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Middle School Students' Confidence in Public Speaking

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Middle School Students' Confidence in Public Speaking

Kimberly Kellam

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Abstract

Middle school students are often expected to complete tasks that require public speaking without the proper practice to successfully do so. One factor that hinders students' ability to increase public speaking skills is a lack of confidence (Shafer, 2009). To increase confidence in public speaking, teachers must provide students the opportunity to practice public speaking skills. An adapted version of the Youth Engaged in Leadership and Learning (YELL) curriculum was used in this study to provide students an opportunity to practice public speaking and increase their confidence. A quasi-experimental quantitative design was used with a treatment and control group to compare students' responses on the Self-Statements During Public Speaking Scale (SSPS; Hofmann & DiBartolo, 2000) at the beginning and end of the study. The SSPS is comprised of the SSPS-Positive (SSPS-P) and the SSPS-Negative (SSPS-N) subscales. The control group ($n = 14$) received traditional classroom instruction and the treatment group ($n = 15$) received traditional classroom instruction with the addition of the YELL curriculum implemented daily for four weeks. Independent and paired t-tests were completed to determine the difference in SSPS scores. The results suggest the implementation of the YELL curriculum increased the mean scores on the SSPS-P and decreased the mean scores on the SSPS-N; however, neither change was statistically significant. Future research should examine the use of YELL and other public speaking interventions with other populations.

Keywords: public speaking, confidence, public speaking anxiety, middle school

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Middle School Students' Confidence in Public Speaking

Literature Review

California State Standards have historically emphasized the need for students to be proficient speakers (California Department of Education, 1997; Common Core Standards Initiative, (2010). The 1997 English-Language Arts Content Standards emphasized the importance of speaking to express ideas, construct arguments, and prepare for careers when one talks for a living (California Department of Education, 1997). The most recent Common Core State Standards (CCSS), adopted in 2010, further stresses the importance of proficient speaking by deeming all grade levels and content teachers responsible for delivering content that develops students as proficient speakers (Common Core Standards Initiative, 2010). The CCSS focus on being a proficient speaker is to prepare students for college or careers after graduation, and educators must provide students with a variety of communication tasks to ensure mastery of these standards (Common Core Standards Initiative, 2010). Furthermore, scholars and teachers agree that one of the many necessary 21st century skills that students must prepare for is communication (Andrade, 2016; Boyaci, 2016).

Communication can be seen as a gateway 21st century skill because it allows students to articulate their proficiency with skills such as critical thinking, problem solving, and risk taking (Jacobson-Lundeberg, 2016). Effective communication and speaking skills are important to teach students throughout their K-12 education because knowledge is gained and shared through speaking (Common Core Standards Initiative, 2010). A student's level of confidence in their communication can enhance or hinder their public speaking abilities. Confidence is the belief that the outcome of one's efforts will be successful (Simons, 2004). Many students lack confidence in public speaking because they have not been presented with adequate practice to

believe they can successfully speak in front of others (Simons, 2004). One way to combat these beliefs is through public speaking units meant to foster students' confidence in speaking, with the goal of creating effective communicators who are able to be successful in the 21st century.

Public Speaking

By definition, public speaking is when one person speaks to a group (Hasling, 1998). To understand the many different aspects of public speaking, Schreiber and colleagues (2012) formed the Public Speaking Competence Rubric (PSCR) to deploy a universally understood public speaking rubric to be used across disciplines. The PSCR was informed by compiling competencies, key terms, and scoring practices from a variety of public speaking rubrics (Lucas, 2007; Morreale et al., 2007; Schreiber et al., 2012; Thomson & Rucker, 2002). The different components of the PSCR assist educators with understanding the wide variety of skills needed for students to be successful public speakers. Educators can then create public speaking units that foster student abilities surrounding said skills.

Schreiber and colleagues (2012) identified nine core performance standards for students to focus on in public speaking: (1) Select a topic appropriate to the audience and occasion (2) Formulate an introduction that orients the audience to the topic and speaker (3) Use an effective organizational pattern (4) Locate, synthesize and employ compelling supporting materials (5) Develop a conclusion that reinforces the thesis and provides psychological closure (6) Demonstrate a careful choice of words (7) Effectively use vocal expression and paralanguage to engage the audience (8) Demonstrate nonverbal behavior that reinforces the message (9) Successfully adapt the presentation to the audience (Schreiber, Paul, & Shibley 2012). The variety of competencies and skills take a lifetime to fully develop, which is why it is important to gradually develop them throughout a K-12 education. Student's report feeling more confident

during public speaking when they have chances to practice and are prepared (Price, 2009). Using rubrics like PSCR to identify the different components of public speaking, teachers are able to prepare students for as many different aspects as they can; increasing their preparation and confidence (Price, 2009). Further, as students practice they become more confident and as their confidence improves so does their ability to speak publicly; thus, it is essential that educators create opportunities for students to develop confidence in public speaking.

Developing confidence in public speaking. Confidence in public speaking is defined as the belief that the outcomes of one's effort will be successful (Simons, 2004). When students put effort into purposefully practicing their speeches and are knowledgeable about their content, they have reported higher feelings of confidence before engaging in public speaking (Combes, Walker, Harrell, & Tyler-Wood, 2008). Confidence in public speaking is not developed overnight, nor is it something one is naturally born with; the best public speakers use notes and practice until the information they are presenting becomes second nature (Blanchard, 2016). Thus, teachers must account for the time needed for students to practice public speaking in their classroom in order to foster student confidence.

Furthermore, Price (2009) reminds speakers that confidence is presented to an audience before even saying a word; through nonverbal behaviors. For example, walking tall and appearing as if one thoroughly enjoys public speaking will exude confidence to an audience (Price, 2009). Nonverbal behaviors are tied to confidence and as such should be modeled and practiced in secondary classrooms. Further, research has shown that students' self-esteem (i.e., positive or negative views on oneself) changes rapidly during the middle school years and lack of self-esteem can decrease confidence (Booth & Curran, 2010; Moore, 2003). Therefore, it is

imperative that middle school educators seek to infuse public speaking units into the curriculum as a way to combat students' overall lack of self-esteem and confidence.

Many middle school students lack confidence because of public speaking anxiety and negative views of self-esteem (Combes et al., 2008; Shafer, 2009). Students that are plagued by public speaking anxiety may experience sweaty palms, rapid heartbeat, and nervous stomach (Combes et al., 2008). Anxiety may be brought on for a variety of different reasons, ranging from fear of excessive attention to feeling judged and receiving unsatisfactory reactions from audience members (Knight, Johnson, & Stewart, 2016; Rattine-Flathery, 2014). Students will have time to combat the effects of anxiety and negative views of self-esteem when public speaking units are implemented in secondary classes. Giving middle school students the opportunity to build confidence in public speaking will decrease anxiety, promote positive self-esteem and give students a higher chance of combating public speaking anxiety as they get older (Littlefield & Littlefield, 1988). Therefore, teachers must add public speaking units into the curriculum in order to combat anxiety and negative views of self-esteem.

Educators are faced with meeting a variety of public speaking needs, ranging from combating anxiety, to presenting instruction that some students may have never before received. The research supports presenting public speaking content using learner-centered strategies (Stefaniak & Tracey, 2015). For example, Stefaniak and Tracey (2015) mention that learner-centered strategies should be collaborative, promote critical thinking, and require students to problem solve with others. Learner-centered teaching strategies look less like a traditional lecture classroom; the teacher is available to interpret and debrief experiences with students after participating in a collaborative peer activity (Stefaniak & Tracey, 2015). Learner-centered strategies can be helpful for students learning public speaking skills because they have

opportunities to actively participate and engage with the newly presented information, instead of passively listening to a teacher-centered lecture (i.e., the traditional method of instruction). Therefore, public speaking units need to not only include time for students to practice and build confidence in their abilities, they must also include learner-centered strategies so that students are actively engaged in their learning.

Dallimore, Hertenstein, and Platt (2008) studied public speaking lessons in classrooms where learner-center strategies were utilized and students were actively engaged and participated in informal classroom discussions. Students reported feeling more comfortable delivering speeches with engaging content and having informal practice in the classroom (Dallimore, et al., 2008). The learner-centered environment allows students to gain confidence by practicing and receiving feedback from classmates and professors. The learner-centered strategies are supported by research that showed students found modeling, multiple opportunities for practice and constant feedback useful while they participated in public speaking units (Dixon, 1995; Levasseur, Dean, & Pilaf, 2004; Mackenzie, 2007). When teachers use learner-centered strategies, they are giving students the necessary opportunities to practice and reflect on their public speaking skills which will decrease students' anxiety and increase confidence (Price, 2009). Therefore, when learner-centered strategies are used, students receive many opportunities to practice public speaking and receive feedback.

Presenting Public Speaking to Middle School Leadership Students

With the understanding of *how* public speaking can promote students' confidence, teachers are now left to decide *where* public speaking can be developed during the K-12 educational experience. Both the CCSS (2010) and Partnership for 21st Learning (2009) guidelines of communication emphasize that speaking instruction must be delivered throughout

the K-12 education. Middle school is a crucial time to implement public speaking lessons because of the change within middle school students' self-esteem and the transition to higher expectations of speaking standards in high school. Shafer (2009) argues that middle school students are often required to orally give presentations, but lack the adequate skills, teacher, and peer support necessary to successfully give presentations. Therefore, students are expected to be successful in public speaking before they know how to effectively do so, which can lead to negative feelings about public speaking and lower students' confidence. The transition to middle school brings the most dynamic change to a students' self-esteem (i.e., positive or negative view of oneself; Booth & Curran, 2010). With higher expectations of speaking standards and rapidly changing self-esteem, middle school students need multiple opportunities to practice public speaking.

Littlefield and Littlefield (1988) add that if middle school students can communicate effectively at a young age, they may have a more positive self-concept and deal with difficult situations and problems effectively. Public speaking lessons designed for middle school students will give them opportunities to practice which can lead to small successes and possibly prevent public speaking anxiety (i.e., the stress of speaking to or in front of others) and stage fright later in life (Littlefield & Littlefield, 1988). However, one public speaking lesson is not enough to impact middle school student's confidence in public speaking abilities. Public speaking interventions or a set of lessons that offer strategies for students to become confident public speakers and combat public speaking anxiety are needed (Holtz & Reynolds, 1994).

Public speaking interventions. Public speaking interventions have been successfully implemented to assist students with increasing confidence by decreasing public speaking anxiety. (Holtz & Reynolds, 1994; Nimocks, et. al, 2001; Seim, Waller, & Spates, 2010). Anxiety is one

factor that can influence confidence, therefore interventions that aim to combat public speaking anxiety additionally increase confidence. Nimocks and colleagues (2001) used the public speaking intervention covert modeling or positive visualization. During the covert modeling intervention, students watch live tapes of models successfully giving a speech and then visualize themselves successfully giving a speech (Nimocks, et. al, 2001). After one semester and three sessions of covert modeling, Nimocks and colleagues (2001) saw a reduction in anxiety and an increase in confidence for students. Thus, when students were given this intervention for public speaking anxiety their confidence increased at the end of the intervention. Similarly, Holtz and Reynolds (1994) ran a free Public Speaking Workshop where students practiced replacing negative or irrational thoughts of public speaking with logical and positive thoughts. Students reported feeling more confident giving presentations after participating in the workshop. Therefore, public speaking interventions that allow students time to practice and imagine themselves in public speaking situations will produce more confident speakers. However, to hone the craft of public speaking, interventions need to take place in a positive and safe classroom community.

For a public speaking intervention to be successful, teachers need to create an environment and classroom community that is free of inappropriate behavior and the fear of being laughed at (Shafer, 2009). Public speaking programs like Youth Engaged in Leadership and Learning (YELL), KIDSPEAK and Self Expression Through Public Speaking target small group sizes of less than 30 students to explicitly teach public speaking traits (Anyon et al., 2007; Littlefield & Littlefield, 1988; Schnell, 1992). The literature supports a middle school leadership elective as an ideal setting to develop public speaking skills because it contains small class sizes and students who contribute to a safe classroom community (Rosch & Kusel, 2010). Students

who are in a leadership role contribute to a positive classroom environment because they are

seen as individuals that most people listen to with extroverted and charismatic personalities

(Rosch & Kusel, 2010). Furthermore, these students are generally kind, risk-takers, and willing

to support all learners. With the charismatic and extroverted leadership class, executing activities

such as improvisation will create a lighthearted and confident class where students will be

willing to stand in front of classmates and practice public speaking (Maples, 2007; Shafer, 2009).

The intervention that will be used in this study is YELL because it incorporates a set of

lessons designed to engage students and give them ample opportunities to practice public

speaking. YELL incorporates many strategies throughout the intervention that is supported by

the literature including: using learner-centered strategies, having students visualizing and role

playing to practice public speaking skills, and teaching students how to give and receive

feedback (Anyon et al., 2007). YELL is a free curriculum provided from Stanford's John W.

Gardner Center for Youth and their Communities (JGC). The Redwood City Healthy Start

Collaborative (Stanford University, 2001) used the YELL curriculum to engage students in civic

duty within their communities, including the public speaking tasks of engaging with community

members and presenting findings to the city council members. Students successfully gave six

presentations after engaging in the YELL intervention. While the Redwood City Healthy Start

did not report students' feelings towards public speaking confidence after they participated in the

intervention, further implementations of the YELL intervention were recommended to further

benefit the youth and community. A middle school leadership class will provide the ideal vessel

for further research and implementation of the YELL intervention as students have a space to

safely practice public speaking skills to gain confidence in themselves and their speaking

abilities. Thus, the purpose of the current study is to determine if the YELL public speaking intervention will impact middle school leadership students' self-reported confidence.

Method

Research Question

The research question that was explored during this experiment was: Does a public speaking intervention impact middle school leadership students' self-reported confidence in public speaking?

Hypothesis

The researcher hypothesized that a public speaking intervention gave middle school leadership students more exposure with speaking in front of others. Furthermore, as the students gain practice public speaking skills, they will become more comfortable speaking in front of others, decreasing anxiety and increasing their self-reported confidence (Price, 2009).

Research Design

The research design that was implemented in this study was a quantitative nonequivalent groups pretest - posttest quasi-experimental design. The treatment group took the pretest, received the intervention, and then took the posttest. The control group took the pretest and a posttest, but received no intervention.

Independent variable. The independent variable was a modified public speaking unit from the YELL curriculum at Stanford's JGC for Youth and their Communities (Anyon et al., 2007). The YELL curriculum focuses on four core communication skills: active listening, speaking and presenting, working as a team, and facilitating. The YELL curriculum is intended to increase students' communication and intrapersonal skills. Students demonstrate these skills by listening to others and their diverse viewpoints, sharing information and ideas, presenting

material in clear and effective ways, collaborating with peers and adults, communicating ideas and recommendations, and by facilitating group discussions (Anyon et al., 2007).

Dependent variable. The dependent variable in this study was students' self-reported confidence as measured by the Self-Statements During Public Speaking (SSPS) developed by Hofmann and DiBartolo (2000; see Appendix A). For the purpose of this study, confidence was defined as the belief that the outcomes of one's effort will be successful (Simons, 2004).

Setting & Participants

This study took place at an ethnically diverse public middle school in Central California with approximately 687 students in grades six through eight. According to the National Center of Education Statistics (2017) 398 students were Hispanic (58%), 168 students were White (24%), 62 students were Asian (9%), 30 students were Black (4%), 23 students were Two or More Races (3%) and 2 students were American Indian/Alaska Native (0.3%). Additionally, 345 were male (51%) and 342 students (49%) were female with 13% of this population being classified as English Learners (EL). The participants represent a purposeful convenience sample because they are the population of interest, meet the criteria for the study, and are enrolled in elective courses with similar class size and environment. The researcher taught the class of students who will serve as the treatment group. Although the treatment and control groups have students from different grade levels both contain students that have similar class dynamics of positivity and support and the students in the class are not identified as EL.

Treatment group. The treatment group contains 20 students enrolled in a Leadership Elective. There are five males and fifteen females in the class; one student is in sixth grade, 14 are in seventh grade, and five are in eighth grade. They are an ethnically diverse group, with five White students, two Arabic, and eight Hispanic students.

Control group. The control group contains 20 students enrolled in an Advanced Via Individual Determination AVID Elective. There are nine males and 11 females. All students in the control group are in eighth grade. The AVID class was selected to be a control group because there is a similar class dynamic of positivity and support and the students in the class are not identified as EL. They are an ethnically diverse group, with three White students, four Arabic students, nine Hispanic students, three Asian students and one African American student.

Measures

To measure if a public speaking unit impacted middle school students' self-reported confidence, the present study used the SSPS Scale (Hofmann & DiBartolo, 2000). On the printed SSPS students responded using a pencil to 10 Likert-scale items imagining they are in a public speaking situation (e.g., "What I say will probably sound stupid"). The more confident a student feels, the more likely they are to agree with items like, "Even if things don't go well, it's no catastrophe." Students rated the degree of agreement on a scale between 0, if they do not agree at all with the statement, and 5, if they extremely agree with the statement. Students took no more than 10 minutes to complete the SSPS.

Validity. Hofmann and DiBortolo (2000) reported that scores on the SSPS have convergent and discriminant validity as measured with four already validated and reliable scales: Personal Report of Confidence as a Speaker (Paul, 1966), Fear of the Negative Evaluation Scale (Watson & Friend, 1969), Social Avoidance Distress Scale (Watson & Friend, 1969), and the Social Phobia and Anxiety Inventory (Turner, Beidel, Dancu, & Stanley, 1989). Based on these results, the SSPS was considered valid and could be used without concern in this study.

Reliability. Hofmann and DiBortolo (2000) reported that the SSPS had high internal consistency measures and the test-retest reliability was good. Cronbach's alpha was satisfactory

for the SSPS-P ($\alpha = .75$) and the SSPS-N subscale ($\alpha = .86$). Therefore, SSPS is a reliable measure and can be used in this study.

Intervention

The intervention used in this study was modified from the YELL curriculum at Stanford's JGC (Anyon et al., 2007). The curriculum is designed in three sections: Communication, Leadership, and Action Research. This intervention was selected because Redwood City Healthy Start Collaborative has implemented the YELL curriculum multiple times and has reported six successful public presentations (Stanford University, 2001) as a result of students engaging in the sessions.

The intervention consisted of four, 90-minute Speaking and Presenting Sessions from the Communication and Leadership section of YELL. Curriculum designers mention that the Communication and Leadership sections can be implemented as standalone units (Anyon et al., 2007). The four longer sessions were divided into 21 shorter sessions ranging between five and 45 minutes. The sessions were divided to ensure adequate time to complete activities within the given 60 minute periods and to ensure the treatment group was not dramatically changing routines which may affect validity. Each Speaking and Presenting session consisted of an: Opening Circle, Warm Up or Team Builder, Main Activity, Debrief, and a Closing Circle, which the students' classroom teacher implemented.

The Opening Circle is designed to set the tone of the session, connect participants to the lesson through personal experiences, and give each student a chance to speak in front of the group. The Warm Up or Team Builder is designed to get the participants interacting with each other and connects to the lesson. The Main Activity presents the content of the session through an activity and a mini lesson. The Debrief reviews content presented during the Main Activity

through a reflective question. The reflective question is designed to give students time to write or discuss how the content presented applies to their life or how they will use the content taught in daily life. The Closing Circle is a chance for students to give final thoughts at the end of the session and present reflections from The Debrief out loud to the entire group.

Procedures

The study began with administering the paper and pencil SSPS (Hofmann & DiBartolo, 2000) as a pretest to the treatment and control groups. The treatment group received the intervention of the modified YELL curriculum which consisted of 21 sessions over five weeks. The treatment and control groups then took the SSPS (Hofmann & DiBartolo, 2000) as a posttest. Results were compared to determine if the intervention had an impact on middle school students' self-reported confidence. Data were collected within the control and treatment groups' regularly scheduled class time by their primary teachers.

Fidelity. To ensure fidelity to the intervention the researcher had a second rater in the classrooms during all pretest and posttest times. In addition, the researcher had a second rater in the classroom one day a week for five weeks making a total of five days throughout the 21 days or 20% of the intervention (see Appendix B).

Ethical Considerations

When working with the participants, the researcher ensured ethical considerations by formatively monitoring behavior during the SSPS (Hofmann & DiBartolo, 2000) and the intervention sessions. The researcher also ensured that students were not out of their normal class routine, schedule, or procedures and that all participant information and responses remained confidential. If the SSPS (Hofmann & DiBartolo, 2000) was causing anxiety or excessive time for participants, the researcher checked in with the participants to ensure they were capable of

completing the 10 statements. If the intervention was causing more stress than potential positive outcomes of the intervention, the researcher removed the participant from the study.

Validity threats. Potential validity threats and extraneous variables in the study could have been researcher bias, the grade level differences between the control and treatment groups, and school mandated tasks that impact the delivery of the intervention. The researcher and aid ensured that personal bias did not impact how students responded to the SSPS (Hofmann & DiBartolo, 2000) and participated in the intervention. The researcher selected the AVID class as a control group due to the similar class environment and lack of EL students, but the AVID class is composed of only 8th graders while the treatment leadership class is composed of $6^{th} - 8^{th}$ graders. This may give treatment and control group different responses due to students being in different grade levels. These two groups were selected even with the different grade levels because with the available demographics, these were the two most similar groups available. If school mandated tasks presented themselves during the intervention time, the researcher doubled up on tasks per day to ensure intervention was completed in a timely manner.

Data Analyses

All data were entered into the Statistical Package for the Social Sciences® (SPSS®) for Windows, version 24.0.0 (SPSS, 2016). No names or identifying information were included in the data analysis. Before analyses were conducted all data were cleaned to ensure no outliers were present (Dimitrov, 2012). During data collection nine students (four from the treatment group and five from the control group) were unable to take the SSPS post-test, therefore they were dropped from the study; leaving the total number of participants as 31. After cleaning the data, independent and paired samples t-tests were conducted to determine the significant difference in confidence between the two means of the scores on the SSPS (Hofmann &

DiBartolo, 2000). Further, before interpreting the analytical output, Levene's Homogeneity of

Variance was examined to see if the assumption of equivalence has been violated (Levene,

1960). If Levene's Homogeneity of Variance was not violated (i.e., the variances were equal

across groups), data was interpreted for the assumption of equivalence; however, if the variances

were not equal across groups the corrected output was used for interpretation.

Results

Two independent samples t-tests were conducted on the whole sample ($n = 31$) for both

the pre and post assessment scores on the SSPS-Positive (SSPS-P). Results for the SSPS-P pre-

test were: Levene's Homogeneity of Variance was violated ($p < .05$) meaning the variance

between groups was statistically different and the second line of data were used, and the t-test

showed non-significant differences between the mean scores on the pre-tests between the two

groups $t(26.44) = -.71$ $p > .05$. This means that the treatment and control groups were not

statistically different beginning the study and comparisons could be drawn (See Table 1). Results

for the SSPS-P post-test were: Levene's Homogeneity of Variance was not violated ($p > .05$),

meaning the variance between groups was not statistically different and no correction was

needed, and the t-test showed non-significant differences between the mean scores on the post-

tests between the two groups $t(29) = .91$, $p > .05$. Therefore, while the mean scores on the SSPS-

P increased for the treatment group, it was not statistically significant (See Table 1).

Additionally, two independent samples t-tests were conducted on the whole sample ($n = $

31) for both the pre and post assessment scores on the SSPS-Negative (SSPS-N). Results for the

SSPS-N pre-test were: Levene's Homogeneity of Variance was not violated ($p > .05$) meaning

the variance between groups was not statistically different and no correction was needed, and the

t-test showed non-significant differences between the mean scores on the post-tests between the

two groups $t(29) = 1.24$, p > .05. This means that the treatment and control groups were

statistically similar on the SSPS-N pre-test establishing a valid foundation for the intervention to

begin (See Table 1). Results for the SSPS-N post-test were: Levene's Homogeneity of Variance

was not violated ($p > .05$), meaning the variance between groups was not statistically different

and no correction was needed, and the t-test showed non-significant differences between the

mean scores on the post-tests between the two groups $t(29) = 1.40$, $p > .05$. Therefore, while the

mean scores on the SSPS-N decreased for the treatment group, it was not statistically significant

(See Table 1).

Table 1

Results of Independent Samples T-Tests

	Mean	SD
Pre-Test		
SSPS-P		
Treatment	16.63	6.01
Control	17.93	4.06
SSPS-N		
Treatment	10.69	6.88
Control	7.67	6.57
Post-Test		
SSPS-P		
Treatment	18.19	4.52
Control	16.53	5.514
SSPS-N		
Treatment	9.06	6.54
Control	6.20	4.55

Note. SD = Standard Deviation.

After determining the differences between pre and post assessment scores between

groups, two paired t-tests were run for both groups (i.e., treatment and control) to determine if

participants mean scores from pre to post on the SSPS-P were significantly different within each

group (See Table 2). Results for each group were as follows: treatment group, $t(15) = -1.54$, $p > .05$; control group $t(14) = .84$, $p > .05$. Therefore, both groups did not make statistically significant growth from the pre to the post tests. However, the negative t-value from the treatment group represented an increase in scores from the pre to post-test, while the positive t-value from the control group represents a decrease in scores from the pre to post-test. Meaning that the treatment group's scores increased from pre to post-tests while the control group's scores decreased from pre to post-tests.

Similarly, two paired t-tests were run for both groups (i.e., treatment and control) to determine if participants mean scores from pre to post on the SSPS-N were significantly different within each group (See Table 2). Results for each group were as follows: treatment group, $t(15) = 1.19$, $p > .05$; control group $t(14) = .88$, $p > .05$. Therefore, the positive t-value from the treatment and control groups represents a decrease in scores from the pre to the post-tests. For the SSPS-N, a decrease in scores represents less agreement with negative thoughts. Therefore, the treatment group's scores decreased more than the control groups, showing less agreement with negative thoughts, meaning there could be other factors outside of the intervention that contributed to the decrease in scores on the SSPS-N for the treatment and control groups.

Table 2

Results of Paired T-Tests

	Mean	SD
Treatment Group		
SSPS-P		
Pre	16.63	6.01
Post	18.19	4.52
SSPS-N		
Pre	10.69	6.88
Post	9.06	6.54
Control Group		
SSPS-P		
Pre	17.93	4.06
Post	16.53	5.51
SSPS-N		
Pre	7.67	6.57
Post	6.20	4.55

Note. SD = Standard Deviation.

Discussion

With the adoption of the CCSS in 2010, responsibility was placed on all grade level and content teachers to deliver content that develops students as proficient speakers (Common Core Standards Initiative, 2010). Research shows that confidence or the belief that the outcomes of one's effort will be successful is often something that hinders students' ability to develop proficiency in public speaking (Simons, 2004). Further, as students enter middle school they are expected to deliver public speaking presentations without proper preparation which leads to public speaking anxiety and lack of confidence (Combes et al., 2008; Shafer, 2009). It is imperative that students receive ample lessons in a safe classroom environment to practice public speaking in order to decrease their anxiety, and increase confidence (Price, 2009).

The purpose of this study was to determine if implementing a public speaking intervention (YELL) in a middle school leadership class would increase students' self-reported

confidence. To gather data about students' self-reported confidence, the treatment and control

groups took the SSPS as a pre-test. After the pre-test, the YELL curriculum was implemented

with the treatment group as the intervention. After four weeks of daily intervention, the treatment

and control groups once again took the SSPS as a post-test. The SSPS contains 10 Likert-scale

questions which comprise the SSPS-P and the SSPS-N. Answers for each scale were totaled and

results were analyzed for both scales using independent samples t-tests paired samples t-tests.

        Results indicated that students who received the YELL intervention increased their mean

scores on the SSPS-P and decreased their mean scores on the SSPS-N. An increase in scores on

the SSPS-P shows that students agreed more with positive statements and a decrease in scores on

the SSPS-N shows that students disagreed more with negative statements that were presented on

the SSPS. Students who did not receive the YELL intervention decreased on their mean scores

for the SSPS-P and decreased on their scores on the SSPS-N. A decrease on the mean scores for

the SSPS-P shows that students disagreed more with positive statements that were presented on

the SSPS. These results support Price (2009) research stating that when students receive practice

in the area of public speaking their anxiety or negative thoughts during public speaking situations

decrease (as reported on the SSPS-N) and students self-reported confidence (as reported on the

SSPS-P) increase.

        Interestingly, the control group showed decrease in their mean SSPS-N scores, as well as

a significant decrease in their standard deviation, meaning that not only did they disagree more

with negative statements presented on the SSPS, they were also more consistent in their

responses. This may be attributed to the fact that when treatment group participants took the

SSPS for a second time, they had public speaking practice to relate to the experiences that the

SSPS was presenting. While they showed less agreement with negative thoughts, it was not as

significant as the control group participants who had no experiences to relate to the statements on the SSPS. When future direction is discussed on this topic, researchers must consider some limitations that were present in this study.

Limitations and Future Directions

One limitation for this study was the sample as the researcher used a convenience sample, making the sample size for this study small and not random. Therefore, future studies should attempt to use a true random sampling from a larger population of students. Another limitation during this study was the timing of the study which was implemented right before the middle school's spring break. While there was a large sample of students who took the pre-test and participated in the intervention, there was a drop in the number of post-tests received because it was administered on the day before spring break. Therefore, future studies should refrain from implementing an intervention near a major break or holiday.

A final limitation to this study was time to implement the intervention in a school setting. The middle school had unpredictable events and issues that arose which impacted a couple days of intervention. The researcher was forced to skip intervention somedays and double up on intervention other days. Therefore future studies should be prepared to be flexible with the population and the school they chose to conduct future research at. Given the limitations and results that were found in this study, more research needs to be done with other populations and demographics of students to examine the effectiveness of the YELL public speaking intervention curriculum on students' self-reported confidence.

As students are expected to enter college or career pathways with proficient public speaking skills, it is imperative that teachers give students multiple opportunities to increase student's confidence in public speaking. This study offered a sample of how giving students

multiple opportunities to practice public speaking can increase self-reported confidence. Integrating regular public speaking lessons into middle school students' education experience will contribute to increasing confidence. In the case of the school site in the current study, the researcher hopes to expand the public speaking intervention to other classes and grade levels to work toward improving confidence in public speaking.

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Appendix A

Self-Statements During Public Speaking

Please imagine what you have typically felt and thought to yourself during any kind of public speaking situation. Imagining these situations, how much do you agree with the statements given below? Please rate the degree of your agreement on a scale between 0 (if you do not agree at all) to 5 (if you agree extremely with the statement).

1. What do I have to lose it's worth a   0   1   2   3   4   5
    try………………………….

2. I'm a   0   1   2   3   4   5
    loser……………………………………………………

3. This is an awkward situation but I can handle it   0   1   2   3   4   5
    ……………...

4. A failure in this situation would be more
    proof of my   0   1   2   3   4   5
    incapacity…………………….………………...

5. Even if things don't go well, it's no   0   1   2   3   4   5
    catastrophe……………...

6. I can handle   0   1   2   3   4   5
    everything………………………………………

7. What I say will probably sound   0   1   2   3   4   5
    stupid……………………….

8. I'll probably "bomb out"   0   1   2   3   4   5
    anyway…………………………….

9. Instead of worrying I could concentrate on what I want 0   1   2   3   4   5
    to say

10. I feel awkward and dumb; they're bound to   0   1   2   3   4   5
    notice…………...

Appendix B

Fidelity Table

Fidelity Table		
Date	Treatment/Control	Signature/Initials
Monday Week 1	Treatment	
Tuesday Week 2	Control	
Wednesday Week 3	Treatment	
Thursday Week 4	Control	
Friday Week 5	Treatment	