is surprising because one would predict that changes on these measures would relate to how useful an individual finds the book. However, these ratings did not show a clear relationship to the changes across the outcome measures for any participant, except Participant 8. This may mean these measures did not actually reflect a persons' engagement in the book. Future

studies could further explore what type of measures would reflect this engagement to get more insight into participants' responses to the book.

Participant 3 may have given the book high component ratings due to a placebo effect. In the initial meeting, participants were told that the SHI was based on a therapy that had been successful in the treatment of public speaking anxiety. Therefore Participant 3 may have believed she was gaining something from the book and that it would help, despite the fact it was not actually changing her willingness to approach public speaking situations. However, this placebo effect could have occurred for all the participants as the study was based upon self-report measures. It is important to note that while Participant 3 showed no change on the daily measures, she did show change in the desired direction across the test battery of measures. This suggests that she did find the book somewhat useful, which could mean that the ratings could still somewhat be a measure of engagement.

Although it is difficult to know why Participant 3's daily measures did not change, one reason could be that she was the only participant who completed the intervention within the recommended time. She completed the components on a weekly basis, which meant that the intervention took her nine weeks. Other participants took from eleven to eighteen weeks to complete the book. As the other participants all showed change, it suggests the nine week time limit may have been too brief. Future research could explore the time-frame within which people can reasonably be expected to complete this intervention.

Participant 6's daily measures trended more variably than those of other participants. Her scores on some of the battery measures showed the opposite changes to

those of the rest of the participants. For example, her scores showed a slight increase on the WSBI, a decrease on the VLQ and a decrease on the SSPS-P. As these differences are slight they may not be important or they could be within the measurement error for the tests. However, this participant stated she disliked the mindfulness component and did not find it useful. This may have impacted her outcomes in the study as this component is central in ACT.

Participants 4 and 7 were not from New Zealand and English was not their first language. Participant 4 found many of the concepts difficult to understand because of this barrier, though his overall understanding could not be analysed as he sent his last responses back through email and they appeared to be drawn straight from the book. Participant 7 also noted that much of the book was 'American.' Both these participants showed change across the majority of the measures in the desired direction. However, it may have helped if the book been in their first language. Future research should see what effect translations of the book might have for those with other first languages than English.

Study Design

This study applied a non-concurrent multiple baseline design across subjects. This approach is not as controlled as a concurrent baseline as individuals do not start the baseline at the same time. Through this study design, participants were able to begin the study as soon as they were recruited. This meant that Participant 1 began the study a month before any other participant and fifteen weeks before the last participant. Participant 3 and 4 and Participant 6 and 7's starting points ended up following a

concurrent design, which means that the study did reflect a comparable level of control to a concurrent baseline design for these participants.

This design was seen as more useful than a concurrent baseline design as it allowed flexibility as to when participants began the intervention. This was important as not all participants were available at the same time. It meant they could begin as soon as they were recruited, which allowed more participants to be part of the study. The study design also allowed people to request more time for the intervention, which decreased drop-out and increased external validity. This is because it gave a more realistic insight into how long the participants needed to complete the book. Individual change could also be analysed through this design. By closely monitoring each individual's daily measures, this study showed the individual reactions to the book across the intervention. It also allowed a more detailed analysis of the components of the book in which change started to occur. This analysis would not have been possible if the study only had pre, mid and post measures as they would only be administered at certain stages of the study. This means it would be difficult to know whether a certain component lead to more change than others within the intervention.

There are some limitations to the study as a result of the design, however. The nature of the study design meant that no control or comparison group was included. This means that the changes that occurred on the test battery may have been due to time alone as opposed to the intervention itself. However, as the baseline period for the daily measures was stable and these measures only trended in the desired directions after the intervention began, it suggests that changes occurred due to the intervention rather than some other variable. This baseline could be generalised to the outcome measures and it

could be assumed that they also changed due to the intervention. It may however be useful for future studies to apply a comparison group to determine how this SHI compares to therapist directed interventions or other forms of self help treatment.

Another limitation of this study design was that there were only eight participants, which limits ability to generalise these results to the wider population. More research is needed to determine what type of population best responds to this book. This knowledge would allow clinicians to know what kind of population they could recommend this book too. Some people who took breaks from the intervention stopped completing their daily measures, which impacted on the overall level of control. It would have been more desirable for participants to continue their measures throughout any break they took. However, this would have led to drop-out in some cases and it was considered more useful to allow participants to have this time before continuing with the intervention.

The study was also limited as the meetings were carried out differently across participants. Some were phoned while others had meetings face to face. Also Participant 8 had a different interviewer due to the fact that they knew the researcher personally. This lack of consistency across the meetings could have had some type of impact on the overall results. Future studies should attempt to be more consistent in the delivery of the intervention across participants.

The study design incorporated therapist contact. As previous authors have noted, it is impossible to study self-help interventions without some level of therapist contact (Newman et al., 2003). However, the inclusion of this contact compromises the results, as it means that it is difficult to know how participants would respond to the book if they were working through it alone. Previous research has shown that SHI with higher levels

of therapist contact have better outcomes after treatment (Hirai & Clum, 2006; Menchola et al., 2007). In this study all participants indicated that they found the meetings useful and that only two indicated that they would have read the book without the meetings. This suggests that these meetings impacted on the outcomes. Future research could attempt to use a lower level of therapist contact to determine what role the therapist input played in the participants' outcomes.

Limitations

Although the study has some important findings, it is necessary to mention some further limitations. This study was limited by the lack of screening of participants. The participants were asked only whether they had a primary fear of public speaking before being recruited into the study. However, this fear was not formally assessed through any psychometric measure. It was, thus, not known whether any participant met the criteria for social anxiety disorder. If they met this diagnosis it may have been more difficult for them to engage in the book if their fear was more severe than those without this diagnosis. It also meant that for some participants, public speaking may not have been their primary fear. This means that they could have been using the book to target other problems in their life, which could have impacted on the overall results of the study. However, the meetings and the workbook attempted to keep the participants' focus on public speaking while they worked through the self-help book.

Another problem with the study was that much of the discussion about the book in the meetings with the participants occurred after the initial questions were asked. These discussions were not recorded but gave more insight into how the participants were

finding the book. The decision was made not to record them as it was thought that the participants' apprehension about social situations would limit their ability to disclose their experiences. However, future research could attempt to include more information about the participants' perception of the book to give more insight into how they responded to it.

Another problem with the study is that the participants were aware that the person interviewing them during the meetings had designed the study. This may have lead to some response bias. Participants may have given higher component ratings and more desirable outcomes on the test-battery and daily measures. This knowledge also may have increased the likelihood the participants would complete the book. Future research should attempt to address this by using a different interviewer in meetings with the participants or reduce the amount of therapist contact in the intervention.

As mentioned earlier, the participants were not expected to expose themselves to an actual speaking situation. This made it difficult to get a behavioural measure of avoidance, willingness or distress. It also made it difficult to know if the person's actual experience in public speaking situations had changed. More research is needed to determine whether the self-reported changes that were seen on the outcome measures would reflect the individuals' experience in a real situation.

Most participants needed extra time to complete the nine components. This suggests that it was not appropriate to expect participants to be able to complete each section within a week. The only participant that managed this did not show any changes on willingness, which may have meant that she did have enough time to absorb or apply

the information in the book within the time frame. Future studies could explore the optimal time frame to complete the book in.

Summary

The current study used a non-concurrent baseline design to explore whether an ACT self-help intervention would be a useful treatment for those with public speaking anxiety. Despite a number of limitations in the study, the four hypotheses were supported as self-reported willingness increased, self reported avoidance decreased, experiential avoidance decreased and quality of life increased. Valued living did not show any changes though it appears that participants were engaged with the components that focused on values. Follow-up administrations of the measures may have provided more information on changes and should be included in future research. The results of this study also showed that the participants' anxiety decreased, their thoughts about speaking situations changed and their anxiety control increased. While these changes were not the focus of ACT, TDIs involving ACT have found similar results. This suggests that this self-help intervention can lead to similar outcomes as a therapist directed treatment, though a direct comparison between the two methods is still needed. However, the overall results do suggest that the Hayes and Smith (2002) self help intervention 'Get out of your mind and into your life' can be usefully applied in the treatment of public speaking anxiety. This means that this intervention can be seen as a helpful and easily accessible treatment method for those struggling with public speaking fears.

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Appendix A

Recruitment Advertisement

Are you afraid of public speaking?

Does the thought of speaking in class, giving a seminar, or talking in front of people terrify you?

Hi, my name is Prya Beharry and I am trying to find some people who are afraid of public speaking to take part in a study. This study involves using a self-help intervention that has been modified to help with this fear. It is based upon acceptance and commitment therapy, which is a new wave therapy that applies principles of mindfulness and acceptance to help with psychological problems. It also teaches people the skills they need in order to work towards their values and goals.

Since I need to evaluate this intervention, you will be asked to respond to a series of questionnaires before, during and after the study. The study itself will take about eleven weeks to complete and during it you will be asked to read material and carry out exercises from the self-help book.

This intervention may provide you with valuable skills to apply to your fear of public speaking. If you would like to more about it please contact me at; pab15@waikato.ac.nz

Alternatively, you can contact my supervisor, Professor Mary Foster; m.foster@waikato.ac.nz or through her extension number, which is 8400

Contacting us does not mean you have agree to take part in this study, but you will be able to get more information about it and any questions that you have will be answered.

Appendix B

Information included in each component of the workbook

Appendix B

This table shows the chapters from Hayes and Smith (2005) self-help book that were included in each component of the workbook. The topics of the chapters listed as well as the exercises in each section.

Component	Chapter	Subject	Exercises
One	Introduction, Chapter 1 & 2	1) Introduction to ACT 2) Human Suffering 3) Language and the Relational Frame Theory	• Your suffering inventory • The pain is gone, now what? • Relate anything to anything else • A screw, a toothbrush and a lighter • A yellow jeep • Don't think about your thoughts • The coping strategies worksheet
Two	Chapters 3 & 4	1) Avoidance 2) Letting go (willingness)	• The Blame Game • Judging your own Experience: Examining what works • What are you thinking and feeling right now • Why willingness • Being willingly out of breath
Three	Chapter 5	1) The Trouble with Thoughts	• What are you thinking right now • Your daily pain diary • Watching the mind train
Four	Chapter 6	1) Having a Thought versus buying a thought (Cognitive Fusion)	• Say the word 'milk' as fast as you can • Labelling your thoughts • Floating leaves on a moving stream • Describing thoughts and feelings • Exploring the difference between descriptions and evaluation

Five	Chapter 7	1) If I'm not my thoughts, who am I. (three senses of self)	• Retelling your own story • Experientially, I'm not that • Tracking your thoughts in time
Six	Chapter 8	1) Mindfulness	• Be where you are • Silent walking • Cubbyholing • Eating raisins • Drinking tea • Eating mindfully • Listening to classical music • Be mindful of your feet while you read this • Just sitting
Seven	Chapter 9 & 10	1) What willingness is and is not 2) Willingness: Learning how to jump	• What needs to be accepted • Willingness scale worksheet • Physicalizing • Giving your target a form • The tin-can monster • Acceptance in real time
Eight	Chapter 11 & 12	1) What are values 2) Choosing your values	• Attending your own funeral
Nine	Chapter 13 & conclusion	1) Committing to doing it 2) The choice to do a vital life	• Goals worksheet • Making goals happen through action • Expected barriers

Appendix C

Template for the Daily Measures

Daily Record

Initials:_____ **Date:**_____

Directions: Below are 20 situations in which a person might choose to communicate or not to communicate. Presume you have completely free choice. Indicate the percentage of times you would choose to communicate in each type of situation. Indicate in the space at the left of the item what percent of the time you would choose to communicate. (0 = Never to 100 = Always)

_____1. Talk with a service station attendant.

_____2. Talk with a physician.

_____3. Present a talk to a group of strangers.

_____4. Talk with an acquaintance while standing in line.

_____5. Talk with a salesperson in a store.

_____6. Talk in a large meeting of friends.

_____7. Talk with a police officer.

_____8. Talk in a small group of strangers.

_____9. Talk with a friend while standing in line.

_____10. Talk with a waiter/waitress in a restaurant.

_____11. Talk in a large meeting of acquaintances.

_____12. Talk with a stranger while standing in line.

_____13. Talk with a secretary.

_____14. Present a talk to a group of friends.

_____15. Talk in a small group of acquaintances.

_____16. Talk with a garbage collector.

_____17. Talk in a large meeting of strangers.

_____18. Talk with a spouse (or girl/boyfriend).

_____19. Talk in a small group of friends.

_____20. Present a talk to a group of acquaintances.

Imagine you are _____ (standing, sitting etc) in a _____ (type of room) in front of_____ (audience and how many). You are doing a _____ (seminar etc.) and it (is/is not being graded).

- Rate how much distress this situation would make you feel out of 100 (100 being the highest level of distress, while 0 is no distress)
- Rate how willing you would be to be in this situation. (100 being the highest level of willingness, 0 being the lowest).
- Rate how much you would like to avoid this situation. (100 being complete avoidance, 0 being no avoidance)

Now fill this out: ACT ratings

Life Enhancement Exercise Record Form

At the end of each day, please make a rating for each of the following four questions using the scale below. Ratings for each question can range from 0 (not at all) to 10 (extreme amount). Make your ratings based on your anxiety around public speaking:

0 1 2 3 4 5 6 7 8 9 10
None / Not at all Extreme amount

Suffering: How upset and distressed were you over your public speaking anxiety were you today overall?

_____

Struggle: How much effort did you put into making anxiety-related feelings or thoughts go away today (for example, by suppressing them; distracting yourself; reassuring yourself or seeking reassurance from someone else)?

_____

Workability: If life in general were like today, to what degree would today be part of a vital, workable way of living for you (i.e., if everyday was like today, how much overall vitality and aliveness would characterize your life)?

_____

Valued Action: How much have you engaged in behaviors (actions) today that accord with your values and life goals (how many times have you engaged in the behaviours that are important to you today)?

_____

Appendix D

Ranking Questionnaire

Ranking Questionnaire

Rank these items according to your anxiety about them. Place '1' alongside the ones you are most anxious of, '2' alongside the next, and so on. If any items have the same level of anxiety, give the same rank.

What kind of public speaking situations do you feel most anxious about?

a) Tutorial room _____

b) Lecture hall _____

c) Social situation _____

d) Work meeting _____

What kind of audience do you feel most anxious about?

a) Strangers _____

b) Acquaintances _____

c) Friends _____

d) Colleagues (peers) _____

e) Superiors (i. e. boss, university lecturers etc) _____

Which settings do you feel the most anxiety about?

a) Familiar settings with a familiar audience _____

b) Unfamiliar settings with a familiar audience _____

c) Unfamiliar settings with an unfamiliar audience _____

Do you feel more anxious when you are;

a) Sitting in a group with the people you are talking to _____

b) Sitting in front of the people you are talking to _____

c) Standing in a group with the people you are talking to _____

d) Standing in front of the people you are talking to _____

e) Standing on a stage in front of the people you are talking to _____

Put ticks beside the things you experience when you are anxious.

a) Heart racing _____

b) Sweating _____

c) Shaky voices _____

d) Body shaking _____

e) Blushing _____

f) Heavy breathing _____

g) Loss of breath _____

Which is the largest audience that you can think about talking in front of without feeling anxiety? Circle your answer

a) Up to 5

b) Up to 20

c) Up to 50

d) Up to 100

Does it make you feel more anxiety if you know your speaking task is being assessed?

a) Yes

b) No

c) Unsure

Appendix E
Imagined public-speaking scenarios for each participant

Participant 1

Now imagine you are standing on the stage in an unfamiliar lecture hall in front of an audience consisting of over five strangers. You are doing a seminar and it is being assessed.

Participant 2

Now imagine you are standing on the stage in an unfamiliar lecture hall in front of an audience consisting of over five strangers. You are doing a seminar and it is being assessed

Participant 3

Now imagine you are standing on the stage in an unfamiliar lecture hall, tutorial room, or a work meeting. You are in front of an audience consisting of over five acquaintances, colleagues and superiors. You are doing a seminar and responding to questions and it is being assessed.

Participant 4

Now imagine you are standing on the stage in an unfamiliar lecture hall in front of an unfamiliar audience consisting of over five superiors. You are doing an impromptu speech and it is being assessed.

Participant 6

Now imagine you are standing in an unfamiliar lecture hall, work meeting or tutorial room, in front of an audience consisting of over five strangers, acquaintances, colleagues and superiors. You are doing a seminar and it is being assessed.

Participant 7

Now imagine you are standing on the stage in an familiar lecture hall in front of an audience consisting of over five familiar superiors and you are doing an impromptu speech.

Participant 8

Now imagine you are standing in an unfamiliar lecture hall, on stage in front of an audience consisting of over five unfamiliar superiors. You are doing an impromptu speech.

Appendix F

Component ratings

Circle the number that represents how you feel:

This component provided useful skills for my public speaking anxiety

Not at all Very much
0 1 3 4 5 6 7 8 9 10

I accepted the ideas in this component are valid

Not at all Very much
0 1 3 4 5 6 7 8 9 10

I enjoyed reading this section of the programme

Not at all Very much
0 1 3 4 5 6 7 8 9 10

Appendix G

Information Sheet

INFORMATION SHEET

This study focuses on public speaking anxiety. It is uses book Hayes' 'Get out of you mind and into your life,' which is a self help book based on Acceptance and Commitment therapy (ACT). ACT is an intervention which applies a range of skills to help people to accept feelings and emotions, while moving towards what they valued most.
There is evidence that ACT is an effective intervention for public speaking anxiety. Block and Wulfurt (2002) found that it increases people's willingness to approach public speaking situations and that it decreased anxiety. These results were comparable to their findings of group behavioural therapy for public speaking anxiety.

The aim of this study is to assess whether the self-help book, supplemented by a work book, can provide you with the skills necessary to be willing to approach public speaking situations and to test whether the book is effective.

As a participant, your role involves:

- Filling out some questionnaires, three times throughout the study to mark your progress and change. These will take about thirty-seven minutes to complete

- Spending seven minutes each week day completing some small questionnaires. Data will be collected for a period before you start reading the book and doing its exercises, and continued throughout it

- Completing components of the self-help book on a weekly basis. This involves
  - Reading the allocated chapters from the book
  - Reading the summary from the workbook
  - Completing the exercises in the workbook

- Weekly meetings or contact with me to talk about how you found that section of the book. This is simply to assess your view of the value of the information that is provided by the book are. We can also discuss any problems you may have with the intervention

About me

My name is Prya Beharry and I am from Whakatane. I have an interest in Acceptance and Commitment Therapy and that is why I am exploring this self-help book in my Masters Thesis. In this study my role is to have weekly meetings with you and answer any questions that you may have. I will also look at your progress through the book and discuss the questions that you have answered after each component.

Feel free to contact me throughout the study any time you need. My details are:

Home Ph: 859 2973
Mobile Ph: 027 332 4143
Email: pab15@waikato.ac.nz

You may also contact my supervisor, Professor Mary Foster

Ph. 8562889 Ex. 8400

Reference

Block, F. W. & Wulfert, E. (2000). Acceptance and change: Treating socially anxious college students with ACT or CBGT. *Behavioural Analyst Today, 1*, 3-10.

Appendix H

Consent Form

University of Waikato
Psychology Department

CONSENT FORM

PARTICIPANT'S COPY

Research Project: Acceptance and Commitment Therapy for Public Speaking; A Self-Help Format.

Name of Researcher: Prya Beharry

Name of Supervisor: Mary Foster

I have received an information sheet about this research project or the researcher has explained the study to me. I have had the chance to ask any questions and discuss my participation with other people. Any questions have been answered to my satisfaction.

I agree to participate in this research project and I understand that I may withdraw at any time. If I have any concerns about this project, I may contact the convenor of the Research and Ethics Committee (Dr Robert Isler, phone: 838 4466 ext. 8401, e-mail r.isler@waikato.ac.nz)

Participant's
Name:_____Signature:_____Date:_____

==========

University of Waikato
Psychology Department

CONSENT FORM

RESEARCHER'S COPY

Research Project: Acceptance and Commitment Therapy for Public Speaking; A Self-Help Format.

Name of Researcher: Prya Beharry

Name of Supervisor: Mary Foster

I have received an information sheet about this research project or the researcher has explained the study to me. I have had the chance to ask any questions and discuss my participation with other people. Any questions have been answered to my satisfaction.

I agree to participate in this research project and I understand that I may withdraw at any time. If I have any concerns about this project, I may contact the convenor of the Research and Ethics Committee.

Participant's Name _____Signature:_____Date:_____

Appendix I
Main points discussed in the meetings

Weekly meeting 1

Questions

1. What did you think they were suggesting with the 'quicksand metaphor?'
2. This section talks about the difference between pain of the presence and pain of the absence. What did you understand this to mean?
3. The book uses the phrase '*By trying to ward off the pain of presence, the more pain you get, particularly in the form of pain of absence.'*
4. What is your understanding of the 'relational frame theory?' Did you understand how we learn to relate events to each other?
5. The book talks about how the rule 'If you don't like something get rid it' doesn't apply to your internal thoughts. Did you understand what is meant by this?

Weekly Meeting 2

Questions

1. Do you understand the main reasons you use experiential avoidance according to ACT
2. What do you understand by the 'cycle of avoidance'?
3. Can you explain how the hungry tiger metaphor relates to your public speaking anxiety.
4. Can you tell me why experiential avoidance doesn't work.
5. What is your understanding of the difference between responsibility and response-ability
6. Do you know what the book suggests an alternative to avoidance is?

7. Can you explain what your mind does with the statement ‘if you are not willing to have it you will,’ and why this is a problem?
8. Can you explain what willingness and acceptance are?
9. Do you know what the goals of willingness are?

Weekly Meeting 3

Questions

1. How does the book suggest that our thoughts become problematic?
2. What happens when thoughts are related to the events they represent?
3. Can you explain what cognitive fusion is?
4. How is cognitive fusion related to experiential avoidance?
5. Did you understand why the book argued keeping a pain diary was useful?

Weekly Meeting

1. Did you understand the point of the defusion exercises?
2. Did you understand, or could you explain why the book says you should distance yourself from your thoughts?
3. What did you understand by the term ‘transformation of functions?’
4. Can you explain the difference between a description and an evaluation according to the book?

Weekly Meeting 5

Questions

1. What are self conceptualisations?
2. Do you understand what they mean by the conceptualised self?
3. What about the self in the present? Did you understand what they mean by that?
4. Do you know what the observer self is?
5. What is the chessboard metaphor?

Weekly Meeting 6

Questions

1. What does mindfulness practice do?
2. Can you explain the point of the mindfulness exercise?
3. What is mindfulness meditation?
4. How can you use these exercises in context?

Weekly Meeting 7

Questions

1. What are some side effects of unwillingness?
2. What does the book suggests that acceptance allow?
3. What things shouldn't you accept?
4. Can you explain what the goal of willingness is?
5. What happens when you use willingness to get rid of anxiety?
6. Can you give me examples of what willingness is 'not'?

7. Do you know what the radio metaphor is in reference too?
8. What is the self-amplifying loop?

Weekly Meeting 8

Questions

1. Can you explain what values are?
2. Do you know what the term ‘directions’ means? Why cannot you possess them?
3. What is the meaning of the term ‘choice?’
4. Why are values not goals?
5. Why are they not feelings?
6. How are they related to failing and perfection?
7. If you follow values, do you always take a straight path? Why?
8. What does the phrase ‘the masters you serve’ mean to you?

Weekly Meeting 9

Questions

1. How do you start walking in the direction you want to?
2. What is the problem with confusing goals and values?
3. What type of goals you should set?
4. Can you explain the form the barriers come in and how you deal with them?
5. Why should you notice your behavioural patterns?
6. What is pattern smashing?
7. Do you know why the book suggests it is important to do ‘what you said so’?
8. What are the future choices you have to make and what are the consequences of them?

Appendix J
Coding method used to determine the usefulness of the exercises

Appendix J

Coding method used to determine the usefulness of the exercises

	Considered the exercise useful (1 point	*Considered the exercise somewhat useful (0.5 points)*	*The exercise not considered useful (0 points)*
Comment	a) Yes b)Positive comment e.g. It was interesting, I liked it etc. c) Comments on how the exercise helped/worked for them d) Comments about how the exercise is something they'll keep using or use in the future	a)Yes and no / ok / kind of b)Yes but I don't know how it helped with public speaking c)A positive and a negative comment (e.g it was interesting but it was difficult to understand etc.) d)'yes, but….. (a negative comment)' e.g. Kept getting distracted e)hopefully it will be/maybe if I try it again/I need more practice f)negative and positive comment (e.g. not really/ didn't fully understand it, but it helped in this way; silly but I understood what they were getting at) g)) 'Yes' with indications of problems in a specific part (e.g. Yes, but I didn't know what they meant by this question.' h) Yes but I don't know if I'll stick with it/ if its something I'll do in the wrong run/ if I can make it part of my life etc i) It depends on how you use it	a) no b)negative comment e.g. it was boring, pointless c)I don't know how it helps with public speaking d)It was nothing new/its something I already do e) it didn't help/work f) It was hard (in a technical sense e.g. It was hard to understand their examples) / didn't understand it g) It would be more useful if……or I wanted to think about this one more h) It wasn't relevant to me/ its not something I'd use i) Beginning to say yes, but changing their mind within comment (e.g. Ummm yea, but it didn't really do anything so it wasn't really useful)

*Score not given if exercise not completed

CD Information

Get out of Your Mind and Into Your Life:

The New Acceptance and Commitment Therapy

ACT Intervention Workbook for Public Speaking Anxiety 2007

Complied by: Prya Beharry

Supervisor: Mary Foster, University of Waikato

This workbook is based on the self help publication by Hayes & Smith (2005). The exercises are directly from the self help book

Introduction

This material is based on Hayes' self-help book 'Get out of your mind and into your life.' In this book Hayes' discusses 'psychological pain'. Remember as you read this, your anxiety about public-speaking is *your* psychological pain. This is what you are struggling with.

Hayes' book will teach you certain exercises and tools to help you with your struggle. These tools can be applied to many areas of your life, but as you work through it, try to think about how they can be helpful for you when dealing with your fear of public speaking.

This book includes the material to complete this study. It has been separated into weekly components and as you work through it, you will be required to

- Read the relevant chapters for each week and the summary within this workbook
- Complete the exercises in each sections (write your answers in this workbook)
- Meet with me weekly to discuss questions that will help me evaluate the self-help book – Remember these questions are not a test! They are there to help us discuss the things that you have found useful in the book.

Week	Start date	Required reading (help book)	Title	Tick as complete
1		Introduction + Chapter 1 & 2	What is ACT? Why do we suffer?	
2		Chapter 3 & 4	Avoidance and an alternative: Willingness	
3		Chapter 5	The trouble with thoughts	
4		Chapter 6	Separating yourself from your thoughts	
5		Chapter 7	You are not your thoughts	
6		Chapter 8	Mindfulness	
7		Chapter 9 & 10	Willingness	
8		Chapter 11 & 12	Values	
9		Chapter 13 & Conclusion	Committed Action	

Weekly time we have arranged to meet: Time_____ Day_____

Week 1

WHAT IS ACT? WHY DO WE SUFFER?

Week 1: What is ACT? Why do we suffer?

Reading: Introduction & Chapters 1 & 2

Introduction

The introduction explains that ACT is asking you to shift your perspective on your public speaking anxiety. This is illustrated through a quicksand metaphor that points out how we struggle against our pain and how this ultimately leads to us sinking. The book suggests that we should work with our pain instead of fighting against it.
ACT works from the assumption that all people suffer and that they can use mindfulness, acceptance, commitment and value-based living to address this.

Chapter 1

Human suffering

The book suggests human suffering is normal. We suffer because our language creates verbal cues that link our pain to other events in our environment. This allows our psychological pain to be continually evoked.
You struggle with the pain about your public speaking anxiety because of this.

Complete the exercise on page 4 of this section in this book. The point of this exercise is to explore what you are struggling with.

There are two main types of pain associated with anxiety about public speaking

1. Pain of presence – the anxiety you have around public speaking
2. Pain of absence – The things you miss out on because of it.

By trying to ward off the pain of presence, the more pain you get, particularly in the form of pain of absence

Complete the exercise on page 6 of this section in this book. The point of this exercise is to show you how the things you struggle with are holding you back

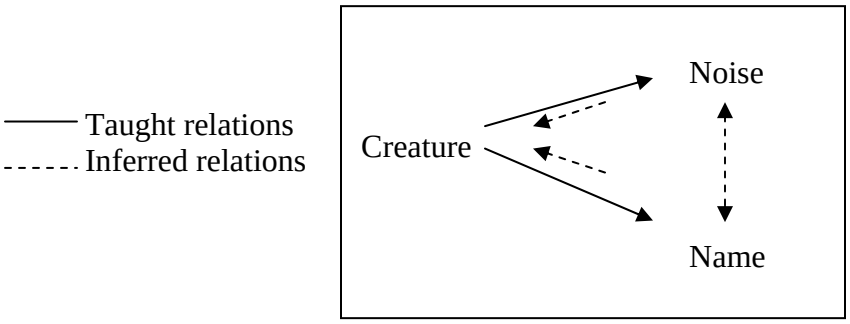
Chapter 2

Why language causes pain

Relational Frame Theory (RFT). The book outlines how RFT is concerned with verbal behaviour, both speaking (overt) and thinking (covert) and its relation to other events in different contexts. When we think, we can arbitrarily relate events together. This allows us to develop vast networks of relations involving our environment and our verbal behaviour.

Complete the exercise on page 7 of this section in this book. The point of this exercise is to show us how we justify every relation we make.

Hayes' discusses how this process begins when we are babies. If we are taught to relate the name and noise of an animal to a picture of an animal, we can infer relations from the picture back to the name and noise. We also infer another relation between the noise and the name. We learn six relations, although two were taught.



If any of the items, such as the name, become related to a painful or pleasant event, the others (the noise and the picture) would also be related to the painful or pleasant event.

Each learnt relation is like this one. Think about this with public speaking. If public speaking is related to a 'negative' or painful feeling like embarrassment, then anything you do related to public speaking, such as thinking about it, can evoke this painful response.

Language causes us pain, but it is too important to stop. We use it to problem solve. Relations such as; events and their attributes, time and/or contingency, and evaluation are needed for any problem solving. However, they also cause us to suffer. The fact we need language means that we have to learn to it manage better.

Complete the exercise on page 8 of this section of this book. The point of this exercise is to show you how language can be useful

Thought suppression

Most people's problem solving approaches can be seen as 'If you don't like something get rid of it.' This works well in our external environment. However, suppressing our thoughts tends to;

- Make them grow and
- Remind us of the negative consequences related to the thought, which causes us to respond as though the consequence occurred.

This also happens with our emotions and our behavioural dispositions.

Complete the exercise on page 10 of this section in this book. The point of this exercise is to illustrate what happens when we suppress our thoughts.

Experiential avoidance

The problems with language result in experiential avoidance. This is the process of trying to avoid your experiences. Your coping strategies are often formed around avoidance. While this can be effective in the short term, it is often lacking in the long term. Think about public speaking. By avoiding seminars, you relieve the anxiety you have around the activity. However, in the long term the anxiety is still there, and you have to continue to choose behaviours that help you avoid it in the future.

Complete either the exercise on page 12 or the one on page 13 of this section in this book. These exercises help you to explore the coping strategies you are using for your public speaking anxiety.

The mind train

Hayes uses the mind train metaphor to discuss how we tend to live in our mind and go along with our thoughts. We take our thoughts literally and buy into them by either believing them or disbelieving them. By doing this, we are responding to them as if they were actually real, and not simply thoughts. This does not always allow you to reach where you want to go.

This book is about moving you away from taking your thoughts too literally. Then you will be able to choose a direction that isn't determined by them.

Overview

Go over the ideas outlined on page 15 of this section in this book. They are to help you with the main points that are mentioned here

Also, answer the three questions on page 16.

Exercises

Exercise: Your suffering inventory

Refer to page 12 of the ACT self-help book for this exercise

Write down issues that are psychological difficult for you. Since we are focusing on public speaking, the issues will centre on this difficulty. However, you do not have to limit yourself. Try to also think of issues that surround your public speaking anxiety as well. Also, do not make them purely situational events, independent from your reactions. For example, do not just write 'talking to people.' Instead write something like, 'feeling embarrassed while talking to people' Also, include any of thoughts feelings, bodily feelings etc. that distress you. After you write the list, go back and write how long it has been this way.

Painful and difficult issues I experience	*How long*

Now organise this list. Rank them in terms of the impact on your life. Then write them below but write them in order, from those that cause you the most pain to least. This will be a guide for the rest of the book.

Finally, in the area to the right of this list, draw arrows between every item on the list related to another item. Two items are related if changes in one might alter another. You can also use two headed arrows if need be. If the area becomes cluttered with arrows that's fine. If they are all related that's also fine. The more an item connects with others, the more important it is. After this you may want to combine items or divide them. If you do, write your final list ranked highest lowest in order of impact on life.

This is your personal suffering list and it is what this intervention is about.

Exercise: The pain is gone, now what?

Refer to pages 14 and 15 of the ACT self-help book to complete this exercise

If_____ weren't such a problem for me, I would

_____

_____

If I didn't have _____, I would

_____

_____

To fill out the blanks above take an item from your suffering list. It is best to start with an item high on the list. Write that in the blank space. Now think about what if it was suddenly lifted. Don't think about the celebration you'd have. Instead think broadly about how your life course would change. If you don't have a good grasp on how to do this, the book will focus on how to do it as it goes on. Here is an example

- If I wasn't so afraid, I would begin the career I'd always wanted.

Think about what has value to you and what gives your life meaning.

If_____ weren't such a problem for me, I would

_____

_____

If I didn't have _____, I would

_____

_____

Exercise: Relate anything to anything else

Refer to page 19 of the ACT self-help book for this exercise

This exercise allows you to see how we develop arbitrary relationships all the time. It shows us how we justify these relations. This also explains how we justify the things we suffer from

Write down a concrete noun here (any type of object or animal will do):_____

Now write another concrete noun here:_____

Now answer this question: how is the first noun like the second one? When you have an answer, go on to this. How is the first noun better than the second one? When you have a good answer, go on to this question: How is the first one the parent of the second one? Finding an answer to this one may not be straight forward. Stick with it. It will come.

That last one may be the hardest but if you stick with it you will always find an answer. And note that the good answers always seem to be real in the sense the relations you see seems to be actually in, or justified by the related object.

This exercise allows us to see that our mind will justify any relations that we create in our mind. However, these justifications are not actually true. Everything cannot be the parent of everything else but our mind will always justify it.

Exercise: A Screw, a Toothbrush and a Lighter

Refer to page 21 of the ACT self help book to complete this exercise.

Consider this simple problem. Watch carefully what your mind does with it.

Suppose you have a slotted screw in a board and you want to get it out. You can use only a normal toothbrush and a cigarette lighter to do so. What will you do? Take a moment to think about it and write down your thoughts, even if they are fragmentary:

_____

_____

_____

If nothing comes to mind yet, remember that the toothbrush is plastic (watch carefully what your mind does now, and write down your thoughts, even if fragmentary):

_____

_____

_____

If nothing comes to mind yet, remember that plastic is made from oil, now write down any thoughts, even if fragmentary:

_____

_____

_____

If nothing comes to mind that would work yet, remember that plastic can melt (watch carefully what your mind does now):

_____

_____

_____

If nothing comes to mind yet, remember that when melted, plastic is pliable. Now write down any thoughts this fact evokes:

_____

_____

_____

If nothing comes to mind yet, remember that pliable plastic can form a shape (watch carefully what your mind does now):

_____

_____

_____

If nothing comes to mind yet, remember that melted plastic hardens when cooled. Write down your ideas for removing the screw using only a toothbrush and lighter.

_____

_____

_____

Refer to page 23 after completing this exercise

Exercise: Suppressing Your Thoughts

Exercise: A yellow jeep

Refer to page 24 of the ACT self help book to complete this exercise

1. How many times have you thought of the jeep in a week _____

2. Now get your watch out an spend a few minutes (five would be ideal) trying as hard as you can not to think about one thought of the bright yellow jeep. Really try hard. Return to this page when you are finished.

3. How many times did you think about it? _____

4. Now get your watch out and spend a few minutes (five would be ideal) allowing yourself to think what ever thought came to your mind. Return here when you are finished.

5. How many times did you think about the jeep. _____

Exercise: Don't think about your thoughts

Refer to page 25 of the ACT self-help book to complete this exercise

Psychological problems become entangled with our thoughts. As a result, if you are struggling psychologically you probably have recurring thoughts that cause you pain. For example, when you feel anxiety about speaking in front of people you may have the thought 'I will embarrass myself and no one will want to talk to me.' You may have the idea 'not talking is the only way to be safe.' Try to isolate a single thought that contributes to your suffering. If you can, deconstruct your thought until you have it in the form of a short sentence or a simple phrase. When you have this sentence or frame in mind, complete the exercise

1. Write down a thought that contributes to your suffering in the space below

---

2. How many times have you had this thought in the past week? (If you don't know, make and approximate_____

3. Now get out your watch again and try as hard as you can not to think that thought the next few minutes (again five minutes would be ideal). Return here when you are finished.

4. Write down the number of times you had your thought, however fleetingly, while you were trying not to think about it _____

5. Now take another five minutes and again allow yourself to think anything you want. Now come back here when you are finished.

6. How many times did you think your thought when you allowed yourself to think about anything at all?

Go ahead and write down you answer here_____

_____

As you began to suppress your thoughts, what was your experience? Did it become more entangling and important. If so, this exercise showed that it can be useless or even actively unhelpful to get rid of the thoughts you don't like.

Exercise: The coping strategies worksheet

Refer to pages 27-28 of the ACT self-help book to complete this exercise

Painful thought or feeling	Coping technique	Short term effectiveness	Long term effectiveness

If you cannot fill this at the moment, out use the coping strategies diary

Coping Strategies Diary Entry

If you would like more copies of this, either contact me, or photocopy this page. This is to help you collect information if you are not sure how you cope. Record what happens when you experience something painful. Refer to page 29 to complete this exercise.

Date	**Situation**	
Difficult private reactions (e.g., thoughts, feelings, sensations)		
Distress/disturbance level (when it first happened)		Not distressing/ disturbing 1 2 3 4 5 Extremely distressing/ disturbing
Coping Strategy: (my response to my private reaction)		
Short-term effects:		Not at all effective 1 2 3 4 5 Incredibly effective
Long term effects		Not at all effective 1 2 3 4 5 Incredibly effective

Date	**Situation**	
Difficult private reactions (e.g., thoughts, feelings, sensations)		
Distress/disturbance level (when it first happened)		Not distressing/ disturbing 1 2 3 4 5 Extremely distressing/ disturbing
Coping Strategy: (my response to my private reaction)		
Short-term effects:		Not at all effective 1 2 3 4 5 Incredibly effective
Long term effects		Not at all effective 1 2 3 4 5 Incredibly effective

Date	**Situation**	
Difficult private reactions (e.g., thoughts, feelings, sensations)		
Distress/disturbance level (when it first happened)		Not distressing/ disturbing Extremely distressing/ disturbing 1 2 3 4 5
Coping Strategy: (my response to my private reaction)		
Short-term effects:		Not at all effective Incredibly effective 1 2 3 4 5
Long term effects		Not at all effective Incredibly effective 1 2 3 4 5

Date	**Situation**	
Difficult private reactions (e.g., thoughts, feelings, sensations)		
Distress/disturbance level (when it first happened)		Not distressing/ disturbing Extremely distressing/ disturbing 1 2 3 4 5
Coping Strategy: (my response to my private reaction)		
Short-term effects:		Not at all effective Incredibly effective 1 2 3 4 5
Long term effects		Not at all effective Incredibly effective 1 2 3 4 5

Date	**Situation**	
Difficult private reactions (e.g., thoughts, feelings, sensations)		
Distress/disturbance level (when it first happened)		Not distressing/ disturbing Extremely distressing/ disturbing 1 2 3 4 5
Coping Strategy: (my response to my private reaction)		
Short-term effects:		Not at all effective Incredibly effective 1 2 3 4 5
Long term effects		Not at all effective Incredibly effective 1 2 3 4 5

Week 1: The material this week aims to help you understand the following ideas; Go over these and see if they make sense to you

1. The quicksand metaphor and what it suggests

2. The difference between 'the pain of the presence' and 'the pain of the absence'

3. The meaning of this statement in reference to your fear of public speaking

By trying to ward off the pain of presence, the more pain you get, particularly in the form of pain of absence

4. The implications of the relational frame theory.

5. How we learn to relate events to each other (think about the baby example)?

6. The reason we have to learn to relate to language in a different way.

7. Why the rule 'If you don't like it, get rid of it' does not apply to your internal thoughts?

8. The implications of staying on the mind train.

Circle the number that represents how you feel:

This component provided useful skills for my public speaking anxiety

Not at all Very much
0 1 3 4 5 6 7 8 9 10

I accepted the ideas in this component are valid

Not at all Very much
0 1 3 4 5 6 7 8 9 10

I enjoyed reading this section of the programme

Not at all Very much
0 1 3 4 5 6 7 8 9 10

Week 2

AVOIDANCE AND AN ALTERNATIVE; WILLINGNESS

Week 2: Avoidance and an alternative; Willingness

Readings: Chapters 3 & 4

Chapter 3

The pull of avoidance

It is hard to see that avoidance doesn't work because

1. Controlling works well in the external world
2. You were taught to control your thoughts and feelings
3. Adults modelled control when you were little
4. Messages from the media promoted the idea good health and happiness depend on the absence of difficult private experiences.
5. Controlling unwanted thoughts and feelings can work in the short term.

Complete the exercise on page 3 of this section in this book. The point of this exercise is to illustrate why you may use avoidance as a coping strategy

Cycle of experiential avoidance

Because avoidance works well in the external world and works for our thoughts in the short term, we are kept in a cycle of experiential avoidance. For example, if you follow, 'if you don't like something get rid of it' rule, you may decide to avoid a public speaking situation. This relieves your anxiety and appears to work in the short term. Because of this, you are more likely to use this strategy next time you are confronted with public speaking situations. However, each time you do this, you give the painful content (your anxiety) more power. Your fear of the situation grows.

Hayes highlights this cycle with the metaphor of the hungry tiger. Each time you feed your fear of public speaking by avoiding it, you allow it to grow stronger, more intimidating and more controlling of your life like the tiger.

He also uses the metaphor of the Chinese Finger Trap to show you how struggling against your anxiety does not give your room to move or make new choices.

What are you supposed to do?

Hayes' states that you are not to blame for your anxiety, or the way you have struggled with it. Instead he discusses the concept of *response-ability.* This is different from responsibility, which carries the implication of blame. Response-ability is simply acknowledging the possibility that you are able to respond to your anxiety. The radio metaphor is used to illustrate this point. You cannot control a dial that will change the level of pain you experience. However, you are able to control the dial that determines how much you struggle with this pain. You are response-able for it

Complete the exercise on page 5 of this section in this book. This exercise illustrates what happens when you use blame.
Also, begin the exercise on page 6 and complete the exercise on page 8.

Chapter 4

An alternative

The alternative to avoidance is known as willingness, acceptance or letting go. Acceptance is something *you* can learn to do, but it's not something *your mind* can do, so you will need skills to learn how to implement it.

The rule '*If you're not willing to have it you will*' is important when you deal with your private experiences. However, when you think about logically applying this rule to your suffering, the human mind begins to think that being willing to experience anxiety will eventually reduce it. However, this isn't being willing to have anxiety. What it really means is that you are only being willing today in order to free yourself from feeling anxiety tomorrow. You are still trying to avoid your anxiety. This is what your mind does with the idea of willingness and this is what makes it difficult to grasp.

Complete the exercise on page 9 of this section in this book. This exercise allows you to explore some reasons why you might choose willingness.

Willingness

Willingness and acceptance mean to respond to your experiences by experiencing them. It means to adopt a gentle loving posture towards yourself so it is more likely for you to be aware of your own experiences. The goal is not to feel *better*, but to learn how to *feel* better.

Complete the exercise on page 10 of this section in this book. This exercise gives you an idea of what can happen if you use these willingness techniques.

Because the idea of willingness is difficult to grasp, we will return to this concept later.

Overview

Go over the ideas outlined on page 13 of this section in this book. They are to help you with the main points that are mentioned here

Also, answer the three questions on page 14.

Exercises

Exercises: Five reasons it is difficult to see experiential avoidance does not work

Refer to pages 34-35 of the ACT self-help book to complete this exercise. Read the relevant sections from and write your answers here as you go along.

1. In the space below, list some examples of successful occasions when controlling by conscious problem-solving worked for you in the external world:

2. Think of when you were a child. See whether you can remember any messages given to you by others that suggested you should easily be able to control your emotions or thoughts. If you remember any, list them here.

3. List examples of how other people seemed more confident calmer or happier and more able to control their internal emotional states than you were:

Now, see if you can remember when you first realised that the people who looked so together to you when you were very young were actually struggling. List them here:

4. See if you can remember some media messages. Write them down then answer this, what do you think the underlying experiential avoidance message was?

5. (Read example on page 35). If this is your experience, list examples of those times when you did things just to get the approval of others that in the long run felt gales to you:

Exercise: The Blame Game

Refer to page 38 of the ACT self-help book to complete this exercise.

This exercise is about responsibility and response-ability

In the space provided below, write down some examples of blaming yourself or others for any negative events that you've experienced. Then on a scale of 1 to 10, rate how well your examples worked to motivate and empower you to live your life in a more vital, fulfilling and liberated way. (In this scale, 1 means not empowered at all and 10 means empowered to the max).

Blaming examples	Vitality Empowerment Ratings 1-10

If you are like most people, you would not have felt particularly empowered when playing the blame game. If blame isn't working, you need an alternative. Response-ability means that you acknowledge that you are able to respond. This has nothing to do with the blame.

Exercise: Judging your own experience. Examining what works

For this exercise, you can simply use your Daily ACT ratings. The pain is the same as suffering, and the workability is the same as overall success. It is up to you whether you want to make separate ratings or simply rely on the daily rating forms. In doing, remember that you are exploring what you experience and again, remember to focus on your public speaking

Day Pain Struggle Overall Success

_____ _____ _____ _____

Any notes about painful events felt today? _____

_____

Day Pain Struggle Overall Success

_____ _____ _____ _____

Any notes about painful events felt today? _____

_____

Day Pain Struggle Overall Success

_____ _____ _____ _____

Any notes about painful events felt today? _____

_____

Day Pain Struggle Overall Success

_____ _____ _____ _____

Any notes about painful events felt today? _____

_____

Day	Pain	Struggle	Overall Success
_____	_____	_____	_____

Any notes about painful events felt today? _____

_____

Day	Pain	Struggle	Overall Success
_____	_____	_____	_____

Any notes about painful events felt today? _____

_____

Exercise: What are You Feeling and Thinking Right Now?

Refer to page 41 of the ACT self-help book for this exercise.

Before you can move on with your life you need to look at where you are right now. Do not try to change anything, just be more mindful of what you are doing right now.

We've found that when people start looking more carefully at their own experiences, without running away or covering up, that occasionally, experiences that were below their threshold of awareness percolate up to their conscious mind. To end this chapter, in the space below, list any thoughts and feelings you are having about your public speaking anxiety. If you begin to see some issues that have been buried below the surface, take this opportunity to describe them; put them out on the table where they can be seen in the light of day.

Exercise: Why is willingness important?

Refer to the bottom of page 47 and page 48 of the ACT self-help book to complete this exercise.

Why is willingness so important? Read the following statements and see if they hold true for you too.

- Why willingness? Because when I am struggling against my anxiety, the struggle seems to make it more painful.
- Why willingness? Because when I move away from the pain that I meet when I'm pursing what I value most, I also move away from the richness of life that those valued actions bring to me.
- Why willingness? Because I have suffered enough from my public speaking anxiety

Write down three or four of your own responses that come to mind. If you feel resistance, just notice that, and in a kind, compassionate way allow yourself to feel resistant, and then return to the question, bringing your sense of resistance with you.

- Why Willingness? Because_____

_____

- Why Willingness? Because_____

_____

- Why Willingness? Because_____

_____

- Why Willingness? Because_____

_____

Exercise: Being Willingly Out of Breath

Get a watch, sit somewhere where you won't be disturbed for a minute. When you are seated, take a deep breath and hold it as long as you can. When you are finished, write down how long you held your breath:

I held my breath for _____ seconds

Willingly out of Breath
Read over the instructions on page 49 and 50 of the ACT self-help book doing this. Make sure you completely understand the instructions before attempting the exercise. Read them now.

- Have you read the instructions? If so, before beginning to hold your breath, list one or two other actions you might do during this exercise that might help you to be aware of all your feelings, thoughts, sensations and urges while you are holding fast to the goal of holding your breath. Write down only acceptance strategies, not experiential control or suppression strategies.

_____

_____

Take a deep breath and hold it as long as you can. When you are finished, write down how long you held it:

_____ seconds

Answer the questions on the next page

Describe your experience during this exercise:

Did the aversive of not breathing come and go? When did it go up or down?

How did your mind try to persuade you to breathe before you really had to?

What was the sneakiest thing your mind did?

Do you see the possible implications that this exercise might have for how your life has been going, especially in the areas you have been struggling with? If so, what do you see?

Now look back at the amount of time you were able to hold your breath before you started reading this chapter. If you weren't able to see any possible applications for this exercise in the areas you have been struggling with, does this comparison open up any new doors for you?

The strategies you were asked to use to hold your breath longer are the techniques Hayes will introduce you to in the remainder of this book. If you could hold your breath longer the second time, there is some evidence the information in this book may be worthwhile. These ideas will be applied to more complex problems than the urge to breath, but the principle is the same. If you commit to a particular act, use mindfulness and defusion when your mind gives you problems with pursuing that path and move forward, accepting what your mind offers you; you will be in a better position to live a full and meaningful life- with or without unpleasant thoughts, emotions and sensations.

Week 2: The material this week aims to help you understand the following ideas; Go over these and see if they make sense to you

9. The main reasons you apply experiential avoidance strategies to your fear of public speaking

10. The cycle of avoidance.

11. The way the hungry tiger metaphor relates to your fear of public speaking.

12. Why experiential avoidance does not work.

13. The difference between responsibility and response-ability.

14. The alternative to experiential avoidance.

15. What our mind does with the statement ‘If you are not willing to have it, you will’ and the problems with this.

16. What willingness and acceptance are.

17. What the goals of willingness and acceptance are.

Circle the number that represents how you feel:

This component provided useful skills for my public speaking anxiety

Not at all Very much
0 1 3 4 5 6 7 8 9 10

I accepted the ideas in this component are valid

Not at all Very much
0 1 3 4 5 6 7 8 9 10

I enjoyed reading this section of the programme

Not at all Very much
0 1 3 4 5 6 7 8 9 10

Week 3

THE TROUBLE WITH THOUGHTS

Week 3: The Trouble with Thoughts

Reading: Chapter 5

Chapter 5

Thought production

We are always thinking. Thinking is useful as it is symbolic. Thoughts are related to the events they represent and, because of this, both the event and thought influence each other. This allows us to problem solve. However, this can be problematic when this process is a) taken to extremes and b) applied to all thought. This is cognitive fusion and it happens when we treat and respond to the thoughts as though they were experiences they represent.

Complete the exercise on page 3 of this section in this book. This exercise illustrates just how much you 'think.'

Cognitive fusion

Cognitive fusion involves treating thoughts as if they are what they represent. When we do this, we allow thoughts to dominate other sources of behavioural regulation because we fail to pay attention to the process of relating. Instead we only see the products of the things we relate.

This failure to pay attention to the process of relating causes problems through

- The process of self-conceptualisation;
  This occurs when we identify with our thoughts. Statements like 'I am anxious,' make it difficult to see that this is a thought your mind produced and not, in fact, you.
- The process of evaluation;
  Our evaluations become attached to the events, changing their function and our other thoughts about it. This happens with external events, like public speaking situations, and private events like anxiety. When we label these events as negative, we no longer want to experience them.

Cognitive fusion causes experiential avoidance. If you have decided that the anxiety in public speaking situations is fused with the thought it is 'too much to bear,' you attempt to avoid it and the situations that cause it occur.

Complete the diary exercise in the separate book you have been given and on page 4 of this section in this book. This exercise is very important and it needs to be done everyday for a week. It will help you explore your struggle with public speaking. While you are completing the diary, go on to the next part of this section. After you have completed the diary, go back and finish the rest of the exercise.

Looking *at* your thoughts rather than *from* them

Looking *from* our thoughts rather than *at* them is dangerous as it means we take the thoughts literally, define ourselves by them, and live according to them. We are fused

with them and this makes us struggle to control what we think. However, this struggle isn't working. If we keep looking *from* our thoughts, we are guaranteed to suffer. Thinking itself isn't the problem. Buying into the thoughts is.

Complete the exercise on page 5 of this section in this book. This is an exercise to help you separate from your thoughts.

Overview

Go over the ideas outlined on page 10 of this section in this book. They are to help you with the main points that are mentioned here

Also, answer the three questions on page 11

.Exercises

Exercise: What are you thinking right now?

Refer to page 51 of the ACT book for this exercise

Try writing down your thoughts as they run through your mind right now. Take a few minutes and write down as many thoughts as you can, while they are occurring in the space provided below:

What did you find? How many thoughts were you able to describe? As you wrote, wasn't it the case that the other thoughts about the thoughts you were thinking popped up? If you stumbled for a moment and thought something like, "I'm not thinking anything," did you understand that this too was a thought?

The space above may not have been enough room to contain all your thoughts. If this is true, consider what this means. Aren't other moments the same? It's no wonder often we often get caught up in our thoughts

(Refer to the top of page 56 of the ACT book)

Exercise: Keeping a pain diary

Refer to pages 56-61 of the ACT self-help book to complete this pain diary. The pain diary is in the separate book you have been given. This is to allow you to be able to carry it around.

This diary will take some dedication to fill out but it will be worth it. It will allow you to see what you are struggling with. Remember to keep focused on your public speaking anxiety, but do not limit yourself. If you feel like you need more copies of the diary, just get in contact with me.

Looking at your pain diary
When you've kept your pain diary for a week you should have a better idea of the situations in which you struggle, the content of the struggle and the thoughts that come up in association with your struggle.
Now, look back over your entries for the week and see whether there are particular thoughts, feelings or events that tend to lend to your struggling (the items in the second column on the left) Write down any consistencies that you've observed on the six lines below. (Don't worry if you don't have six. One or two will do.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Now look at what you tend to struggle with psychologically (items in the third column). Avoid externalizing. In other words, try to concentrate on what's happening for you internally. If external events came up for you, see if these items would fit better in the second column. As you write down consistencies, see if you can also categorise them into thoughts, feelings, bodily sensations, memories or behavioural urges, and if you can do that, add that descriptive category in parentheses after you describe your struggle. Write down any consistencies that you see on the lines below.

1. _____
2. _____
3. _____

4. _____
5. _____
6. _____

Now look at the thoughts that came up in association with your psychological struggles (the items in the fourth and final column). Look at your consistent patterns. If you find that looking at your thoughts leads to more thoughts (that is, what you think when you read your diary), you can put these on the list as well. Write down the kinds of thoughts you tend to think on the lines below.
As you write down the consistencies, see whether you can classify them into evaluations (judgements you make about things); predictions (attempts to forecast the future); post-dictions (attempts to understand or sort through the past; this may occur if you are engaged in "what if-ing" past experiences); or self-conceptualizations (judgements made about yourself; these often come in the form of 'I am' statements) and if so, add that descriptive category in parentheses after you describe the thought.
For example 'I can't stand this anxiety' would take (evaluation) and "I am worthless" would take (evaluation and self conceptualization). Write down any consistencies that you see on the lines below.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Finally, write down any consistencies you see in the relationships between columns two, three and four. Are certain feelings and thoughts more likely in certain situations? If so, write them down (for example, "it seems that when I withdraw, then I struggle with loneliness or anxiety, and then I criticise myself")

1. _____
2. _____
3. _____
4. _____

5. _____

6. _____

It's important you don't grab hold of these formulations and try to solve them (for example thinking, "I should stop criticizing myself"). We will work on what to do with them shortly. Right now, the job is more basic: let's see if you can look at what's been happening. Your job now is simply to sit with the knowledge you collect.

Exercise: Watching the Mind-Train

Refer to pages 66-67 of the ACT self-help book to complete this exercise
The ore on the mind-train

Present sensations, perceptions and emotions	Thoughts	Urges, actions and coping strategies

If you psychologically disappeared, didn't get the exercise started, or rode off with something in the car, what happened just before that? What sort of content came up that took you off the bridge? Some especially common ones are memories with strong emotions attached, thoughts about the exercise itself and thoughts about your future. Take a few minutes to note these things in the space below:

These are things that ‘hooked’ you, very likely because of cognitive fusion. Your job is to learn how to stay on the bridge longer and, when you leave the bridge, to get back there more quickly. This exercise is to introduce you to the cognitive defusion techniques that are in the next section.

Week 3: The material this week aims to help you understand the following ideas; Go over these and see if they make sense to you

1. How our thoughts can become problematic.
2. What occurs when thoughts are related to the events they represent.
3. The meaning of cognitive fusion.
4. Two outcomes of not paying attention to the ‘process of relating’ events.
5. Cognitive fusion’s relation to experimental avoidance.
6. Why keeping your pain diary was thought to be a useful exercise.

Circle the number that represents how you feel:

This component provided useful skills for my public speaking anxiety

Not at all Very much
0 1 3 4 5 6 7 8 9 10

I accepted the ideas in this component are valid

Not at all Very much
0 1 3 4 5 6 7 8 9 10

I enjoyed reading this section of the programme

Not at all Very much
0 1 3 4 5 6 7 8 9 10

Week 4

SEPARATING YOURSELF FROM YOUR THOUGHTS

Week 4: Separating Yourself from your Thoughts

Reading: Chapter 6

Chapter 6

Cognitive defusion

Thoughts become problematic when we look at our world *from* them. The alternative to this is to look *at* them. Cognitive defusion techniques help you to this. They allow you to make the distinction between the world as structured by your thoughts, and your thinking as an ongoing process.

Cognitive defusion is the opposite of fusion. When two events are fused together they are treated as the same thing. The events begin to take on each others functions. This is known as a 'transformation of function. For example, for you, public speaking has taken the function of something that is scary because of the associations that you have created between it and other events (i.e., humiliation). The defusion techniques will help you deal with the outcome of this.

Defusion techniques overlap with another. They are not meant to eliminate or manage pain. Instead they attempt to teach people to be present in the here and now and be aware of the process of thinking instead of just the products of the thoughts. They may allow you to live more flexibly, without letting your thoughts control you.

There is a grid that you can fill out on the bottom of page 14 of this section in this book that will allow you to keep track of the defusion techniques that you complete.

The techniques will teach you

- How words are just words, which will help you understand and modify the relationship you have 'painful words.' (e.g. I am 'worthless')**.** *Complete the exercise on page 3 of this section in this book.*

- That the relational networks we have are formed across our history and cannot just go away. Instead, we have to relate to painful networks differently. *Complete the exercise on page 5 of this section in this book.*

- To label your experiences as what they are (i.e. a thought) instead of what they represent. *Complete the exercise on page 6 of this section in this book.*

- To notice your thoughts in an open way. *Complete the exercise on page 7of this section in this book.*

- To create distance between you and your thoughts. *Complete the exercises on page 8 and 9 of this section of this book*

- To notice the difference between *descriptions* of objects and events and our *evaluations* of events. Evaluations are secondary attributes that are formed around our interaction with the objects and events. Our suffering comes from the fact we mistake evaluations for descriptions. When we do this, we think our evaluations are the primary properties of the objects, which means we think that certain events like public speaking are actually inherently 'bad. *Complete the exercises on pages 10 and 11 of this section in this book.*

Overview

Go over the ideas outlined on page 14 of this section in this book. They are to help you with the main points that are mentioned here

Also, answer the three questions on page 15

Exercises

The next set of exercises to teach you how to separate yourself from your thoughts. They are cognitive defusion techniques and can help you whenever you become fused with your thoughts. Practice them wherever you like.

Exercise: Milk, Milk, Milk

To begin, we would like you to think about milk. What is milk like? What does it look like or feel like? Write down a few of the attributes of milk that come to your mind:

Now, see if you can taste what milk tastes like. Can you do that? If so, write down what it tastes like the best you can. If not, you probably can do it this way: What does sour milk taste like? Can you get a little taste of that?

It's unlikely that there is any milk in your mouth right now, but most of you can taste it. That is the transformation of functions effect built into human language. Now, here is a simple exercise, almost one hundred years old that has proven very effective for catching the word machine in action.

Exercise: Say the Word 'Milk' as Fast as You Can

Refer to page 72-73 of the ACT self-help book to complete this exercise

How did that this feel to you? What was your experience with saying 'milk' over and over again? Now in the space below, jot down some notes on your response.

Did the word still invoke the image the same way that it might have before you did the exercise?
Finally did you notice anything new that might happened? For instance, it is common to notice how odd the word sounds, how the beginning and end of the world blend together or how your muscles moved when saying it. If so, note these effects below?

Now, write down the negative word that best describes you when you are being really hard on yourself: _____

- Right now, how distressing is it to think that this word applies to you? 1 means not at all distressing and 100 means maximally distressing: _____
- Right now, how literally true or believable does this word seem as it applies to you? _____

Now say the word as fast as you can for twenty to forty-five seconds

- Right now how distressing is it to think that this word applies to you? 1 Means not at all distressing and 100 means maximally distressing:_____
- How literally true or believable does this word seem to be as it applies to you? _____

Read the section after the exercise on page 73 of the ACT self-help book.

Exercise: The Conditioned Nature of Thought

Refer to page 73-75 of the ACT self-help book to complete this exercise.

Read the exercise from the self-help book and fill in the spaces in the workbook as you go through.

Playing Word Games

Now, let's play a game. Complete the following phrases with whatever comes to mind.

Blondes have more_____

Eeny, Meeny, Miny, _____

There's no place like _____

Why do you think you wrote what you wrote? Isn't it because those phrases are a part of your history?

Write down a word, but make sure what comes up has nothing to do with 'fun'

Blondes have more_____

Now notice what your mind did and ask yourself;

Did you do the task? Yes/no

If you circled no, then you noticed what your mind did.

Language is not always harmless. For example, complete the following phrases:

I'm not a good person, I'm_____

I'm so sad I think I will just_____

The worst thing about me is that I'm_____

I can't public speak because I am_____

Read the rest of page 74-75

Exercise: Labelling Your Thoughts

Refer to pages 75-76 of the ACT self-help book to complete the exercise

Now you are ready to try your hand at labelling. Let your experiences flow, and label them appropriately, as they arise

This allows you to defuse yourself from the contents of your private experiences. For example, you may notice there is a big difference between the sentences, 'I am anxious, and 'I am feeling that I am anxious.' We encourage you to do this kind of labelling in your own self-talk, that is, the way you talk to yourself, and to be rigorous about applying labels for at least a week. After that, use labelling when ever you become entangled with your own thoughts and feelings and you feel that you need to establish some distance. You might not want to talk this way to others since it sounds so strange, but maybe you can do it with a spouse or a friend.

Exercise: Floating Leaves on a Moving Stream

Refer to pages 76-77 of the ACT self-help book to complete this exercise.

This exercise is about noticing your thoughts as they come into your head. Make sure you are sure of the instructions before you begin.

How long did you go until you got caught by one of your thoughts?

_____

If you got the stream flowing and then it stopped, or if you went somewhere else in your mind, write down what happened just before that occurred:

_____

_____

_____

If you never got the mental image of the stream started, write down what you were thinking when it wasn't starting:

_____

_____

_____

You may want to do this exercise regularly so you can see if you can do better over time.

Exercise: Describing Thoughts and Feelings

Refer to pages 78-79 of the ACT self-help book for this exercise

This exercise is about objectifying your thoughts and feelings so that you can create distance between them and yourself.

Answer the following questions about an item on your suffering inventory.

- If it had a colour, what colour what it be? _____
- If it had a size, how big would it be?_____
- If it had a shape, what shape would it be?_____
- If it had power, how much power would it have?_____
- If it had speed, how fast would it go?_____
- If it had a surface texture, what would it feel like?_____

What impressions do you have about this creature below? Note any thoughts or emotions you may have about it and see if you can make progress in letting go of your struggle with it.

_____

_____

_____

_____

_____

If you have resistance, find it and answer the following questions about it.

- If it had a colour, what colour what it be? _____
- If it had a size, how big would it be?_____
- If it had a shape, what shape would it be?_____
- If it had power, how much power would it have?_____

- If it had speed, how fast would it go?_____
- If it had a surface texture, what would it feel like?_____

If you can drop the tug of war with this second object, take a peek now at the first one. Does it look any different?

When you are ready, take them both back inside you, one by one. Try to do this in a loving way, the way you might welcome your children into your home when they are dirty, smelly and tired from a long time. You don't have to like how they look or smell to welcome them back in. These poor orphans have nowhere else to go.

Exercise: A Variety of Vocalisations

Refer to pages 79 -80 of the ACT self-help book to complete this exercise.

Exercise: Descriptions vs. Evaluations

Read from pages 80 – 82 of the ACT self-help book to complete this exercise

Now list some attributes of a tree:

Primary attributes: (Leaves, colour, etc.) _____

_____

Secondary attributes: (ugly, ominous, beautiful, etc.)_____

_____

List some attributes of a recent movie you've seen:

Primary attributes: (Ninety minutes long, Cameron Diaz was the lead actress, etc.)__

_____

Secondary attributes: (Boring, exciting, too long etc.)_____

_____

List some of the attributes of a close friend of yours:

Primary attributes: (Height, hair colour, etc.)_____

_____

Secondary attributes: (Smart, dumb, beautiful, etc.) _____

_____

Now try to distinguish the difference between the primary and secondary attributes of your emotional experience.

First jot down your painful emotion here:_____

Now list the attributes of this experience, just the way you did above. Remember that primary attributes are the direct qualities of the experience, while secondary attributes are the way you judge or evaluate the experience. For example, think of your public speaking anxiety. When you felt the anxiety, you could list things like ‘increased heart rate and fast breathing as primary attributes. As a secondary attribute you may have judged this ‘As the worst experience of your life.’

Primary attributes_____

_____

Secondary attributes_____

_____

When you can distinguish between descriptions and evaluation, then you can see if your mind is noticing an experience or if it is making judgements on it. You can amplify this distinction by adding it to your ‘labelled thoughts’ list from the Labelling Your Thoughts exercise earlier in this chapter. For example, you could say, ‘I am having the evaluation that anxiety is bad’

Exercise: A Few More Defusion Techniques

Refer to pages 82-86 of the ACT self-help book to complete this exercise

Try out and practice as many as these techniques as you can. You may be able to apply some of them in your life. It will also help you with the next exercise.

Exercise: Creating Your Own Cognitive Defusion Techniques

If you've done the work and practiced the techniques in this chapter to the degree that you understand cognitive defusion, you should be able to create your own techniques. Being able to do this will empower you to use cognitive defusion as you wish.

Start with a thought you are struggling with. Write it down here:

Now imagine a context in which those same words were not be something you had to believe or disbelieve, but would be only something you would notice. For example, when are you more likely to read, hear, or listen to words with amusement or when their literal truth is not a big issue? Write down some examples here (for example, when I read stories in the National Enquirer, when I listen to a comedian, etc.)

Now construct a defusion technique that links the thought you are struggling with and your answers to the last questions. Describe how you might think _____ [write down the problem thought] in this way (e.g. the way the National Enquirer would handle this thought, or the way a comedian would treat this thought):_____

Now lets use this technique. Bring the problem to mind and give it a good try. Don't stop until you are sure you have done it long enough to assess its impact.

Write down what happened when you did that here:

After you used the technique:

- Were you better able to see the thought as a thought?
- Did the believability of the thought go down?
- Did the distress caused by the thought go down?

If you have two or more ‘no’ answers, try it again. If you still have two or more ‘no’ answers, this is not a developed cognitive defusion technique for you. Try again and develop something else. If you have mostly yes, (especially to the last two) you are practicing defusion techniques.

Week 4: The material this week aims to help you understand the following ideas; Go over these and see if they make sense to you

7. The point of cognitive defusion techniques.

8. That it is important to distance yourself from your thoughts.

9. The meaning of the phrase 'transformation of functions.'

10. The difference between descriptions and evaluations.

11. Which techniques did you try?

Exercise	Did you practice it? If so, how many times (1 is fine)	How did you find it? (i. e. useful or not)	Any comments?
Say milk as fast as you can			
The conditioned nature of thoughts			
Labelling your thoughts			
Floating leaves on a moving stream			
Describing thoughts and feelings			
A variety of vocalisations			
Descriptions vs evaluations			

12. Did you try any other techniques from the grid on page 67?

Circle the number that represents how you feel:

This component provided useful skills for my public speaking anxiety

Not at all Very much
0 1 3 4 5 6 7 8 9 10

I accepted the ideas in this component are valid

Not at all Very much
0 1 3 4 5 6 7 8 9

I enjoyed reading this section of the programme

Not at all Very much
0 1 3 4 5 6 7 8 9 10

Week 5

YOU ARE NOT YOUR THOUGHTS

Week 5: You are not your thoughts

Reading: Chapter 7

Chapter 7

Hayes' argues that we have three senses of self. The conceptualised self, the self as a process of ongoing awareness and the observer self. This chapter is about moving from the conceptualised self to the observer self, which allows a more defused way to relate to your thoughts.

Self-conceptualisations

Self-conceptualisations are statements your mind makes about you as a person that you take as literal truths. They enhance what the book describes as psychological rigidity. We identify with these labels we give ourselves and act and react according to them.
Think about the statement 'I am a person who is afraid of public speaking.' By believing in this label we will act in a way that supports it. We avoid public situations or feel fear when we are in them. However, we cannot really be explained by one simple statement. We are too complex.

Complete the exercise on page 3 of this section in this book. This exercise shows you how you have become invested in your self conceptualisations

Three senses of self

The conceptualised self

This self comes from verbal categorisations and evaluations and is the most familiar and dangerous self. It is the 'I am….' self. It allows us to have reasons for our actions and coherence for our experiences. This leads us to repeating the behaviour that fits into this idea of self. It makes us identify with our anxiety and live our lives as 'An anxious person.'

Complete the exercise on page 4 of this section in this book. This exercise illustrates how we can let go of our attachment to our conceptualised self

The self as a process of ongoing self-awareness

This is fluid, continuous knowledge of your own experience in the present. This self involves applying descriptive, non-evaluative, present and flexible verbal categories to the self. ("Now I'm feeling this." "Now I'm thinking that"). This sense of self is important for healthy psychological functioning as it allows you to have knowledge about your experience. However, it is diminished when the conceptualised self dominates.

The observing self

This is the least familiar self but it has always been with us. This is the only self that is not an object of verbal relations. This sense of 'I' is boundless and it is always with us when we experience events. It exists throughout our experiences. It is not a thing. It is a place that allows us to be accepting, defused and present in the moment.

The chessboard metaphor

Hayes uses a chessboard metaphor in order to teach us how to connect with the observer self. He states that if we view ourselves as the board, it means that we are no longer part of the struggle that the pieces are in. We are contact with them, but we aren't involved in the battle between them. The battle does not change who we are. We are not the pieces. This is like being the observer self. We are in touch with our experiences, but we are not identified by them. The observer self allows us to be in the present moment and allows defusion to occur.

Complete the exercises on pages 7, 8, 9 and 11 of this section in this book. These exercises help you get in contact with your observer self.

Overview

Go over the ideas outlined on page 13 of this section in this book. They are to help you with the main points that are mentioned here

Also, answer the three questions on page 14.

Exercises

These exercises are to help you contact the observer self.

Exercise: Considering your self-conceptualisations

I am a person who _____

_____

_____

I am a person who does not_____

_____

_____

My favourite part about myself is_____

_____

_____

My least favourite part about myself is_____

_____

_____

I have been wronged because other people have_____

_____

_____

I am a person who is bad at _____

_____

_____

Refer to pages 88 and 89 of the ACT self-help book to complete this exercise

Exercise: Retelling your own story

Refer to page 90 of the ACT self-help book to complete this exercise.

This is about how you view your experiences from the conceptualised self.

In the space provided below, write the story of your suffering with public speaking anxiety (but don't restrict yourself!) as you might have written it before you began working with this book. Be brief. Describe your main problems and the historical, situational and personal reasons for its presence in your life.

Now go back and read what you wrote and underline several facts. Facts are descriptions, not conclusions. Leave out any causal analyses. (Causal analyses can be identified by the use of words like ‘because.’ If there are any causal analyses, do not underline them). Now take the facts you can extract from what you wrote and write an entirely different story with an entirely different ending using all these facts. This is not promise, prediction or evaluation. See whether you can take these objective facts and integrate them into a different story below.

The point of this is to show you that the facts in our story do not determine the stories that appear and the facts are important because of the story they are part of. We cannot change the facts, but maybe we could change the story about the facts and our self-conceptualisations that result from them.

Exercise: Experientially, I'm not that

Refer to pages 97-98 of the ACT self-help book to complete this exercise.

This is a meditation exercise. The instructions are simple so you will be able to memorise them then do the exercise without looking page. It is about creating a distinction between the observing self and what you are observing.
What did you find?

Exercise: Tracking Your Thoughts in Time

Refer to page 100 of the ACT self-help book to complete this exercise

Time line: _____

What did you notice about your thoughts? Was there a specific time that kept coming up or did your thoughts move around throughout time? Write a few notes on your experience below:

Refer to page 101 of the ACT self-help book for the second half of the exercise

Repeat the exercise while trying to remain in the present. With practice, you will stay in the present for a longer period of time.

Exercise: Watching Bodily Sensations

Refer to page 101 of the ACT self-help book from the heading 'watching bodily sensations' to page 103 to complete this exercise

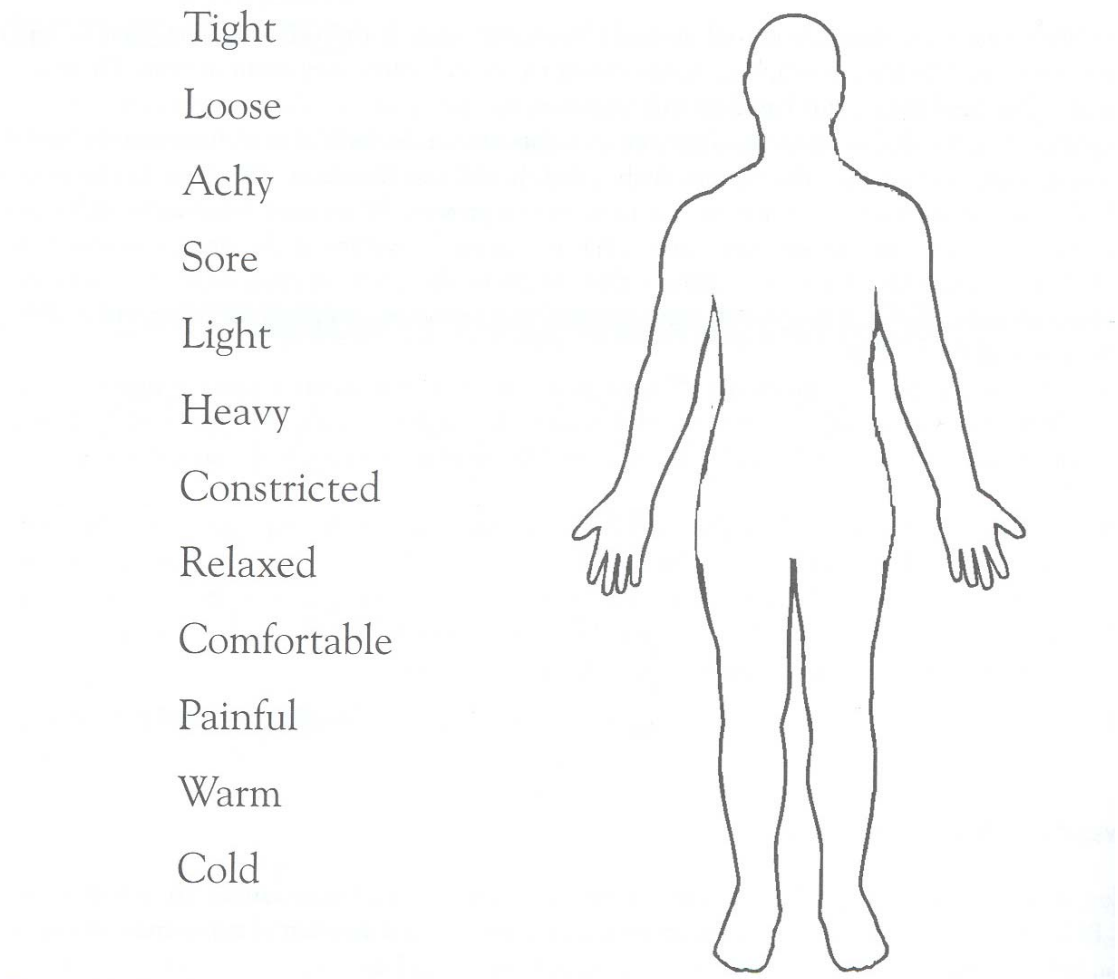


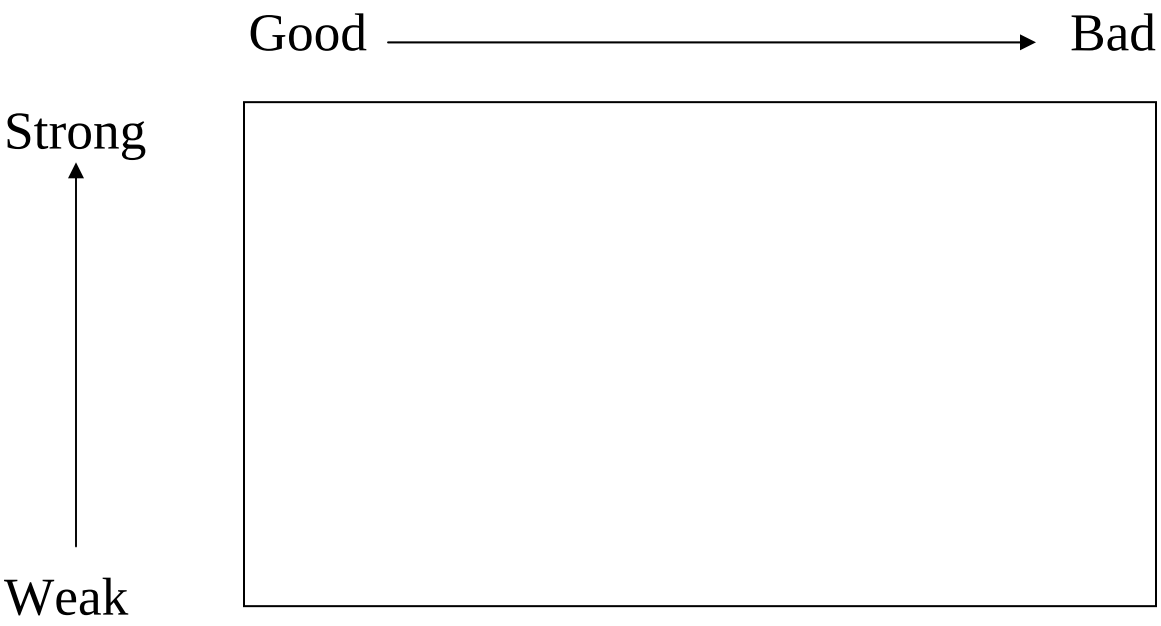
Figure 7.1: Your body.

Once you have completed the exercise, take a few minutes to jot down some notes about your experience.

Exercise: Defusing from implicit evaluations

Refer to pages 103 from 'defusing from implicit evaluations' to 104 in the ACT self-help book to complete this exercise.

It is about defusing from the evaluations you have about your thoughts.



Again take a few minutes to respond to your experience

What happened for you in this exercise? Did you notice that your evaluations moved around as your mind moved from one thought to the next? Were you able to dig out implicit evaluations, that, normally, you might miss? Were you able to let go of these judgments?

Week 5: The material this week aims to help you understand the following ideas; Go over these and see if they make sense to you

1. What self conceptualisations are.
2. What the ‘conceptualised’ self is.
3. What the ‘self in the present’ is.
4. What the ‘observer self’ is.
5. What the chess metaphor is.

Circle the number that represents how you feel:

This component provided useful skills for my public speaking anxiety

Not at all Very much
0 1 3 4 5 6 7 8 9 10

I accepted the ideas in this component are valid

Not at all Very much
0 1 3 4 5 6 7 8 9 10

I enjoyed reading this section of the programme

Not at all Very much
0 1 3 4 5 6 7 8 9 10

Week 6

MINDFULNESS

Week 6: Mindfulness

Reading: Chapter 8

This chapter is to show you the effects of mindfulness. To do this, your really DO need to try it out and engage with the process- Give it a real go!

Hayes argues that to practice mindfulness techniques you need to

1. Set aside the time (write the times you decide here)
   How many times a week do you want to practice _____.
   Every day is best.
   Time limit for practice (15-30 minutes) _____

2. Relaxation and distraction
   You don't have to be relaxed to do it. Just be aware of your feelings.
   Initially it's best to practice without having to do other tasks.

3. Feeling too bad to practice
   There is no such thing as feeling too bad to practice.

There is a grid on page 10 of this section in this book. This will allow you to keep track of the mindfulness techniques that you attempt.

Practice of mindfulness

- Mindfulness involves getting in touch with your own experience moment to moment in a defused and accepting way
- The point is to defuse from your evaluations
- There is no right or wrong way to be mindful

During mindfulness practice it is helpful to label the content by type. (e.g. there's a thought.') This helps you deal with the content in a defused way

Mindfulness and mediation

- Mindfulness mediation is one way to contact the observing self. In Zen Buddhism this involves 'just sitting' and watching what your mind and body produces for you. You will experience this form of mindfulness at the end of the chapter.

Mindfulness in context

All the material in this book works together. Experiment with different techniques and combine them what ever way you like. Mindfulness allows you to increase your psychological flexibility and broaden the way you respond. You need to practice these exercises to make them work. If you apply them during, before, or after public speaking they may help you with the anxiety you have been struggling with.

Go through the exercises that start on page 3 of this section in this book. Again, you need to practice them to be able to use them. Think about ways they can help with your fear of public speaking

Overview

Go over the ideas outlined on page 10 of this section in this book. They are to help you with the main points that are mentioned here

Also, answer the three questions on page 11.

Exercises

Exercise: Be where you are

Refer to pages 108-109 of the ACT self-help book to complete this exercise

When you have completed the 'Be Where You Are' exercise for the first time, take a few minutes to comment on it below. If you wish, you can continue this practice of writing your response in a journal after each session, but it is not necessary.

Exercise: Silent Walking

Refer to page 109 of this exercise to complete this exercise. This is a form of walking mediation

What did you find?

Exercise: Cubby-holing

Refer to pages 109- 110 of the ACT self-help book to complete this exercise.

This exercise involves categorising your thoughts, bodily sensations, emotions and feelings. This is to deal with your psychological content in a defused way. By cultivating this habit, you will be able to deal with difficult psychological content.

Write your experience here

Exercise: Eating Raisins

Refer to page 110 of the ACT self-help book to complete this exercise

Answer these questions about the second raisin. Is the flavour different when it is eaten this way than it was last time? How is it different? What does it feel like in your mouth as it falls apart? How does it feel as you swallow it? How does it compare with the last raisin? What's different when you eat the raisin mindfully rather than simply popping it in your mouth and slurping it down? Write down your answers to these questions in the space below:

Exercise: Drinking tea

Refer to page 111 of the ACT self-help book to complete this exercise.

Now we will try a similar exercise with a cup of tea.

1. Boil a pot of water
2. Get a tea bag or a tea- leaf strainer filled with tea leaves and put it into a cup
3. Pour the boiled water over he tea bag or the strainer. Fill the cup
4. Let it steep

As it seeps, watch the water change colours. When you first pour the water over the tea, the water will turn a light brown, green or red (depending on the kind of tea you were using) soon it will darken. Let it steep for a few minutes and remove the tea from the water. Look closely at the colour of the tea. Is there anything you didn't notice about the colour before? If so, you may want to jot down your observations below:

What did you experience while drinking the tea (refer to page 111 for things to think about). Describe your experiences below.

Exercise: Eating Mindfully

Refer to page 112-113 of the ACT self-help book to complete this exercise.

The above exercises are part of a larger practice known as mindful eating. Being aware of your eating behaviour, rather than rushing through it, is a way to bring you back into the present moment. It helps you to remove yourself from the conceptualised self.

What did you find?

Exercise: Listening to classical music

Refer to page 113-114 of the ACT self-help book to complete this exercise.

If do not have access to classical music, please tell me.
This exercise can give you insight on how you focus your attention on specific aspects of complex sets of stimuli, concentrate on several things at the same time or allow all of your experience to become wrapped up following one song.

Answer these questions: Do you find yourself listening to certain sounds more than others? Can you hear all the different instruments while listening to the piece of music as a whole? What happens when you listen to all the instruments together? Does it change into a different, bigger sound? Can you identify the point when single sounds are subsumed by the total piece of music? Mindfully watch the way you interact with the sound.

This can be a useful exercise if you love music, because the way we listen to music is the same way we listen to our word machine. We often get swept away with it. However, if we maintain a posture of mindfulness, it enriches the experience as we can notice individual sounds and still choose to be carried away. You can apply this mindfulness to your anxiety.

Exercise: Be Mindful of Your Feet While You Read This

Refer to page 114 of the ACT self-help book to complete the exercise.

Were you able to remain mindful of your feet while reading this nursery rhyme? Did you notice that your awareness was shifting back and forth between the content of the passage above and your feet? Did you become mindful of your feet only occasionally when you remembered them? Or were you able to hold onto your feet mindfully while reading the passage above? Take a few minutes to answer some of these questions.

This exercise asks you to divide your attention between being mindful of your feet while reading a nursery rhyme. It also mimics the way we sometimes can get so wrapped in our own stories we forget other things that are going on for us. When you first felt anxiety in public speaking situations you may have forgotten there were other things going on for you. Your anxiety may have only mattered if you take notice of it. You may also pay attention to your hands, feet or the air around you. There are a million other things that you could pay attention to. Remember, the goal is not to forget or ignore you anxiety. However, you can focus on other things to practice being able to attend in the moment. You can do this while reading anything.

Exercise: Meditation

Refer to pages 115, from the heading 'Mediation', to page 119 in the ACT self-help book to complete this exercise

Mindfulness mediation is the oldest method of getting into contact with the observing self. In Zen Buddism there is a form of meditation called Zazen that has been referred too as 'just sitting.' It involves sitting and simply watching your sensations come and go. This is a good way to practice acceptance, defusion and being present. You can also use it in conjunction with other techniques in this chapter. This is a very useful mindfulness exercise.

Week 6: The material this week aims to help you understand the following ideas; Go over these and see if they make sense to you

1. What the practice of mindfulness does.
2. The point of mindfulness exercises is.
3. The practice of Mindfulness 'mediation'
4. How you may use these techniques in context.

Exercise	Did you practice it? If so, how many times (1 is fine)	Did you find it helpful?	Any comments?
Be Where You Are?			
Silent Walking?			
Cubby-holing			
Eating Raisins			
Drinking tea			
Eating Mindfully			
Listening to classical music			
Be mindful of your feet when you read this			
Meditation			

Circle the number that represents how you feel:

This component provided useful skills for my public speaking anxiety

Not at all Very much
0 1 3 4 5 6 7 8 9 10

I accepted the ideas in this component are valid

Not at all Very much
0 1 3 4 5 6 7 8 9 10

I enjoyed reading this section of the programme

Not at all Very much
0 1 3 4 5 6 7 8 9 10

Week 7

WILLINGNESS

Week 7: Willingness

Reading: Chapter 9 & 10

Chapter 9

What needs to be accepted?

One of the side effects of unwillingness to feel is that we lose our ability to know what we are avoiding. This makes it easier to make mistakes in our lives. It may mean we miss certain signs that our feelings give. Another problem with unwillingness is that while avoiding negative events, we may also avoid positive events.

Acceptance doesn't mean your emotions will change about public speaking. However, without it, healthy action is not possible. If you view your anxiety as unacceptable, you will be unable to face public speaking situations. If you wait until this anxiety no longer exists, you may have to wait forever. However, accepting it will allow you to approach these situations.

Keep in mind that being willing does not mean that you should accept situations that can be changed, like situations where someone is taking advantage of you.

Complete the exercise on page 3 of this component in this book. This will help you explore the things you avoid.

The goal of willingness

The goal of willingness is flexibility. When you are willing you are more likely to take action in your life.

What willingness is not

- Willingness is not wanting - We do not always want to feel feelings like anxiety, but we should be willing.
- Willingness is not conditional - Willingness cannot be done in half measures.
- Willingness is not 'trying'- 'Trying' is a sign of being only half way willing.
- Willingness is not a matter of belief - It is not something you believe you can do. It is a yes or no question in the moment.
- Willingness cannot be self deceptive - You cannot say 'yes, if' to willingness.
- Willingness as a manipulation is not willingness at all. Willingness means shifting your agenda from the content of your pain to the content of your life.

Willingness is the answer yes to the question 'Will you take me as I am?'

Complete the exercise on page 6 of this section in this book. This exercise explores willingness

Chapter 10

The life question

It's time to begin to jump. You do this by experiencing your private thoughts as thoughts and moving in the directions that you truly value. Hayes describes this as saying 'yes' to the life question.

Radio metaphor

When you feel discomfort about something (public speaking) but you are unwilling to experience it, it creates a '*self amplifying loop*.' By not being willing to experience the anxiety, it means that when it does show up, you have something else to be anxious about. The anxiety itself makes you anxious. If you are willing, it does not mean your anxiety will disappear. It just means you are letting go of your struggle with it. If you try to use willingness to get rid of your discomfort, it will not work. Your level of willingness will go down. Willing means that you are being response-able. You control the level of willingness you have. However, you cannot control your level of discomfort you experience in your life.

Complete the exercises on page 7 of this section in this book. They explores where you will set your willingness dial.

Complete the exercises on age pages 9 and 12. These exercises explore and break down the events and problems that you avoid

Complete the exercise on page 16.. This exercise is about accepting the experiences you avoid in real time.

Overview

Go over the ideas outlined on page 19 of this section in this book. They are to help you with the main points that are mentioned here

Also, answer the three questions on page 20.

Exercises

Exercise: What needs to be accepted

Refer to page 123 of the ACT self-help book to complete this exercise

When answering these questions, think about thoughts and feelings that surround your public speaking anxiety. You may know what you need to accept to move ahead. Look at the questions and see what comes up for you. If you have no idea what to write, skip to the next question.

The memories and images I most avoid include:

Avoiding these memories and images costs me in the following ways:

The bodily sensations I most avoid include:

Avoiding these bodily sensations cost me in the following ways

The emotions I most avoid include

Avoiding these emotions costs me in the following ways:

The thoughts I most avoid include:

Avoiding these thoughts cost me in the following ways:

The behavioural predispositions or urges to respond that I most avoid include:

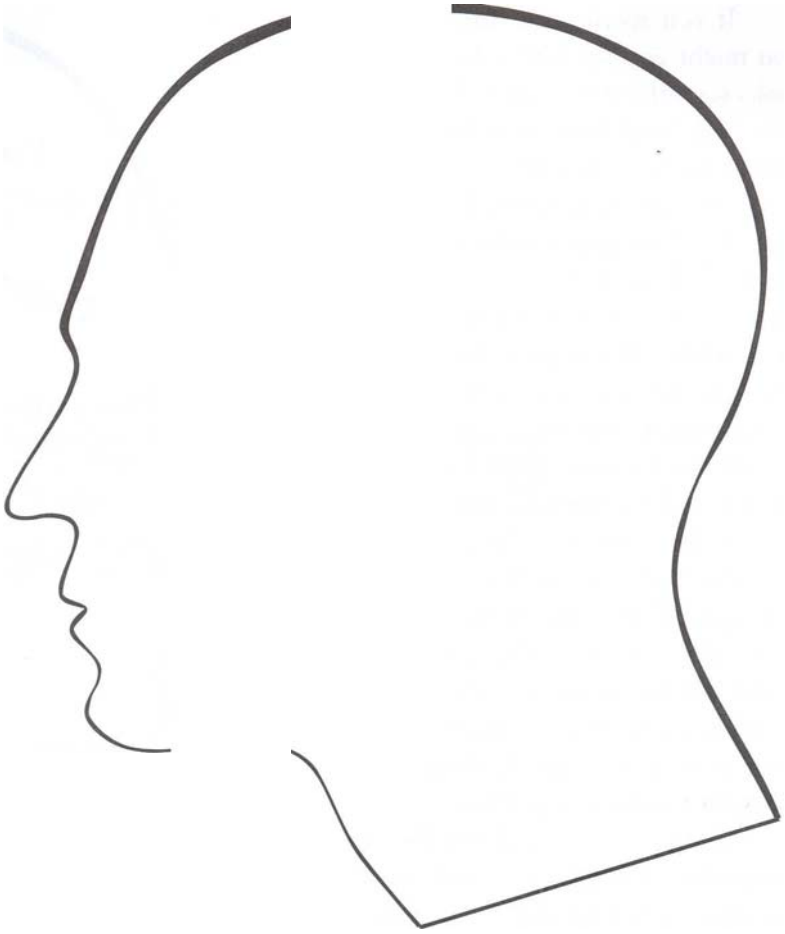
Avoiding these behavioural predispositions and urges to respond costs me in the following ways:

If you were able to respond to the questions in two or more domains of those listed above, and if two or more of these have clear costs, then you are ready to proceed. If not, please contact me (via email) and go on to chapters 11 and 12 before you return to these chapters.

Exercise: The Pain in Your Head

Refer to pages 130-131 of the ACT self-help book to complete this exercise

Inside this head write down a single troublesome emotion, memory, thought, sensation or behavioural urge that you've been struggling with. Now look at what you've written. Does it evoke other strong feelings thoughts or experiences? If so write them in the head because they are 'fellow travellers' with your initial pain. Continue this until you have written everything. If you need to, make a copy of the blank forms (or ask me for a copy) and fill out as many as you need.



After you have written in the head refer back to page 131 to 132

Acknowledging that you are struggling with a head full of these issues is a kind of willingness.

Are you willing to put the paper into your pocket and carry it for a while? We suggest doing it for one hour or more a day but if that is too much, specify the amount of time and commit to doing so_____

Exercise: The Willingness scale

Refer to page 135-136 from 'the willingness scale' in the ACT self-help book in order to complete this exercise.

Think about the thoughts, memories, emotions or sensations that you avoid because of your public speaking anxiety. You can use the issues in chapter 9 or from you suffering inventory.

Imagine the two radio dials that were discussed earlier. The easily seen dial is the discomfort dial. You cannot actually control this dial. It always returns to whatever value it goes to, regardless of your preference. Now, write down the intensity of the discomfort dial associated with your target item. _____

Read the top of page 135 in the ACT self-help book
When thinking about your target item, where did you setting your willingness dial when you began this book _____

If your willingness dial was set low and your discomfort dial was high, this was a terrible combination because

- You created a self amplifying loop because when you were unwilling to feel anxiety, when it occurred, you felt more anxiety about your original anxiety!
- You were too busy avoiding your anxiety to always live in accordance with your values.

Exercise: Willingness scale worksheet

Refer to page 136 from 'taking a jump' in the ACT self-help book to complete this exercise

Fill this out

With regard to my target item, I am setting my willingness dial at (see if you can get to 10! If not, pause and reconsider. It functions more like a switch than a dial, so anything less than a 10 might not work. See if you can get to 10!)

_____

My limitations are (only limit your willingness by time and situation, not by intensity or the presence or absence of other private experiences).

_____

_____

Exercise: Giving Your Target a Form

This exercise is about physicalizing your painful and avoided events. By doing this, you are better able to embrace them.

Refer to page 137 to complete this exercise of the ACT self-help book. Start from the heading 'Using your skills and learning some new ones.'

If this target had a shape, what shape would it be? (Close your eyes and let the answer come up….try to really picture it.)

If this target had a size, how big would be? (Close you eyes and let the answer come up….try to really picture it.)

If this target had a colour what colour would it be? (Close you eyes and let the answer come up….try to really picture it.)

If this target had power, how powerful would it be? (Close you eyes and let the answer come up….try to really picture it.)

If this target had a weight, how much would it weigh? (Close you eyes and let the answer come up….try to really picture it.)

If this target had a speed, how fast would it go? (Close you eyes and let the answer come up….try to really picture it)

If this target has a surface texture, what would it feel like? (Close you eyes and let the answer come up….try to really picture it)

If this target had an internal texture, what would it feel like inside? (Close you eyes and let the answer come up….try to really picture it)

If this target could hold water, how much volume would it hold? (Close you eyes and let the answer come up….try to really picture it)

Now close your eyes one last time and picture the entire object. See if you can drop your struggle with an object made up of this exact size, shape, colour, power, weight, speed, surface texture, internal texture and volume. Try to be willing to experience fully, without defence. Mediate on that for a few moments.

Refer to page 139 to complete this exercise. Do you have any sticky negative reactions that interfere with your willingness.

If this new target had a shape, what shape would it be? (Close your eyes and let the answer come up….try to really picture it.)

If this new target had a size, how big would be? (Close you eyes and let the answer come up….try to really picture it.)

If this new target had a colour what colour would it be? (Close you eyes and let the answer come up….try to really picture it.)

If this new target had power, how powerful would it be? (Close you eyes and let the answer come up….try to really picture it.)

If this new target had a weight, how much would it weigh? (Close you eyes and let the answer come up….try to really picture it.)

If this new target had a speed, how fast would it go? (Close you eyes and let the answer come up….try to really picture it)

If this new target has a surface texture, what would it feel like? (Close you eyes and let the answer come up….try to really picture it)

If this new target had an internal texture, what would it feel like inside? (Close you eyes and let the answer come up….try to really picture it)

If this new target could hold water, how much volume would it hold? (Close you eyes and let the answer come up….try to really picture it)

Now close your eyes one last time and picture the new target object. See if you can drop your struggle with this new object…with an object of its size, shape, colour, power weight, speed, surface texture, internal consistency and volume. Try to be willing to experience it fully without defence. Meditate on that for a few seconds.
Now before taking these objects back, since they do reside within you, close your eyes and just take a peek at the first target object and see if it looks any different in size, shape, colour and so on. It may or may not change, but just take a peek. Do you see any differences? If so, not what they are below:

Now imagine picking the new target up from the floor and taking it back inside of you. Then take the first target and do the same, but also realise that it's possible to be more willing towards the things we struggle with, and notice too, that it is how we react to these events that gives them so much of their power over us. Close your eyes and bring both objects back inside you, willingly, much as you would welcome a guest into your home.

When you let go of the second item, the first item may have become lighter, less heavy or smaller. If this was true, you have discovered that the power of avoided events derives more from our unwillingness to have them than from the features they have.

Exercise: The Tin-Can Monster

Refer to page 140 to 147 to complete this exercise in the ACT self-help book.. Start from 'Taking Apart the Problem.'

Work through the sections in the help-book. As the questions in help-book arise, write your answers below in the workbook.

When we face our problems it is like facing a monster composed of tin cans, wire and string. When it is in this overwhelming form it is difficult to deal with. However, if we disassemble it, each of the pieces becomes easier to deal with.

This is what this next exercise is about. We will walk through the multiple dimensions of your target item and see if you can embrace each item willingly.

Refer to page 140 of the ACT self-help book now

Bodily sensations
Write down the bodily sensation on this line _____

Write down any other bodily sensation that appears_____

Write down any other bodily sensations that appear here, one at a time.

_____ _____ _____

_____ _____ _____

_____ _____ _____

Emotions
Write down the emotion on this line_____

Write down any other emotion that appears here_____

Write down any other emotion that appear here, one at a time

_____ _____ _____

_____ _____ _____

_____ _____ _____

Behavioural disposition

Write down the behavioural disposition on this line_____

Write down any other behavioural disposition that appears here_____

Write down any other behavioural dispositions that appear here, one at a time

_____ _____ _____

_____ _____ _____

_____ _____ _____

Thoughts

Thoughts are tricky. Get in touch with the target and watch what thoughts show up. See if you can catch just one, like you would catch a fish. See if you can reel it in and write its name down below.

_____

_____

_____

When you catch the next thought associated with this target, write it down here:

_____

_____

_____

Write down any other thoughts that appear

_____ _____ _____

_____ _____ _____

_____ _____ _____

Memories

Write a note to yourself that will remind you later of which memory came up.

_____

If you pause over a memory, even if it doesn't seem to be related, stop and pull it out and look at it. Write it down below:

Repeat this entire sequence one final time using a memory from your early childhood: Write it down:

What did you notice about the various connections between bodily sensations, emotions, thoughts, behavioural predispositions and memories? You can write down any connections you see here.

How about the memories? What connections do you see between these memories and the issue you are struggling with today? Write down any connections you see here:

What stands between you and being fully willing to have these pieces of the tin can monster for what they are, without allowing them to lay a destructive role in your life? Ponder this for a moment and the write down your answer. (Hint: this is a trick question)

If you wrote something other than ‘nothing’ or ‘just me,’ then look again. (As we said, it’s a trick question.) If it is anything else, see whether you didn’t write some bit of content. But what stands between you and being willing to have *that* content in a defused way? Who sets that willingness dial anyway? You are your history.

Exercise: Acceptance in real-time

Refer to pages 148 in the ACT self-help book to complete this exercise. Start from the heading 'Acceptance in real time.'

When doing this exercise, think about your public speaking anxiety. Think about experiences like speaking in a tutorial, or raising your hand to ask a question. Try to come up with a range of different scenarios.
Write the scenario here and rank it from one to ten.

Scenario	Rank

Choose and item and decide a time and place to expose yourself to it. You can limit the amount of time, but again, you cannot limit the amount of willingness you have. If you cannot make the commitment with some of the items, generate an even smaller item or place further limits on the situation and time. Take some notes in the space below about when, where and how long you are willing to do that exposure the first item:

After completing this exercise read from 150 to 151.

I have included two copies of this list so you can take one out of the book if you want to carry it with you. If you need to, photocopy it or ask me for another copy. Cut it out if you would like to be a smaller size. It is a god idea to take it so that you remember to stay defused and willing.

- Notice what is around you. Appreciate your immediate environment
- Do not avoid
- Notice your thoughts, but just let them come and go. Don't follow them.
- Notice the pull to your past and future. Then notice you are here in the present.
- Don't fight.
- Notice the pull to act and to avoid. Do nothing about that pull except to notice it.
- Do something new. Perhaps even be playful.
- Use your reverse compass (but only if you are willing!)
- Notice you are noticing these things.
- List other things you might do below:

_____

_____

_____

- Stick to your commitment. Be present. No avoidance.

- Notice what is around you. Appreciate your immediate environment
- Do not avoid
- Notice your thoughts, but just let them come and go. Don't follow them.
- Notice the pull to your past and future. Then notice you are here in the present.
- Don't fight.
- Notice the pull to act and to avoid. Do nothing about that pull except to notice it.
- Do something new. Perhaps even be playful.
- Use your reverse compass (but only if you are willing!)
- Notice you are noticing these things.
- List other things you might do below:

_____

_____

_____

- Stick to your commitment. Be present. No avoidance.

Week 7: The material this week aims to help you understand the following ideas; Go over these and see if they make sense to you

1. Some of the side effects of unwillingness and what this means for you.
2. What acceptance allows and what it means for your anxiety.
3. Things you shouldn't accept.
4. The goal of willingness.
5. The consequence of using willingness to get rid of your anxiety.
6. What willingness is not.
7. What the radio metaphor is.
8. What the life question means to you.
9. What the 'self amplifying loop' is.

Circle the number that represents how you feel:

This component provided useful skills for my public speaking anxiety

Not at all Very much
0 1 3 4 5 6 7 8 9 10

I accepted the ideas in this component are valid

Not at all Very much
0 1 3 4 5 6 7 8 9 10

I enjoyed reading this section of the programme

Not at all Very much
0 1 3 4 5 6 7 8 9 10

Week 8

VALUES

Week 8: Values

Reading: Chapters 11 & 12

Chapter 11

Values as chosen life direction

Values are vitalising, uplifting and empowering. They are 'chosen life directions.' This book is about teaching you to choose and pursue your values.

Direction

Directions are not something you can 'get.' They are a path you are following. Values are like this. They are never possessed; they are something you do and they never end. For example, if your value involves being a confident person, doesn't mean that as soon as you do something confident, you are suddenly a confident person. You have to do other actions.

Choice

A choice is different from a reasoned judgement. A judgment inherently involves evaluations. This does not work with values. The evaluations that we use in judgments can go on forever. When we are making a judgment between items, we must choose something to judge them against. This too, is an evaluative process. This process can go on and on. Values have a place to stop, because they are based on choices. We do not make these choices because of the reasons the mind gives for them. We 'choose' them without being guided by our evaluations.

What values are and what they are not

Values are not goals

Goals are concrete things that can be attained and possessed. If we do not make the distinction between values and goals, we may believe once our goals are achieved then progress will stop. Keeping them distinct allows us to see that we are on track with our values.

Values are not feelings

In the short term, living following our values may not mean we are doing what feels good. Think about your anxiety. When you first begin to speak in public situations, you will feel this anxiety and this may not feel particularly good. However, this valued direction will allow you too 'live good.' Also, feelings are something you have, values are not.

Values are not outcomes

They can lead to outcomes, but they are not outcomes themselves, they are direction.

Values do not mean our paths are always straight

Obstacles sometimes prevent our movement. If they do, we need to experience the obstacle, then turn and head in our chosen direction again.

Values are not in the future
When you decide to follow your values, you are doing so right now. They seem to be 'about the future' but they are really in the present.

Values and failing
Values entail response-ability (the ability to respond). We always can be engaged with them. However, no one always lives according to his or her values, but this is different than being a failure. When we feel we are failing or experience guilt or shame, we need to use defusion and mindfulness skills to acknowledge these moments. This will allow us to reconnect and continue down our path.

Values are always perfect
This means that they are thoroughly made or whole. If they seems broken or wanting, you must have other values you actually want.

Chapter 12
The masters you serve
You need to decide who or what you serve. You have been living your life in service of your public speaking anxiety but doing this has not lead you down the path you want to follow. Values define what you want to pursue from day to day and what you want your life to be about.

Complete the exercises that begin on page 3 of this section in this book. These exercises help you to explore what you value most

Overview
Go over the ideas outlined on page 12 of this section in this book. They are to help you with the main points that are mentioned here

Also, answer the three questions on page 13.

Exercise: Attending your own funeral

Refer to page 166 to 167 of the ACT self-help book to complete this exercise.

This exercise is about finding out what you would want your life to be about if you weren't engaged in your struggle with public speaking anxiety.

First write down what you afraid might be said if the struggle you are currently engaged in continues to dominate in your life, or even grows. Suppose you back off from what you really want to stand for and instead you follow a path of avoidance, mental entanglement, emotional control and self righteousness. Picture your family member or friend. What might he or she say? Write it down, word for word:

Refer to page 168 of the ACT self-help book.

Suppose you could see inside this person's head in that moment. If no censoring was happening, what else would be said? Write it down, word for word:

Refer to the end of page 168- 169 of the ACT self-help book.

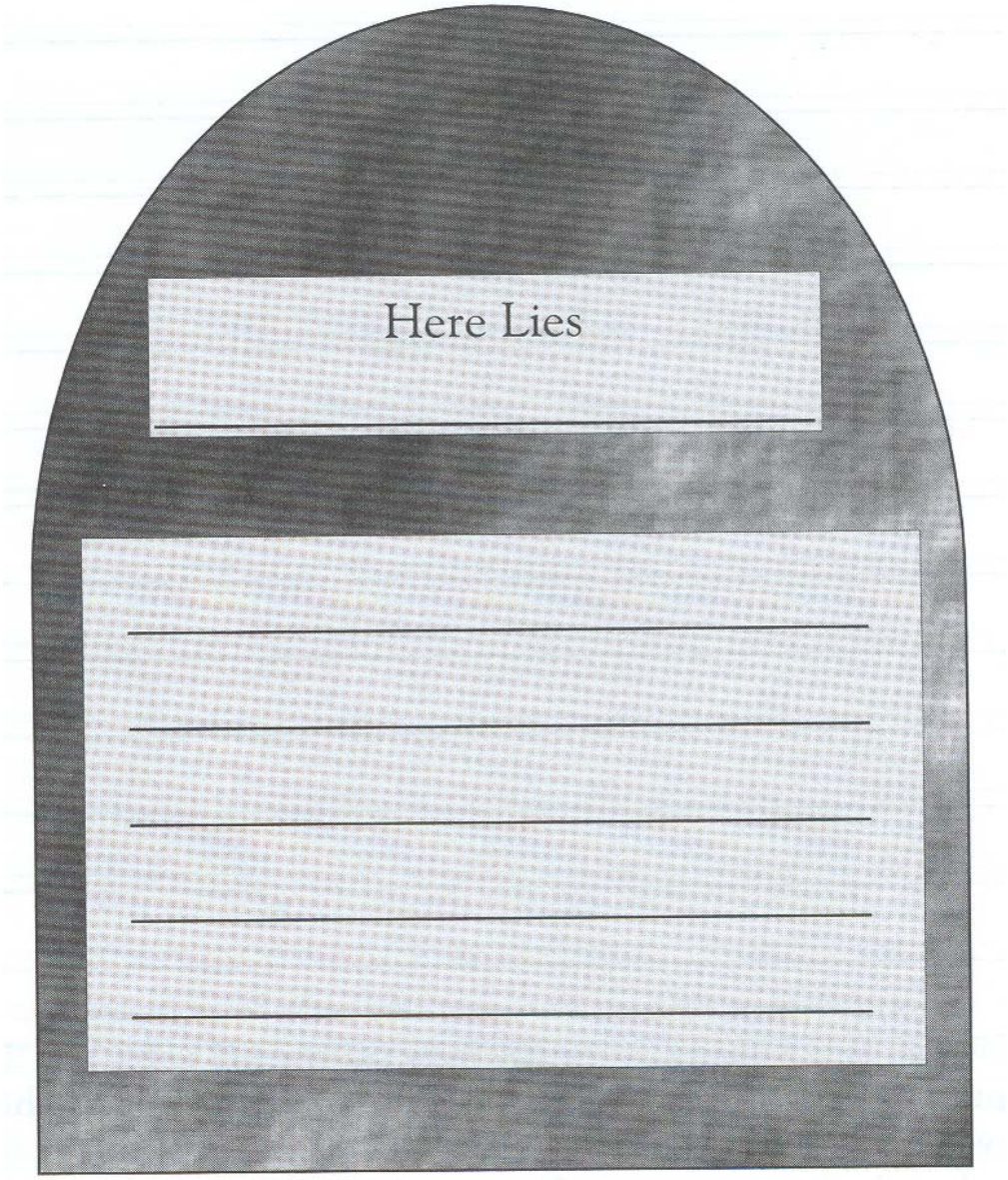
Imagine someone gives a eulogy about you that reflects what they may have seen if your life had been true to our innermost values. Take a few minutes and write out, word for word, what you would want to hear in a eulogy about how you lived your life. Be

bold! This is not a prediction or self-praise. Let them reflect the meaning you would most like to create and the purposes you would most like to reveal about the time you spent on this planet. Picture your family member or friend preparing to speak about you. What might he or she say? Write it down, word for word.

Refer to the end of page 169 of the ACT self-help book.

Exercise: The Epitaph

When people are buried, an epitaph is often written. Epitaph's say things like 'Here lies Sue. She loved her family with all her heart.' If the headstone below was yours, what inscription would you like to see on it? How would you most like your life to be characterised? Again, this is neither a description, nor a prediction; it is a hope; an aspiration; a wish. It is between you and the person in the mirror. What would you like your life to stand for?
Think about it for a moment, and see if you can distil your innermost values into a short epitaph and write it out on the illustration of the tombstone below:



Exercise: Ten Valued Domains

Refer to pages 170-171 of the ACT self-help book before beginning this exercise.

This exercise is about what you value across domains. Remember, some domains may not be as important as others to you and that is ok. If you need to, skip it. Also, the boundaries between them may not be clear cut, but try to maintain them the best you can. Try to focus on your public speaking anxiety throughout the exercise but do not limit yourself if you have other values. While doing the exercise, read the information about each domain on pages 172- 175

Marriage/Couple/Intimate relationship

Parenting

Family relations (other than intimate relations and parenting)

Friendship/social relations

Career/Employment

Education/training/personal growth and development

Recreation/leisure

Spirituality

Citizenship

Health/physical well being

Exercise: Ranking and testing your values.

Refer to page 175 of the ACT self-help book to complete this exercise.

Domain	**Value**	**Importance**	**Manifestations**	**Life Deviations**
Marriage/Couple/ Intimate Relationships				
Parenting				
Other Family Relations				
Friendship/ Social relations				
Career/Employment				
Education/Training/ Personal Growth				
Recreation/Leisure				
Spirituality				
Citizenship				
Health/ Physical Well-being				

The number on the far right is probably the most important. The higher that number, the more your life needs to change in this area to bring it in line with what you really care about. High numbers under the life deviation column are a sign and source of suffering. You may what to highlight or circle those numbers that show the largest gap between the importance of your values and their actual presence in your life.

Week 8: The material this week aims to help you understand the following ideas; Go over these and see if they make sense to you

1. What values are (the two main parts of values).
2. The meaning of the term ‘directions’ and why directions cannot be possessed.
3. The meaning of the term ‘choice’ and why it is different from a judgement.
4. That values are not goals.
5. That values are not feelings.
6. How values are related to failing and perfection.
7. That following values does not always mean you follow a straight path.
8. The meaning of the phrase ‘the masters you serve’?

Circle the number that represents how you feel:

This component provided useful skills for my public speaking anxiety

Not at all Very much
0 1 3 4 5 6 7 8 9 10

I accepted the ideas in this component are valid

Not at all Very much
0 1 3 4 5 6 7 8 9 10

I enjoyed reading this section of the programme

Not at all Very much
0 1 3 4 5 6 7 8 9 10

Week 9

COMMITTED ACTION

Week 9: Committed Action

Reading: Chapter 13 & Conclusion

Are you willing to accept whatever discomfort your mind provides you AND commit to the values you explored before and the behaviour changes they imply?

Taking bold steps
You need to start walking in the direction you want your life to move in, instead of living around your fear of public speaking. This is a four part process that involves

- Contacting your values (i.e., being successful at academia)
- Developing goals that will move you in a valued direction (i.e., getting high marks in your chosen papers)
- Taking specific actions that will allow you to achieve these goals (i.e., completing each assignment well)
- Contacting and working with internal barriers to action (i.e., working with your fear of public speaking, so you can still achieve in assignments that involve it.)

Complete the exercise on page 4 of this section in this book while reading this next section. This allows you to see how to create goals

Creating the road map: Setting goals

Goals are obtainable events that allow you to measure the progress on your valued life. They are outcome orientated while our values are process orientated. This can be dangerous as our mind may confuse them with values and we may cut corners.

Goal setting

You need short term goals and long term goals for a paced journey. Your goals should be practical, obtainable, work with your current situation and lead you in the direction of your values. Think about what you want to achieve in terms of your public speaking anxiety. Achieving these goals isn't an end, it's a beginning.

Complete the exercise on page 5 of this section in this book. This will help you decide on goals for one of your values

Walking the walk: Actions as steps toward achieving your goals

ACT is about action. You need to act to make a difference in your life.

Complete the exercise on page 6 of this section in this book. This will help you decide on actions you can take to achieve your goals

Barriers

Barriers will come up in the form of avoidance or in fusion. The techniques you learned in the first chapter of the book will help you. You need to experience them, not overcome them.

Complete the exercises on pages 8 and 10 of this section in this book. These exercises explore the barriers you may face when trying to achieve your goals.

Also, complete the exercise on page 11. This looks at the paths you will take to achieve your other values.

Building patterns of effective action

Moving in a valued direction you will begin building larger and larger patterns of effective action.

Every single moment you are building behavioural patterns. You need to acknowledge patterns you build in order to change them. When we broke commitments in the past, we often felt like a failure. We then began to follow patterns where we constantly gave up our commitments or maybe even gave up on 'making' commitments altogether. However, if you watch this pattern forming, you have the chance to make a different commitment.

Make a commitment- break commitment- keep commitment

If you can do this, you can eventually create new patterns of behaviour that align with your best interests.

Breaking up inflexible patterns that don't serve your interests

Avoidance and fusion are problematic because they create large rigid behavioural patterns. For some thing new to happen, we need to break down our old patterns of behaviour. Hayes calls this 'pattern smashing' When you engage in pattern smashing, you do things that you usually do not do. This allows you to confront your larger problematic behavioural patterns.

Because you said so

You cannot build larger behavioural patterns in agreement with your values unless you can do what you say you do. This is why it is important to keep your smaller commitments just because you said. Clear and time limited commitments allow you to keep them.

Defusing from what you are not yet ready to address

If you are not willing in a given area, just watch for the cost and stay open and defused.

Share

Share you commitments but do not deflect your responsibility by sharing

Staying mindful of your values

The best way to build larger patterns is to be mindful of them.

Guilt, forgiveness and repair

When you realise the pain that came from your avoidance and fusion, you may feel guilt or shame. You need to address and defuse from these feelings.

Conclusion: The choice to live a vital life

The conclusion addresses how you will have to choose between acceptance and commitment, and control and avoidance throughout your life. If you choose control and avoidance you will become entangled with verbal predictions and evaluations. Your life will become narrower. If you choose acceptance and commitment it doesn't mean things become easier, but it does mean you are making progress and living a more vital, flexible and valued based life. You will often have to make the choice between these paths and the choice you make, is up to you.

Begin the exercise on page 12 of this section in this book. This will help you track whether you are doing actions that are consistent with your values.

Overview

Go over the ideas outlined on page 13 of this book. They are to help you with the main points that are mentioned here

Also, answer the three questions on page 14.

Exercises

Exercise: Taking Bold Steps

Refer to page 178 of the ACT self-help book to complete this exercise.

Look at your worksheet about your values. Choose a value you would like to begin on. Write it down on the line below:

_____

Refer to page 179 of the ACT self-help book: Goal Setting

Look at the value you wrote above. Think of one thing that would allow this to manifest in a practical way. Think about something that is real and workable. Once you have it firmly in mind, write it down in the space below:

_____

_____

_____

Refer to page 180 of the ACT self-help book.

Plot a point where this goal would fall for you. The far left of the time line is your life, starting today. The end of the time line is your death, some reasonable amount of time in the future. Where on this line does your fall

_____

Life today End of Life

If your goal is a long term goal then you need to state some additional short term goals to get there, for the value you chose to work on. The following exercise will help you keep track of this information.

Exercise: Goals worksheet

Value:_____

This value will be manifested in the following long-term goal:

1. _____

   _____

   _____

Which, in turn, will be manifested in these short-goals:

1. _____
2. _____
3. _____

This value will be manifested in the following long term goal

2. _____

   _____

   _____

Which, in turn, will be manifested in these short-term goals

1. _____
2. _____
3. _____

Repeat this process until you have a good working set. (It need not be comprehensive; you can always add and subtract from these at any time.)

Choose a short-term goal from the list above and write it down in the space below:

_____

Exercise: Making Goals Happen Through Action

Refer to page 182 of the ACT self-help book to complete this exercise.

Define specific action to achieve your short term goal

Short-term goal: _____

Actions and sub-actions:

1. _____

   _____

   _____

2. _____

   _____

   _____

3. _____

   _____

   _____

4. _____

   _____

   _____

5. _____

   _____

   _____

What could you do right now (today) from this list? Focus on what is possible. If you are ready to do it, great. Do it. *Right now.*
Unfortunately, it isn't that simple. Read the section on barriers to see what we are taking about.

Exercise: Barriers

Refer to page 183 of the ACT self-help book to complete this exercise

Focus on one of the specific actions you wrote down above that you could do today, and choose one that you have some psychological resistance toward doing. Write that behaviour below:

If you were to do this right now, what would you expect to encounter psychologically that would slow you down? Look for difficult thoughts, feelings, bodily sensations, memories or urges. If you aren't sure yet, close your eyes and picture engaging in this behaviour and watch for indications of the barriers. Don't allow avoidance to get in the way of this process! If you find your mind wandering, or you think, 'Damn, I don't care about this anyway,' or if you suddenly get hungry or need to pee, be suspicious. Avoidance comes in myriad forms. Stay with this process and in the space below, write down each barrier you can detect.

1. _____
2. _____
3. _____
4. _____

_____

_____

5. _____

_____

_____

Now that some potential barriers to action are out there consider the strategies you have learnt in the book up to this point. If you've developed 'favourite' cognitive defusion, mindfulness and acceptance strategies, you might consider using these. Flipping back through the book could help you remember what these are. If you have no idea at all, it's time to go back to the early parts of the book and go through them again.
In an ACT approach you do not 'get over barriers or 'get around' barriers. You do not even 'get through' barriers. You *get with* barriers. One successful ACT patient described it this way, 'I use to run from pain, now I inhale it.'

Exercise: Expected Barriers

In the following chart fill in a word or two to remind you of the barriers you expect to face along your valued path, as well as strategies you might use to mindfully defuse from and accept these barriers

Barriers	ACT Strategies

You can practice ‘inhaling’ your barriers in your imagination, but the very best way to work on this is in the context of action. Be careful! Your mind will tell you that the strategies you selected are supposed to get rid of barriers. That is very unlikely and it is a very old agenda. The purpose of these strategies should be to defuse from and make room for the psychological issues that have been stopping you from acting in your own interests.

Exercise: Many maps for different journeys

Refer to page 185 of the ACT self-help book to complete this exercise.

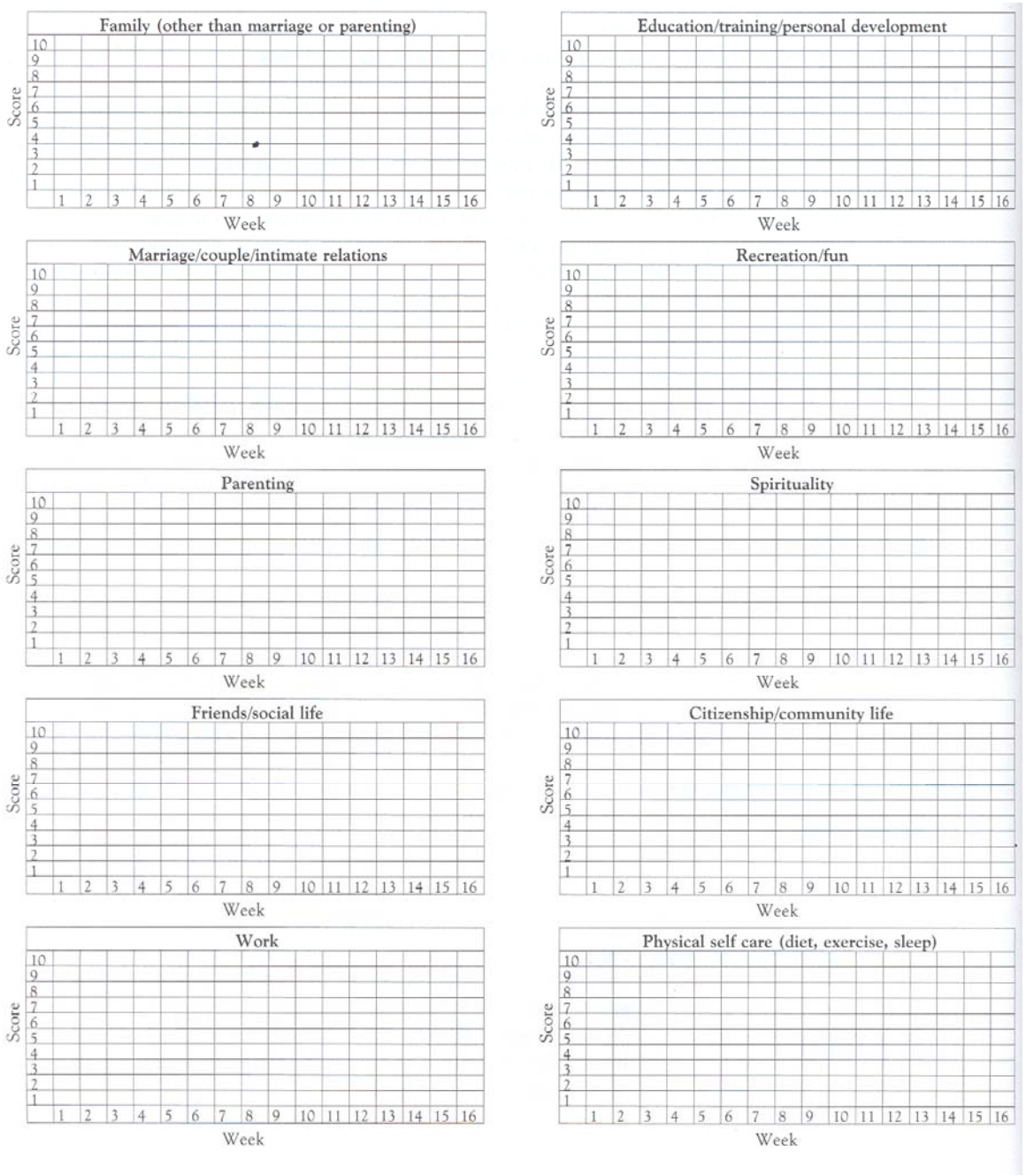
Values Form
Values:

Goals	Actions	Barriers	Strategies

Exercise: Valued living

Refer to page 192 in the ACT self-help book to complete this exercise.

Use these charts to keep a record over the next few weeks of your ratings of how important each of these life areas are to you (these ratings may not change very much), and how consistent your actions have been with each of your values. Each week, mark your ratings by putting in the appropriate box a forward stroke (/) in, say, red ink for your importance ratings, and a backward stroke in, say black ink, for your consistency ratings.



Week 9: The material this week aims to help you understand the following ideas; Go over these and see if they make sense to you

1. How to start walking in the direction you want to.
2. Problems with confusing values and goals.
3. The kind of goals should you set.
4. The form your barriers come in and how to deal with them.
5. The point of noticing your behavioural patterns.
6. What pattern smashing is.
7. The importance of doing ‘what you said so.’
8. The future choices you have to make and the consequences of each.

Circle the number that represents how you feel:

This component provided useful skills for my public speaking anxiety

Not at all									Very much
0	1	3	4	5	6	7	8	9	10

I accepted the ideas in this component are valid

Not at all									Very much
0	1	3	4	5	6	7	8	9	10

I enjoyed reading this section of the programme

Not at all									Very much
0	1	3	4	5	6	7	8	9	10