



EFFECT OF TEST-TAKING SKILLS TRAINING COUNSELLING TECHNIQUE ON TEST ANXIETY AMONG SECONDARY SCHOOL STUDENTS IN ILORIN METROPOLIS, NIGERIA

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<p>ARTICLE HISTORY Received [19 October 2024] Revised [29 November 2024] Accepted [10 December 2024]</p>	<p>ABSTRACT This study examined the effect of test-taking skills training counselling techniques on test anxiety among secondary school students in Ilorin metropolis, Nigeria. The study aimed to determine the technique's effect on physiological, cognitive, behavioural, and emotional components of test anxiety. The research employed a quasi-experimental design, focusing on 15 SS2 students identified with high test anxiety. Using a Test Taking Anxiety Checklist and Student Test Anxiety Scales, the study measured anxiety levels before and after a 6-week test-taking skills training treatment. Data were analysed using paired sample t-tests to compare pre-test and post-test scores. The findings of this study revealed that test-taking skills training counselling technique had a significant effect on physiological ($t = 20.68, p = 0.000$), cognitive ($t = 16.61, p = 0.000$), behavioural ($t = 16.55, p = 0.000$) and emotional ($t = 19.23, p = 0.000$) components of test anxiety among secondary school students in Ilorin metropolis. This study therefore concludes that test-taking skills training counselling technique significantly reduced the physiological, cognitive, behavioural and emotional components of test anxiety among secondary school students. Based on this, it was recommended among others that, Professional Counsellors and Psychologists should include the use of test-taking skills and training techniques in secondary school programmes and training to assist the students in learning how to manage their time effectively, have adequate preparation before any test and to read test instructions carefully and attentively</p>
<p>KEYWORDS Test Anxiety, Test-Taking Skills, Counselling Technique, Physiological Component, Cognitive Component</p>	
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INTRODUCTION

Test anxiety has become a great concern to educational stakeholders as it causes different physiological, behavioural, cognitive and emotional conditions among students either before, during or immediately after the test conditions. Putwain and Daly (2014) described test anxiety as a psychological condition in which students develop unpleasant fearful experiences, become more panicky or unstable and consequently become distressed as a result of fear they have towards a particular test which they have to take, they are taking or they have just taken. It may evoke varied degrees of fear (anxiety) in secondary school students, this depends on the importance attached to such tests to be taken especially the external tests and promotional tests.

In Nigeria, test anxiety is prevalent among secondary school students. Bada et al. (2021) maintained that there is a high rate of test anxiety among secondary school students in Nigeria. It has also been revealed that between 25% - 40% of secondary school students in Nigeria experience test anxiety in their academic performances



(Cassady, 2010). Akinsola and Nwajei (2013) affirmed further that secondary school students experienced some test anxiety before and during test situations. Equally, Secondary school students in Ilorin metropolis also experience test anxiety such as worry, faster heartbeats, fear, restlessness and sweat before and during examinations (Akinduyo et al., 2023). Test anxiety can be diagnosed and psychologically treated using a particular treatment intervention strategy or a combination of one or more therapies such as graded exposure, test-taking-skills training, study-skills training, cognitive restructuring, relaxation training, behaviour rehearsal, and modelling among other counselling techniques (Ahmed, 2016; Springer & Tolin, 2020; Kaczurkin & Foa, 2022). This study however focused on the test-taking skills counselling technique to treat test anxiety among secondary school students in Ilorin metropolis.

Test-taking skills training counselling technique is a counselling strategy that involves cognitive exercises and decisive mental coping abilities to deal with test situations appropriately. It helps students to know what exactly to do before, during and shortly after a test to let him or her succeed in the tests. Examples of this strategy include; the ability to manage one's time more effectively, set forth an appropriate timetable for personal study, practice the past questions, use effective counselling methods, evaluate personal effort, practice with a group, and rehearsal on the practised mastery methods among other strategies. These strategies help students to independently do well in a test and lead to mastery of the test content or materials (Dodeen, 2015). According to Dodeen et al. (2014), test-taking skills training are practical cognitive skills that would enable any student to do decisively with test challenges, or skills that would enable him or her to undergo such a test-taking situation in an appropriate manner, which in turn, leads to academic success. Hence, it is a conscious effort to acquire good results in academic pursuit without any disruption or fear of any form.

Test-taking skills training is a conscious effort to clear obstacles that can cause academic failure for students, ranging from poor time management during exams, lack of concentration, poor content mastery, poor sitting arrangement, and lack of writing materials needed among other core test conditions for good performance. Equally, a lack of requisite test preparation skills and proper counselling could lead a student to academic failure. A popular axiom says obviously that, failure to prepare by anybody is preparation to fail. Test-taking skills training counselling techniques be helpful for an array of problems among students such as anxiety, depression, and conduct disorder. It is on this background, that this study intends to examine the effect of test-taking skills training counselling technique (TSTCT) in reducing test anxiety among secondary school students in Ilorin metropolis, Kwara State, Nigeria.

Statement of the Problem

Test anxiety is an inevitable phenomenon because test administration has become and remains the integral exercise that determines every individual's placement in all secondary schools. It is also used as a yardstick to promote students from one level to another level, because of this reason anxiety sets in either before, during or after the test, whether a male or female, old or young, brilliant or not does experience test anxiety. Secondary school students in Ilorin metropolis experience test-taking anxiety especially when they are preparing for their external tests/examinations such as the West African Examination Council (WAEC), West African School Certificate Examination (WASCE), Unified Tertiary Matriculation Examination (UTME), and National Examination Council (NECO). In this regard, test anxiety has been a major concern to secondary school students in Ilorin metropolis who experience test anxieties



such as worry, faster heartbeats, fear, restlessness sweat, lack of concentration, lack of good time management, lack of note-taking, lack of consistent review and practice on past questions and lack of understanding of questions before and during tests. This is the observation of the researchers as school counsellors and teachers in many secondary school students in Ilorin.

Different attempts have been made to reduce the manifestation of test anxiety among secondary school students in Ilorin metropolis through counselling, organization of school awareness, sensitization, after-school lessons and even use of medication to reduce it but all to no avail as test anxiety persists among secondary school students. Although fear and anxiety are adaptive and necessary for survival, such responses become problematic when they are excessive, persist over time and produce discomfort for the students. Test anxiety could inhibit the proper functioning of an individual student, as this is characterized by excessive fear expression or worries and diverse negative thoughts like: self-prediction of failure, self-degrading thoughts or pre-occupation with consequences of doing poorly, symptoms of anxiety like: fast heartbeat, sweaty palms, muscle tension and poor study habit, mannerism or deficit such as last minutes cramming, unnecessary last rush to tests hall, poor note-taking, confusion about a major assignment, academic procrastination or postponing one's work and reading towards deadlines of the test.

Test anxiety can be frustrating to secondary school students and even to their parents if it is left untreated. Such behaviour may lead to examination malpractice, a punishable offence under the law which could lead the perpetrator to jail term. The problem can result in poor preparation and poor attitudes towards other areas of life. If test anxiety continues to persist in the lives of secondary school students, its consequences are possible to interfere with students' future ambitions, prevent parents from realizing their aim of sending their children to school, and lead to monetary efforts loss. Test-taking skills training was used as one of the effective techniques for reducing test anxiety. To the best knowledge of the researchers, no similar study was conducted in the study area to address this problem. Given these, the researchers were motivated to undertake this study in an attempt to address test anxiety among secondary school students in Ilorin metropolis, Kwara State, Nigeria.

Objectives of the Study

The objectives of this study are to determine the:

1. effect of test-taking skills training on physiological component of test anxiety among secondary school students in Ilorin metropolis, Kwara State.
2. effect of test-taking skills training on the cognitive component of test anxiety among secondary school students in Ilorin metropolis, Kwara State.
3. effect of test-taking skills training on behavioural component of test anxiety among secondary school students in Ilorin metropolis, Kwara State.
4. effect of test-taking skills training on emotional component of test anxiety among secondary school students in Ilorin metropolis, Kwara State.

Research Hypotheses

The following hypotheses were tested in this study:

H₀1: There is no significant difference between the pre-test and post-test mean scores of Physiological component of test anxiety among secondary school students exposed to test-taking skills training in Ilorin metropolis, Kwara State.

- H0₂:** There is no significant difference between the pre-test and post-test mean scores of cognitive component of test anxiety among secondary school students exposed to test-taking skills training in Ilorin metropolis, Kwara State.
- H0₃:** There is no significant difference between the pre-test and post-test mean scores of behavioural components of test anxiety among secondary school students exposed to test-taking skills training in Ilorin metropolis, Kwara State.
- H0₄:** There is no significant difference between the pre-test and post-test mean scores of emotional component of test anxiety among secondary school students exposed to test-taking skills training in Ilorin metropolis, Kwara State.

RESEARCH METHODOLOGY

A quasi-experimental research design involving non-randomized pre-test-post-test design was used for the study. This experimental design is considered appropriate because this design involves treatment group design only. It implies a design without random assignment of subjects. The design is symbolically represented below:

Group	Pre-test	Treatment	Post-test
TG ₁	O ₁	X	O ₂

Key:

TG = refers to the treatment group

O₁ = refer to observation before treatment (Pre-test)

X = refers to treatment administered to the treatment group (Test-taking skills training).

O₂ = refer to observation after the treatment (Post-test).

The population of this study comprised all the SS 2 students identified with test anxiety in Ilorin Metropolis. Ilorin metropolis comprises Ilorin South, Ilorin East and Ilorin North Local Government Areas. The targeted population was SS II test anxious students in Ilorin East local government area. A total number of fifteen (15) test-anxious students were purposefully selected from the overall population. These students were drawn from Okelele Secondary School, Ilorin after administering the “Test Anxiety Checklist” (TAC).

Instrumentation

Two instruments were used for this study. The first instrument is titled “Test Anxiety Checklist” while the second instrument is titled “Students Test Anxiety Scale”.

Test Anxiety Checklist

The first instrument titled: “Test Anxiety Checklist” (TAC) was used to identify test anxious students. The instrument was adopted from the Test Anxiety Scale developed by Sarason (1977). The instrument consists of 24 items with “true or false” responses. The higher the true’s of the respondent, the higher the test anxiety and vice versa.

Nine (9) true responses or below signify low test anxiety, 10 to 17 responses signify moderate test anxiety, and 18-24 responses signify high test anxiety. The researcher went for the high-test anxious students because they are the set of students who need urgent attention to be assisted with the treatment.

Student Test Anxiety Scale



The second instrument titled "Students Test Anxiety Scale" was used to obtain the pre-test and post-test scores of the respondents. It is an adapted structure titled "Student Test Anxiety Scale" (STAS) from Shukla (2013), and it consists of four different components. These are: physiological, behavioural, cognitive and emotional components. The instrument consists of 10 items on each component making a total number of 40 items on the instrument. The instrument is scored on 5 point Likert scale of; Very Much True of Me (VMTM); Very True of Me (VTM); Moderately True of Me (MTM); Slightly True of Me (STM) and Not True of Me (NTM).

On the list of the items, the physiological component has items 1 to 10. The behavioural component covers items 11 to 20, the cognitive component covers items 21 to 30 and lastly emotional component covers items 31 to 40. For the physiological component items 1 to 9 were completely adopted from Shukla (2013), and only item 10 was added from the literature making 90% of the adopted items from the above-mentioned scholar's instrument. On the behavioural component, the entire items 11-20 were utterly adopted from the above-mentioned author's work, making the adopted items on the component 100%, on the cognitive component, items 21 to 28 were adopted from Shukla (2013) making the adopted items accounted for 80%, while only two items, that is; items 29-30 were sourced from the literature. Also, items 31-40 were sourced from literature. It may be concluded that the instrument of this study was adapted.

The minimum score a student can get from the Student Test Anxiety Scale is 40 while the maximum is 200. For the components; the physiological, cognitive, behavioural and emotional have 10 items each with a minimum score of 10 and a maximum score of 50 respectively. The content validity of the two instruments (TAC & STAS) were established with the help of experts in the Department of Educational Psychology and Counselling, Ahmadu Bello University, Zaria. The two instruments (TAC & STAS) have reliability coefficients of .80 and .75 respectively.

Treatment Procedure

The treatment procedure was conducted in three phases for this study. They are: pre-treatment phase, treatment phase and post-treatment phase. These phases are presented as follows:

Pre-Treatment Phase: This is the first phase where baseline data are collected. This was done a week before the commencement of the treatment programmes by administering the Student Test Anxiety Scale to SS II test anxious students. The baseline data that were collected were scored and kept to serve as a pre-test and were later compared with the post-test scores for inferences to be drawn on the effect of the treatment on the dependent variable.

Treatment Procedure: In order not to disrupt the present school programme of the school, the use of test-taking skills training was done during the students' free periods. The selected students were exposed to test-taking skills training for the period of six (6) weeks, with two sessions per week.

Post-Treatment Phase: After the pre-treatment and treatment phases, the next stage is the post-treatment phase. This was done by re-administering the Student Test Anxiety Scale to SS II test anxious students after 6 weeks of the treatment programme. The data (post-test) that were collected were compared with that of the pre-test in order to determine the effect of the treatment technique (test-taking skills training).

RESULT AND DISCUSSION

The data that were collected were collated, organized, and analyzed using inferential statistics. The inferential statistics of paired sample t-test were used to test hypotheses 1-4 where the focus of the researcher is to establish the differences between pre-test and post-test scores. All the hypotheses were tested at a 0.05 level of significance.

H01: There is no significant difference between physiological components of test anxiety among secondary school students exposed to test-taking skills training in Ilorin metropolis, Kwara State

Table 1. Mean scores of Test-Taking skills training on the Physiological Component of Test Anxiety among Secondary School Students in Ilorin metropolis, Kwara State

Treatment	Variables	N	Mean	SD	df	T	p
TTST	Pre-test	15	38.20	3.78	14	20.68*	.000
	Post-test	15	14.87	2.35			

Table 1 revealed a pre-test mean score of 38.20 and a standard deviation of 3.78. post-test mean score reduced to 15.40 and standard deviation to 3.94 with the degree of freedom of 14 and $t = 20.68$. The table also shows $p = .000$. From the table, the p-value was found to be less than the 0.05 level of significance. This implies that there is a significant effect of test-taking skills training on the physiological component of test anxiety. Therefore, the null hypothesis which states that there is no significant effect of test-taking skills training on physiological component of test anxiety among secondary school students in Ilorin metropolis was rejected.

H02: There is no significant difference between a cognitive component of test anxiety among secondary school students exposed to test-taking skills training in Ilorin metropolis, Kwara State.

Table 2. Mean scores of test-taking skills training on cognitive component of test anxiety among secondary school students in Ilorin metropolis, Kwara State

Treatment	Variables	N	Mean	SD	df	T	p
TTST	Pre-test	15	38.13	4.71	14	16.61*	.000
	Post-test	15	14.53	2.10			

Table 2 revealed a pre-test mean score of 38.13 and a standard deviation of 4.71. Post-test mean score was reduced to 14.53 and standard deviation to 2.10 with the degree of freedom of 14 and $t = 20.68$. The table also shows $p = .000$. From the table, the p-value was found to be less than the 0.05 level of significance. This implies that there is a significant effect of test-taking skills training on cognitive component of test anxiety. Therefore, the null hypothesis which states that there is no significant effect of test-taking skills training on cognitive component of test anxiety among secondary school students in Ilorin metropolis was rejected.

H03: There is no significant difference between behavioural components of test anxiety among secondary school students exposed to test-taking skills training in Ilorin metropolis, Kwara State.

Table 3. Mean scores of test-taking skills training on the behavioural component of test anxiety among secondary school students in Ilorin metropolis, Kwara state

Treatment	Variables	N	Mean	SD	df	T	p
TTST	Pre-test	15	36.13	4.30	14	16.55*	.000
	Post-test	15	13.33	2.76			

Table 3 revealed a pre-test mean score of 36.13 and a standard deviation of 4.30. The post-test mean score was reduced to 13.33 and the standard deviation to 2.76 with a degree of freedom of 14 and $t = 16.55$. The table also shows $p = .000$. From the table, the p-value was found to be less than the 0.05 level of significance. This implies that there is a significant effect of test-taking skills training on the behavioural component of test anxiety. Therefore, the null hypothesis which states that there is no significant effect of test-taking skills training on behavioural component of test anxiety among secondary school students in Ilorin metropolis was rejected.

H04: There is no significant difference between an emotional component of test anxiety among secondary school students exposed to test-taking skills training in Ilorin metropolis, Kwara State

Table 4. Paired sample t-test on differences in the pre-test and post-test of test-taking skills training on the emotional component of test anxiety among secondary school students in Ilorin metropolis, Kwara State

Treatment	Variables	N	Mean	SD	df	T	p
TTST	Pre-test	15	38.93	4.66	14	19.23*	.000
	Post-test	15	13.07	2.40			

Table 4 revealed a pre-test mean score of 38.93 and a standard deviation of 4.66. Post-test mean score was reduced to 13.07 and the standard deviation to 2.40 with the degree of freedom of 14 and $t = 19.23$. The table also shows $p = .000$. From the table, the p-value was found to be less than the 0.05 level of significance. This implies that there is a significant effect of test-taking skills training on emotional component of test anxiety. Therefore, the null hypothesis which states that there is no significant effect of test-taking skills training on emotional component of test anxiety among secondary school students in Ilorin metropolis was rejected.

Discussion of findings

The first finding established that there was a significant effect of test-taking skills training on physiological component of test anxiety among secondary school students in Ilorin metropolis, Kwara State. This means that test-taking skills training has helped in reducing participants' physiological components of test anxiety. This finding therefore is in congruence with the finding of Maier et al. (2023) who demonstrated that test-taking skills can significantly reduce the physiological symptoms of test anxiety by promoting a state of calmness and reducing the body's stress response. Yeo et al. (2016) found that a structured programme teaching time management, relaxation techniques, and cognitive reframing significantly reduced both cognitive and physiological symptoms of test anxiety in high school students. Similarly, Trifoni and Shahini (2018) reported that students who received test-taking skills training exhibited lower levels of physiological arousal during tests compared to a control group. The reason for this finding could be that the test-taking skill training technique reduces the novelty and uncertainty of tests, which can lower physiological responses such as heart rate and sweating.



The second finding of this study also showed that there was a significant effect of test-taking skills training on cognitive component of test anxiety among secondary school students in Ilorin metropolis, Kwara State. This implies that TTST has helped in reducing the participants' cognitive component of test anxiety. This finding corresponds with the finding of Duty et al. (2016) conducted a study on nursing students and found that those who participated in a test-taking strategy workshop reported lower levels of cognitive test anxiety and demonstrated improved test scores compared to a control group. This suggests that equipping students with specific test-taking skills can help alleviate cognitive anxiety symptoms and enhance academic outcomes. The third finding also established that there was a significant effect of test-taking skills training on behavioural component of test anxiety among secondary school students in Ilorin metropolis, Kwara State. This implies that TTST has helped in reducing the participants' behavioural component of test anxiety. This finding agrees with the finding of Ersan and Tok (2020) reported that secondary school students who participated in a test anxiety intervention program showed improved study habits and decreased procrastination compared to a control group. Ergene (2019) found that programmes incorporating study skills training and test-taking strategies were among the most effective in reducing overall test anxiety. This suggests that test-taking skills training can positively influence the behavioural manifestations of test anxiety.

The fourth finding also showed that there was a significant effect of test-taking skills training on emotional component of test anxiety among secondary school students in Ilorin metropolis, Kwara State. This implies that TTST has helped in reducing the participants' emotional component of test anxiety. The finding supports the finding of Ramirez and Beilock (2011) whose study's findings that students who engaged in a brief expressive writing exercise about their test-related worries before an exam showed reduced anxiety. Ngwoke et al. (2016) revealed that students should be trained. The reason for this study's finding could be that test-taking skills training enables students to focus and concentrate better during tests, which can reduce the overwhelming feelings that contribute to anxiety.

CONCLUSION

Based on the findings from the study conducted among secondary school students in Ilorin metropolis, Kwara State, it was revealed that test-taking skills training has a significant effect on various components of test anxiety. Specifically, test-taking skills training showed a significant effect on the physiological, cognitive, behavioural, and emotional components of test anxiety. This suggests that if students can be trained with coping abilities to deal with test situations appropriately, all situations related to tests can effectively reduce overall test anxiety and improve their concentration, attention and general performance. Based on the findings of this study, it was recommended that:

1. School Counsellors and Educational psychologists should be encouraged to make effective use of test-taking skills training techniques in reducing physiological, cognitive, behavioural and emotional components of test anxiety among secondary school students.
2. Workshops and seminars should be organized for teachers and parents on how they could foster test-taking skills and training techniques in their students and children to help them reduce test anxiety.
3. Professional counsellors and psychologists should include the use of test-taking skills training techniques in the secondary school programme and training to



assist students in learning how to manage their time effectively, to have adequate preparation before any test and to know how to read test instructions carefully and attentively.

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