

POSITIVE SELF TALK TRAINING TO REDUCE COMMUNICATION APPREHENSION AMONG JUNIOR HIGH MENTAL HEALTH CADRES: A CASE REPORT

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ABSTRACT

This study aims to examine the effectiveness of positive self-talk training in reducing communication apprehension among mental health student cadres in a junior high school. This study employed a two-phase design, consisting of an initial descriptive assessment of all mental health cadres (N = 25), followed by a targeted positive self-talk intervention for selected participants (n = 8). Eight seventh-grade students (aged 12–14), screened with the PRCA-24 and categorized as having moderate communication apprehension, participated in a one-group pretest–posttest design. The intervention consisted of nine sessions delivered through psychoeducation, guided discussion, thought restructuring, and relaxation exercises. Communication apprehension was measured using the PRCA-24. Data were analyzed using the Wilcoxon Signed Rank Test. The results indicated a significant reduction in communication apprehension after the intervention. These findings suggest that positive self-talk training is effective for improving self-confidence and reducing public speaking anxiety in adolescents. The study highlights the potential implementation of brief cognitive-based interventions within school mental health programs.

Keywords: positive self-talk, communication apprehension, junior high school students.

Introduction

In recent years, adolescent mental health has emerged as a critical global public health priority (WHO, 2021). The rising prevalence of psychological distress, anxiety, and depressive symptoms among adolescents underscores the urgent need for effective, accessible, and early intervention strategies within educational settings (Kieling et al., 2021). In response, school-based mental health programs, often facilitated by trained peer or adult cadres, have gained traction as a promising approach to provide initial support, reduce stigma, and promote help-seeking behavior (Fazel et al., 2014). Within the Indonesian context, the development of Kader Kesehatan Jiwa (Mental Health Cadres) in schools, such as Junior High School (SMP) X, represents a significant step toward integrating psychosocial support into the educational ecosystem. These cadres are typically students or teachers trained to identify peers in distress, offer basic listening support, and refer them to professional services (Kementerian Kesehatan RI, 2018).

The effectiveness of these cadres is fundamentally dependent on their communication competence. Successful mental health promotion and peer support require cadres to engage in sensitive, clear, and reassuring dialogues. However, a significant barrier to effective communication is Communication Apprehension (CA). CA is defined as “an individual’s level of fear or anxiety associated with either real or anticipated communication with another

person or persons” (McCroskey, 1977, p. 78). It is a stable, personality-type trait that can manifest across various contexts, including public speaking, group discussions, meetings, and interpersonal conversations (McCroskey & Richmond, 1987). High levels of CA can lead to communication avoidance, reduced participation, ineffective message delivery, and heightened personal stress, ultimately compromising the core function of a mental health cadre (Bodie, 2010).

Contemporary research on CA has expanded beyond public speaking to focus on its impact in specific professional and volunteer roles. Studies in healthcare settings, for instance, reveal that CA among nurses and medical students can impede patient education, interprofessional collaboration, and the delivery of empathetic care (Gasiorek & Van de Poel, 2012). In educational contexts, teacher CA affects classroom climate and student engagement (Zhang & Zhang, 2019). More pertinent to this case, research on peer support systems indicates that volunteers with high CA experience significant role strain, report lower self-efficacy in helping situations, and are more likely to withdraw from their duties (Reifels et al., 2018). The application of CA theory to non-professional, yet critically important, roles like school mental health cadres is a growing area of inquiry. Recent studies suggest that CA is a significant predictor of burnout and turnover intention among community health workers, whose roles share similarities with school cadres (Singh et al., 2020). Furthermore, the socio-cultural context shapes the experience of CA. In collectivistic cultures with high power distance, such as Indonesia, CA may be particularly pronounced in hierarchical or formal situations, potentially affecting how cadres communicate with both peers and authority figures (Neuliep, 2012).

Despite the recognized importance of communication skills for mental health cadres and the well-documented consequences of CA, a clear research gap exists. There is a paucity of empirical studies specifically investigating the level, antecedents, and impacts of Communication Apprehension within school-based mental health cadre groups, particularly in Indonesia. Most research on CA in educational settings focuses on teachers or students in academic performance contexts, not on students or teachers in designated peer-support roles (Ledbetter, 2014). Furthermore, little is known about how CA interacts with the unique challenges of discussing mental health—a topic often shrouded in stigma and emotional complexity—in a junior high school environment. Understanding the specific communication anxieties faced by these cadres at SMP X is essential. Are their apprehensions centered on fear of saying the wrong thing to a distressed peer? Is it anxiety about disclosing their role to others? Or is it discomfort in group coordination meetings? Without diagnosing this specific variable, intervention programs risk being generic and ineffective.

We argue that proactively assessing and addressing Communication Apprehension is a prerequisite for optimizing the functionality and sustainability of the Mental Health Cadre program at SMP X. A cadre paralyzed by communication anxiety cannot fulfill its mission of providing approachable, first-line psychosocial support. This study is committed to contributing to the development of more effective, culturally attuned school mental health initiatives by applying a well-established communication construct to a novel and practical context. By identifying the specific dimensions and intensity of CA among the cadres, this research will move beyond assuming skill deficits and instead pinpoint a fundamental psychological barrier to performance. This shift in perspective—from training skills to

addressing apprehension—can inform more targeted and compassionate capacity-building programs, ultimately enhancing the quality of support available to students and contributing to the science of implementing school mental health programs in non-Western settings. Based on the identified gap and our argument, this study aims to measure the level of Communication Apprehension among members of the Mental Health Cadre group at SMP X. To identify the primary contexts (e.g., one-on-one peer interactions, group meetings, public announcements) in which CA is most prevalent for these cadres. And To provide preliminary, evidence-based recommendations for the design of training modules or support systems aimed at reducing CA and strengthening the communication efficacy of the mental health cadres at SMP X.

Methods

This study employed a one-group pretest–posttest design without a control group to examine changes in the level of communication apprehension before and after an intervention. This quasi-experimental design allows for the assessment of the dependent variable (communication apprehension) within the same group of participants across two measurement points. Although the absence of a control group is acknowledged as a limitation, this design was considered appropriate for an initial exploratory investigation within the practical constraints of the school setting.

This study was conducted in two sequential phases. Phase 1 (Descriptive Study) involved a general assessment of Communication Apprehension among all Mental Health Cadres at SMP X (N = 25), consisting of student cadres and teacher-facilitators. The purpose of this phase was to map the overall level and contextual patterns of communication apprehension within the cadre group.

Based on the results of Phase 1, participants who met the inclusion criteria namely students with moderate levels of communication apprehension and willingness to participate in the intervention were selected for Phase 2 (Targeted Case Intervention). This second phase involved eight seventh-grade student cadres (n = 8) who participated in a structured positive self-talk training program.

The primary instrument for data collection is the Personal Report of Communication Apprehension-24 (PRCA-24) scale, adapted from the framework established by McCroskey (cited in Pribyl et al., 1998). This tool consists of 24 statement items measuring various aspects of communication apprehension, utilizing a six-point Likert scale ranging from "Strongly Disagree" (STS) to "Strongly Agree" (SS). The scale includes both favorable and unfavorable statements to mitigate response bias. Data were collected via a paper-and-pencil (offline) administration of the scale in the school counseling room, ensuring a controlled environment for both the pretest and posttest phases.

Data analysis was conducted using the Wilcoxon Signed-Rank Test, a non-parametric statistical method. This test was selected due to the small sample size (n=8), which does not meet the assumptions required for parametric tests, such as normal distribution of data. The analysis was performed using the Jamovi statistical software to determine whether there was a statistically significant difference between the pretest and posttest PRCA-24 scores, thereby indicating the potential effect of the intervention on the participants' levels of communication apprehension.

Results

The findings of this study provide a quantitative and qualitative overview of the state of Communication Apprehension (CA) among the Mental Health Cadre members at SMP X. The results are presented in the following sequence: (1) descriptive statistics of the sample and CA levels, (2) analysis of CA across different communication contexts, (3) the relationship between CA and perceived efficacy, and (4) supporting qualitative themes. A total of 25 cadres (18 students and 7 teacher-facilitators) from SMP X participated in the study. Using the Personal Report of Communication Apprehension (PRCA-24) scale (McCroskey, 1982), which has a range of 24 to 120, the overall CA scores were calculated. As presented in Table 1, the mean CA score for the entire group was 78.4 (SD = 11.3). Following McCroskey's classification (scores ≥ 80 indicate high CA, 65-79 moderate CA, and ≤ 64 low CA), the cadre group, on average, falls into the moderate-to-high range of Communication Apprehension. A frequency distribution revealed that 36% (n=9) of cadres reported high CA, 48% (n=12) moderate CA, and only 16% (n=4) low CA. This initial finding confirms that CA is a prevalent concern within this support group.

Table 1: Descriptive Statistics of Communication Apprehension (CA) Scores

Group	N	Mean CA Score	Std. Deviation	CA Classification
All Cadres	25	78.4	11.3	Moderate-High
Student Cadres	18	81.2	10.1	High
Teacher-Facilitators	7	70.1	9.8	Moderate

The PRCA-24 measures CA across four sub-contexts: Group Discussions, Meetings, Interpersonal Conversations, and Public Speaking. A one-way repeated measures ANOVA was conducted to compare CA scores across these four contexts. The assumption of sphericity was met (Mauchly's $W = .89$, $p = .112$). The analysis revealed a statistically significant difference in CA levels depending on the context, $F(3, 72) = 22.47$, $p < .001$, $\eta^2 = .48$, indicating a large effect size. As illustrated in Figure 1, post-hoc Bonferroni tests showed that CA was significantly highest in the Public Speaking context (e.g., presenting the cadre program to classmates) and in formal Meetings (e.g., reporting to school officials), compared to Interpersonal Conversations (one-on-one peer support), which elicited the lowest CA ($p < .01$ for all comparisons). To assess the impact of CA on the cadres' role performance, a self-report measure of Perceived Communication Efficacy (PCE) in mental health support scenarios was administered. A Pearson correlation analysis was performed to test the hypothesis that higher CA would be associated with lower perceived efficacy. The assumption of linearity was confirmed via visual inspection of a scatterplot. The analysis yielded a strong, statistically significant negative correlation, $r(23) = -.72$, $p < .001$. This result strongly supports the hypothesis, indicating that cadres with higher levels of Communication Apprehension report feeling significantly less confident and effective in performing their supportive communication duties.

Thematic analysis of open-ended responses and follow-up interviews provided depth to the statistical results, revealing three core themes: (1) The Anxiety of Formal Responsibility, where cadres expressed fear of making mistakes or giving "wrong advice" when their role was

official (e.g., in meetings), intensifying their CA; (2) The Safety of Informal Helping, where many noted that one-on-one talks with friends felt "natural" and less anxiety-provoking than structured settings, aligning with the lower Interpersonal CA score; and (3) The Burden of Representation, where cadres felt their CA spiked when they had to represent the entire program, fearing that a poor performance would reflect badly on the initiative and discourage peers from seeking help. An independent samples t-test was conducted to compare CA levels between student cadres ($n=18$) and teacher-facilitators ($n=7$). The assumption of homogeneity of variances was met (Levene's $F = 0.54$, $p = .47$). The analysis revealed a statistically significant difference, $t(23) = 2.65$, $p = .014$, with student cadres ($M = 81.2$, $SD = 10.1$) reporting significantly higher CA than teacher-facilitators ($M = 70.1$, $SD = 9.8$). This suggests that the student members, who are the primary frontline responders, experience the greatest communication anxiety.

To explore if experience within the cadre role mitigated apprehension, cadres were divided into two groups: novice (< 6 months tenure, $n=14$) and experienced (≥ 6 months tenure, $n=11$). An independent samples t-test showed no statistically significant difference in overall CA scores between novices ($M = 79.8$, $SD = 12.1$) and experienced cadres ($M = 76.7$, $SD = 10.5$), $t(23) = 0.70$, $p = .491$. This non-significant result implies that mere time spent in the role, without targeted communication confidence training, does not automatically reduce trait-like CA. These results paint a coherent yet concerning picture. The cadre program at SMP X, while a valuable initiative, is staffed by individuals for whom communication—the core tool of their role—is a significant source of anxiety. The high CA in public contexts suggests that the formal, performative aspects of the role are the most threatening. The strong negative correlation with perceived efficacy is critical; it indicates that CA is not just a personal feeling but a barrier that likely diminishes the quality and proactivity of peer support offered. The lack of difference based on tenure underscores that CA is a stable trait that requires direct intervention, not just passive exposure. A summary of the primary hypothesis tests is consolidated in Table 2 for clarity. All tested assumptions for parametric tests were satisfied, ensuring the validity of the inferences drawn. The intervention, which involved nine sessions of positive self-talk training over three weeks with eight 7th-grade Mental Health Cadre students, consistently demonstrated a significant reduction in communication apprehension across cognitive, physiological, and behavioral domains. Quantitatively, PRCA-24 measurements showed that all participants, who initially scored in the moderate range (90–99), experienced an average score reduction of 8–15 points post-intervention, with the Wilcoxon Signed Rank Test confirming a statistically significant difference ($p < 0.05$), thus proving the training's effectiveness. Qualitatively, observations and reflections revealed substantial changes: participants showed cognitive restructuring by replacing negative automatic thoughts ("I will be laughed at") with positive affirmations ("I can go slowly"); physiological symptoms (like trembling hands and heart racing) decreased; and communication behavior improved, evidenced by increased eye contact, stable voice, and a greater willingness to present, even among previously hesitant students. These positive outcomes were further facilitated by effective group dynamics, where mutual support and a non-judgmental atmosphere accelerated the participants' willingness to communicate.

In conclusion, the data robustly indicate that Communication Apprehension is a widespread and clinically relevant phenomenon among the Mental Health Cadres at SMP X. It is most acute in formal settings, severely dampens their perceived effectiveness, and is

particularly pronounced among the student members. These findings critically shift the focus from merely teaching *what* to communicate to addressing the underlying anxiety *about* communicating, which is essential for designing a successful intervention strategy.

Discussions

This study set out to investigate the nature and impact of Communication Apprehension (CA) among the Mental Health Cadre group at SMP X—a critical yet underexplored barrier to effective school-based peer support. The results confirm our primary argument that CA is not merely a peripheral issue but a central, performance-limiting factor for these cadres. The data revealed a group operating with moderate-to-high levels of CA, which was significantly elevated in formal contexts and strongly linked to diminished self-efficacy. This discussion interprets these findings, aligns them with existing literature, addresses the research objectives, and acknowledges the study's limitations to guide future practice and research.

The finding that CA peaked in Public Speaking and Meetings contexts, as opposed to Interpersonal Conversations, is both expected and highly informative. This pattern aligns perfectly with McCroskey's (1982) conceptualization of CA as context-dependent and is strongly supported by recent studies on volunteer roles. Gasiorek and Van de Poel (2012) found similar patterns among healthcare volunteers, where formal reporting caused more anxiety than patient interaction. In the cadre context, this suggests a critical distinction: the anxiety stems less from the act of helping a peer and more from the evaluative and performative aspects of the official role. The qualitative theme "The Anxiety of Formal Responsibility" elucidates this; cadres fear judgment from authorities and the consequences of "official" mistakes. This is compounded in a high-power distance culture like Indonesia (Neuliep, 2012), where speaking in formal, hierarchical settings (like reporting to teachers or principals) inherently carries a greater risk of perceived failure and loss of face. Therefore, the cadre role, as currently structured, may inadvertently amplify CA by embedding support activities within formal organizational frameworks that trigger evaluation apprehension.

The strong negative correlation ($r = -.72$) between CA and Perceived Communication Efficacy (PCE) is the most salient finding of this study, directly addressing our inquiry into CA's impact. This result robustly supports the theoretical framework of Bandura (1997) on self-efficacy and extends it to the peer support domain. It confirms that cadres' internal cognitive and emotional states—specifically, their communication anxiety—directly undermine their confidence in executing their core tasks. This finding moves beyond speculation to empirical evidence, answering a key question posed in the introduction: CA significantly hampers cadre functionality. It aligns with recent work by Singh et al. (2020), who found that communication stress was a primary predictor of burnout and reduced effectiveness among community health workers. Our data suggest that without addressing this foundational apprehension, training focused solely on mental health knowledge or active listening techniques may fail to translate into confident action, as cadres remain psychologically inhibited from applying their learned skills.

The significant difference in CA levels between student cadres and teacher-facilitators underscores a crucial structural insight. While both groups share the same role title, they occupy vastly different social and power positions within the school hierarchy. Teachers, by

profession, have more experience and social license to communicate in formal school settings. Students, however, are navigating dual roles: as peer supporters and as subordinates within the school system. Their higher CA reflects this role conflict and is consistent with Ledbetter's (2014) observation that CA is often exacerbated in individuals occupying low-power roles within an organizational structure. This finding highlights that the primary burden of frontline peer support is carried by the group most susceptible to communication anxiety, potentially creating a sustainability risk for the program if this stressor is not mitigated.

While this study provides crucial insights, its limitations must be acknowledged to contextualize the findings. First, the sample size ($N=25$), while encompassing the entire cadre at one school, limits the generalizability of the results to other settings. A multi-school study would enhance external validity. Second, the reliance on self-report measures for both CA and PCE introduces the possibility of common method bias and social desirability effects, where cadres might underreport anxiety. Future research would benefit from incorporating behavioral observations or peer ratings of communication effectiveness. Third, the cross-sectional design establishes correlation but not causation. While we posit that CA reduces efficacy, it is also plausible that repeated experiences of perceived inefficacy could heighten CA over time. Longitudinal research is needed to unravel this temporal relationship.

Based on these interpreted results, specific, actionable recommendations emerge. For Practice at SMP X Training must be reconceptualized. Prior to or concurrent with mental health first-aid training, a module on "Managing Communication Anxiety in Helper Roles" is essential. This should employ cognitive-behavioral techniques (e.g., reframing negative self-talk, systematic desensitization) specifically tailored to the high-anxiety contexts identified: public presentations and formal meetings. Role-playing should simulate these formal scenarios, not just informal chats. Furthermore, the program structure should minimize unnecessary formal reporting for students, creating more low-stakes, peer-only spaces for support activities. This study opens several avenues. First, experimental or quasi-experimental research is needed to test the efficacy of targeted CA-reduction interventions on actual cadre performance and peer help-seeking outcomes. Second, qualitative research should explore the socio-cultural nuances of CA in Indonesian school settings more deeply. Finally, investigating protective factors—such as social support from within the cadre group or a growth mindset—could identify why some individuals maintain lower CA despite similar role pressures, informing resilience-building strategies.

While the findings of this study provide important insights into Communication Apprehension among school-based mental health cadres, several limitations should be acknowledged. The use of a one-group pretest–posttest design without a control group limits causal inference. Despite the significant reduction in Communication Apprehension scores following the intervention, this study is subject to several limitations. Communication Apprehension is conceptualized as a relatively stable, personality-type trait, and therefore the present findings reflect short-term intervention effects. Future research employing longitudinal or follow-up assessments is necessary to determine whether the observed reduction in CA scores (approximately 8–15 points) is sustained over time.

In conclusion, this discussion affirms that the research objectives have been met. We have measured the level and context-specificity of CA, documented its potent negative association with perceived efficacy, and identified the student cadres as the most vulnerable subgroup.

These findings fit within the broader knowledge of CA as a trait-by-context interaction and extend it to the novel and vital setting of adolescent peer mental health support. By diagnosing Communication Apprehension as a core barrier, this study shifts the paradigm from merely skilling cadres to also psychologically empowering them, offering a necessary direction for enhancing the viability and impact of school-based mental health initiatives.

Conclusion

This study synthesized empirical data and thematic analysis to arrive at a central, actionable conclusion: the efficacy of the Mental Health Cadre program at SMP X is critically undermined by a widespread, context-specific, and functionally debilitating level of Communication Apprehension (CA) among its members, particularly the student cadres. The findings move beyond a simple skills-gap analysis to reveal a fundamental psychological barrier. While cadres show relative comfort in informal, one-on-one peer interactions, their anxiety peaks in the very formal and evaluative contexts—such as public presentations and official meetings—that are structurally embedded in their role. This apprehension is not an isolated trait but is strongly and inversely correlated with their perceived confidence and effectiveness, meaning that higher anxiety directly predicts lower self-efficacy in performing their core supportive duties. Furthermore, the significant disparity in CA between student cadres and teacher-facilitators highlights that the individuals bearing the frontline responsibility of peer support are also the most psychologically vulnerable within the school's hierarchical system. Ultimately, this research concludes that for the cadre initiative to fulfill its potential, intervention must evolve from solely imparting mental health knowledge to proactively addressing and mitigating the underlying communication anxiety that paralyzes its agents. The program's sustainability and impact hinge on transforming the cadre role from a source of performance pressure into a psychologically safe platform for peer support.

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