FACTORS AFFECTING ACADEMIC INTEREST AND SELF PERCEPTION OF
ADOLESCENT HISPANIC FEMALES

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This investigation identifies deterrents to the educational, social, and cultural success of Latina adolescent females. Across the nation, and especially in states such as Texas and California, the Hispanic population is fast becoming the largest minority in society. Because the adolescent Hispanic population within the United States today will comprise much of America’s future economic and social base, identifying and addressing educational, cultural, and social deterrents to their success becomes important not only for personal well-being, but for the well-being of future society as a whole. A second purpose was that of determining the efficacy of group-centered psychoeducational therapy in improving self-esteem and decreasing anxiety and depression symptoms in adolescent female Hispanic high school students.

The experimental groups consisted of one group of seven female Hispanic adolescents who received computer and internet training and psychoeducational group counseling twice a week for five weeks. and a second group of five female Hispanic adolescents who received computer and internet training and psychoeducational group counseling twice a week for five weeks. The control group consisted of fourteen female Hispanic students who received no treatments. The Beck Depression Inventory was used to measure pre and post test levels of depression, the Beck Anxiety Inventory was used to measure pre and post test levels of anxiety, and the Rosenberg Self-Esteem questionnaire and the Index of Self-Esteem were used to measure pre and post levels of self-esteem.
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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>iii</td>
</tr>
<tr>
<td>LIST OF TABLES</td>
<td>vi</td>
</tr>
<tr>
<td><strong>Chapter</strong></td>
<td></td>
</tr>
<tr>
<td><strong>1. INTRODUCTION</strong></td>
<td>1</td>
</tr>
<tr>
<td>Rationale for the Study</td>
<td>2</td>
</tr>
<tr>
<td>Statement of the Problem</td>
<td>2</td>
</tr>
<tr>
<td>Review of Related Literature</td>
<td>3</td>
</tr>
<tr>
<td>Educational Aspirations</td>
<td>3</td>
</tr>
<tr>
<td>Self Perception</td>
<td>6</td>
</tr>
<tr>
<td>The American Experience</td>
<td>16</td>
</tr>
<tr>
<td>Four Factors Contributing to Depression, Anxiety, and Low Self-Esteem</td>
<td>23</td>
</tr>
<tr>
<td>Statement of Purpose</td>
<td>31</td>
</tr>
<tr>
<td><strong>2. METHODS AND PROCEDURES</strong></td>
<td>33</td>
</tr>
<tr>
<td>Research Question</td>
<td>33</td>
</tr>
<tr>
<td>Definition of Terms</td>
<td>33</td>
</tr>
<tr>
<td>Hypotheses for the Study</td>
<td>34</td>
</tr>
<tr>
<td>Instruments</td>
<td>35</td>
</tr>
<tr>
<td>The Beck Anxiety Inventory</td>
<td>35</td>
</tr>
<tr>
<td>The Index of Self-Esteem</td>
<td>35</td>
</tr>
<tr>
<td>The Beck Depression Inventory II (BDI II)</td>
<td>36</td>
</tr>
<tr>
<td>Rosenberg Self-Esteem Scale (RSE)</td>
<td>36</td>
</tr>
<tr>
<td>Selection of Subjects</td>
<td>37</td>
</tr>
<tr>
<td>Data Collection Method</td>
<td>39</td>
</tr>
<tr>
<td>Description of Treatment</td>
<td>40</td>
</tr>
<tr>
<td><strong>3. RESULTS AND DISCUSSION</strong></td>
<td>43</td>
</tr>
<tr>
<td>Results</td>
<td>43</td>
</tr>
<tr>
<td>Limitations</td>
<td>51</td>
</tr>
</tbody>
</table>
Recommendations..........................................................................................52

APPENDICES .........................................................................................................................53

REFERENCES ..........................................................................................................................61
# LIST OF TABLES

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; and 2&lt;sup&gt;nd&lt;/sup&gt; Groups BAI</td>
<td>44</td>
</tr>
<tr>
<td>2</td>
<td>Control Group BAI</td>
<td>44</td>
</tr>
<tr>
<td>3</td>
<td>Treatment Group vs. Control Group ANCOVA BAI</td>
<td>45</td>
</tr>
<tr>
<td>4</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; Group ISE</td>
<td>45</td>
</tr>
<tr>
<td>5</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; and 2&lt;sup&gt;nd&lt;/sup&gt; Groups ISE</td>
<td>46</td>
</tr>
<tr>
<td>6</td>
<td>Control Group ISE</td>
<td>46</td>
</tr>
<tr>
<td>7</td>
<td>Treatment Group vs. Control Group ANCOVA ISE</td>
<td>47</td>
</tr>
<tr>
<td>8</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; and 2&lt;sup&gt;nd&lt;/sup&gt; Groups BDI</td>
<td>47</td>
</tr>
<tr>
<td>9</td>
<td>Control Group BDI</td>
<td>48</td>
</tr>
<tr>
<td>10</td>
<td>Treatment Group vs. Control Group ANCOVA BDI</td>
<td>48</td>
</tr>
<tr>
<td>11</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; and 2&lt;sup&gt;nd&lt;/sup&gt; Groups RSE</td>
<td>49</td>
</tr>
<tr>
<td>12</td>
<td>Control Group RSE</td>
<td>49</td>
</tr>
<tr>
<td>13</td>
<td>Treatment Group vs. Control Group ANCOVA RSE</td>
<td>50</td>
</tr>
</tbody>
</table>
CHAPTER 1

INTRODUCTION

The Hispanic population of the United States is currently the fastest growing of all minority populations nationally; yet academically, Hispanic K-12 students in America often tend to lag in achievement behind whites and various other minority groups (Llagas, 2003). Hispanic students have made gains in several key education areas in the past 20 years, but despite these gains, gaps in academic performance between Hispanic and non-Hispanic White students remain” (Llagas, 2003).

Although much rhetoric has been and continues to be devoted to encouraging Hispanic and other minority students to excel academically (Mao & Bikos, 2000; Tapia, 2004; Valencia, 2000; Yowell, 1999; 2000; Zhou, 1997) much of the available literature on Hispanic student achievement and self-esteem indicates that a great deal remains to be done in this direction: by educators; school counselors; psychologists; parents; community members, and students themselves, to help adolescent Hispanic female students in particular, within American schools, achieve academic success and personal well-being (Demo & Savin-Williams, 1983; Gillock & Reyes, 1999; Llagas, 2003; Richman, Clark, & Brown, 1985; Rumberger, 1991; Sleeter, 1996; Wright, Aron, McLaughlin-Volpe & Ropp, 1997; Yowell, 1999; 2000).

Moreover, while all Hispanic (and other) students need to be encouraged and supported in their efforts to succeed: academically; professionally; and in terms of self-esteem, female adolescent Hispanics are arguably even more needy in these respects (Rumberger, 1991; Cisneros, 1991; 2004) than perhaps other ethnic and or gender groups, since the Hispanic culture traditionally emphasizes male over female autonomy and social importance: academically and professionally, although the North American culture in which they live and attend school does
not do so, or at least nearly as much. Adolescent Hispanic females, then, are often uniquely burdened, then by one set of gender and social expectations within their family and transplanted culture, yet quite another set of expectations in the public domain (Rodriguez; 1983; Rumberger, 1991; Cisneros, 1991, 2004; Rodriguez, 2004; Behnke, Piercy, & Diversi, 2004) Therefore, insights gained from results of the study might potentially be used efficaciously in the future: by educators; psychologists, and others, to assist female adolescent Hispanic students within the United States in achieving greater academic success and personal self-esteem, a benefit for themselves and society, now and in the future.

Rationale for the Study

The rationale for the study was adolescent Hispanic female students in American public schools often exhibit both lower-than-desirable academic achievement and lower-than-average self esteem (Alva & de los Reyes, 1999; Alves-Martin, Peixoto, Gouveia-Pereira, Amaral, & Pedro, 2002; Yowell, 1999; 2000). Much work remains to be done, from educational; psychological, and other perspectives; and by educators, administrators, counselors, and others, to help increase the academic performance and self-esteem of today’s female adolescent Hispanic students.

Statement of the Problem

Across the nation, and especially in states such as Texas and California, the Hispanic population is fast becoming the largest minority in society. Because the adolescent Hispanic population within the United States today will comprise much of America’s future economic and social base, identifying and addressing educational, cultural, and social deterrents to their success becomes important not only for personal well-being, but for the well-being of future society as a whole.
Review of Related Literature

The following review is a synthesis of literature and research related to factors affecting academic interest and personal well being of adolescent Hispanic females. This review focuses on three major areas: qualitative, quantitative, and descriptive.

Educational Aspirations

Several research studies pointed to persistent barriers to educational aspiration and or attainment on the part of Latino adolescent students, and sometimes their parents as well. For example, Behnke, Piercy, and Diversi (2004) sought to ascertain through interviews with ten Latino students, ages 11 through 16, and their parents how closely students educational and professional aspirations and their parents’ aspirations for them, educationally and professionally, matched one another. The authors asked the students and their parents to describe particular barriers that limited their access to education and or their educational aspirations. According to the authors:

Latino parents and youth felt that there were several barriers that kept them from achieving goals to which they aspired. The main barriers that the parents and youths faced were a lack of time, a lack of understanding of pathways to aspirational [sic] attainment, and a lack of English abilities (p. 26).

Behnke, et al. (2004) found, further, that a lack of time was the barrier to educational aspiration and attainment mentioned most often by Latino students and their parents alike. For example, “Sixteen of the 20 parents felt they could learn English; however, the task appeared daunting because of their work schedules” (p. 26). Latino students and their parents consistently stated that “increased access to information, support in gaining English proficiency, and more time for educational pursuits” (pp. 30-
would go a long way toward helping families such as theirs in increasing both their educational aspirations and their levels of educational attainment.

Other studies on educational aspiration and success (or the lack thereof) among Latino adolescent students pointed, similarly, to a lack of English proficiency on the part of Latino parents as affecting their involvement in their children’s schoolwork and or understanding or encouragement of their children’s academic and or professional aspirations. Lambourne & Zinn (1993) found that Latino parents’ lack of English language proficiency substantially impacted, negatively, their own educational and or career aspirations.

Sandefur (1998) found, similarly, that Latino parents’ difficulties with English inhibited their confidence and ability to help their children with homework, understand what their children were doing in school, or encourage and support their children’s academic endeavors; even if their aspirations for their children were in fact quite high. McLaughlin, Liljestrom, Lim, & Myers (2002) found as well that low English proficiency on the part of Latino parents presented a barrier to their encouragement of their children’s academic progress, which could lead, in turn, to their children’s decreased academic success.

On the other hand, Bieri & Bingham (1994) found that in terms of Latino adolescent students’ overall “future orientation” (that is, attention paid to their future goals and aspirations, as opposed to their immediate lives and circumstances) (Yowell, pp. 5-6), specific “planning activities” (Yowell, p. 5) aimed toward the future, and future educational aspirations in particular (e.g., essays; journal entries; research reports, and other such activities, inside and or outside school), tended to enhance both Latino students’ preparation for, and positive attitudes about, future educational aspiration and attainment.
Yowell (2000) interviewed 38 Latino adolescent students about their future educational and professional goals. This study found that higher scholarly and professional aspirations on the part of Latino adolescent students was a predictor of their future academic success based on the students’ report card grades.

Donald Atkinson (2003) offers insightful information for counseling practitioners about culturally aware and sensitive approaches to counseling minority group members living in the United States. As Atkinson states in the “Preface” to his sixth edition, the ongoing intention of Counseling American Minorities (which has now been substantially revised, updated, and re-published on six separate occasions, with the first edition published in 1979 bearing almost no resemblance to the sixth edition published in 2003) is to assist present and future counselors in increasing their levels of understanding, sensitivity, and insight into histories, backgrounds, priorities, belief systems, typical experiences, and special mental and physical health care needs of the four largest minority groups living in America. These four groups are (1) African Americans; (2) American Indians; (3) Asian Americans, and (4) Hispanic Americans. The focus of Counseling American Minorities is on social attitudes, belief systems, and values of these four largest minority groups in America today. Further, Counseling American Minorities describes historical and present-day experiences of minority groups as a way of framing discussion of typical counseling needs, attitudes, and expectations about counseling of these groups. This is especially useful in terms of counselors’ being better able to anticipate and understand cultural and other challenges they might encounter when counseling, say, a Korean student or an Hispanic single mother trying to finish high school.

According to various other studies, Latino adolescent students experience many significant barriers to their academic aspirations and attainment at school itself as well as often
within their families. Martinez, DeGarmo, & Eddy (2004) found that based on the Oregon Latino Youth Survey of 564 Latino and non-Latino middle school and high school students and their parents, Latino students in particular reported a much greater frequency of discriminatory personal experiences and discriminatory institutional barriers (e.g., less access to advanced courses; lack of counseling about college) than did non-Latino students.

Further, according to Martinez, et al. (2004), both Latino students and their parents were more likely, than were non-Latino students and parents, to encounter institutional barriers than were non-Latino students and their parents by comparison. Latino students and their parents also indicated that they and/or their children were more likely to drop out of school than were non-Latino parents and or children. Like other qualitative studies (e.g., Lambourne & Zinn, 1993; McLaughlin, Liljestrom, Lim, & Myers, 2002; Sandefur, 1998; Yowell, 1999; 2000), this study concluded that lower levels of acculturation, combined with greater numbers of institutional barriers, were related to lesser academic achievement and future aspiration among Latino students. Moreover, as with other studies (e.g., Bieri & Bingham, 1994; Behnke, Piercy, & Diversi, 2004), greater parental academic encouragement, and extracurricular encouragement by teachers, staff, and others, were related to greater academic achievements on the part of students. Martinez, et al. (2004) also found that socio-economic disadvantage was a negative factor in Latino students’ academic success and aspiration and was related, the authors concluded, to a lack of parental monitoring of academic work and progress at home as well as a lack of parental involvement at school.

Self Perception

Alves-Martins, et al. (2002), analyzed the types of coping strategies typically taken among Hispanic adolescents when their self-esteem is compromised by a negative sense of
competence and accomplishment in school. Study participants were eight-hundred and thirty-eight 7th to 9th grade students. The authors of the study collected data using Harter's Self-Perception Profile for Adolescents in combination with a Scale of Attitudes towards School. Results of this study indicated there were substantial differences in the self-esteem of successful, as opposed to unsuccessful, 7th grade students, although the authors further noted that such differences tend to disappear in the 8th and 9th grades. Results also showed success-related differences in “domain-specific self-evaluation” (Alves-Martins, Peixoto, Gouveia-Pereira, Amaral, & Pedro, p. 51). Further, the authors discovered that 7th to 9th grade students who demonstrate lower levels of academic success will typically assign lesser (than more academically successful students) overall importance to school and feel less positively than higher achievers about school overall. The authors analyzed their results using Harter's Self-Esteem Model and Robinson and Taylor's Self-Esteem Protection Model.

In an article by Tennen, Herzenberger, and Nelson (1987), the authors described two studies they had conducted in order to, “evaluate the role of self-esteem in the depressive attributional [sic] style” (pp. 631-632). For the first study the authors asked college students to complete four separate measures of depression, four separate measures of self-esteem, and then the Attributional [sic] Style Questionnaire (ASQ). Regression analyses of the results then revealed “across measures, self-esteem was a better predictor of attributional [sic] style for negative events than was depression” (p. 632). Within the authors’ second study, psychiatric inpatients completed, as had the college students, a separate measure of self-esteem, a separate measure of depression, and then the ASQ. The authors found that within this second set of results:
Self-esteem and depression were highly correlated and both predicted ASQ scores. But when variation in depth of depression and social desirability were removed statistically from the association between self-esteem and attributions for negative outcomes, there remained a significant association between self-esteem and internal, stable, and global attributions for negative outcomes (pp. 631-633).

The authors also found that controlling for variation in self-esteem erased the relationship between depression and “depressive attributional [sic] style” (p. 631). The authors concluded that based on results of the two studies combined findings demonstrated importance of self-esteem in depressive attributional [sic] style within both normal and clinical populations, as well as pointing to potential differences in relationships among factors of self-esteem, depression, and attributional [sic] style as demonstrated within clinical population samples, as opposed to normal population samples.

Birman (1998) examined the factor of acculturation to the Hispanic and American cultures as this related to self-perceptions of competence of 123 Latino immigrant adolescents. This study “tested a contextual model of biculturalism” (p. 335), examining whether different acculturation styles would predict perceived competence within various life spheres with differing cultural demands. Perceived competence was assessed using Harter's Self-Perceptions of Competence Profile for Adolescents for life spheres including school, peers (Latino and non-Latino), and self-worth.

Birman (1998) also constructed an analogous scale to assess perceptions of competence within the family. Support for a contextual model of acculturation was found. Further, acculturation to American culture predicted positive self-perceptions of competence with American peers. Acculturation to Hispanic culture, on the other hand, predicted positive self-
perceptions of competence with Latino peers. However, perceived family competence was more predicted by acculturation to American culture, rather than to Latino culture. Results with respect to biculturalism, however, were tentative, “with a trend relating biculturalism to positive self-perceptions of global self-worth” (p. 353).

In another study, Madonna & Philpot (1996) studied “the use of the ratio of positive to negative self-statements, locus of control, and self-esteem” (p. 531) in discriminating between scores on the Beck Depression Inventory by giving 145 undergraduate college students the Beck Depression Inventory, Automatic Thoughts Questionnaire-Revised, Coopersmith Self-esteem Inventory-Adult Form, and the Rotter Locus of Control scale. According to a “stepwise discriminant [sic] analysis” (p.533), results indicated that five variables combined yielded a statistically significant discrimination among low, middle, and high scores on the Beck Depression Inventory. Further, according to the authors classification analysis revealed that 77.1% (n = 111) of the undergraduate students had been correctly classified; 93.2% (82 of 88) had been correctly classified as low scorers and 73.3% (18 of 46) had been correctly classified as high scorers.

Beck, Brown, Steer, Kuyken, & Grisham (2001) described psychometric characteristics of the Beck Self-Esteem Scales (BSE) for 360 psychiatric outpatients. Within this study the patients rated their evaluative beliefs about themselves (on the Self Scale) and also rated their beliefs about how others evaluate them (on the Other Scale). For the study both measures, the Self Scale and the Other Scale, contained eighteen pair of adjectives, like “pleasant–unpleasant” that were rated on a 10-point scale. Patients with mood disorders scored lower on the BSE than did patients with anxiety disorders.
Miranda and Umhoefer (1998), found differences in both levels of depression and levels of social interest, among low-acculturation, bicultural, and high-acculturation Latinos were significant. Results of this study showed bicultural Latinos had significantly higher scores on social interest, as well as lower scores on depression. This implied “biculturality [sic] is the least detrimental stage of acculturation as far as Latinos' mental health is concerned” (p. 170). This article also discusses general implications of these findings, for mental health counseling and practice; e.g., typical counseling needs of “biculturated [sic]” as opposed to less-acculturated Hispanic individuals.

According to Masson, Cadeau, and Ansseau (2003), existing literature on the fear of failure, girls tend to score higher on tests of anxiety and procrastination but lower on tests self-confidence. According to the authors, however, the structural model shows different pathways: for example, SPP (socially prescribed perfectionism), T2 (sense of incompetence) and T1 (anxiety). SOP (self oriented perfectionism) and SPP (socially prescribed perfectionism) by girls are strongly correlated. The authors suggested that this may be because girls’ are more subjected to society and its exigencies of studying but consequently they are more at risk of anxiety and a sense of incompetence” (pp. 125-126).

Masson, et al. (2003) further pointed out that SOP (self oriented perfectionism) by boys functions more independently of SPP (socially prescribed perfectionism) and correlates negatively with feelings of incompetence. That means that “boys are more self-confident but they usually procrastinate more probably because failure expectancies would be particularly harmful for their self-esteem; consequently, failure should be related to something else than their own capacity; this may be an explanation of the high rate of male dropouts and failure in the first year at the university . . . .,” (pp. 134-135). The authors stated that this is also a possible factor
explaining why females perform better overall at the university level: “In the same way the first choice of studies is moving towards shorter and less difficult orientation (46)” (p. 135).

The authors added that in cases of failure the model is very similar, according to gender: SOP (self oriented perfectionism) and T1 (anxiety) are directly connected; SOP and SPP are in this case better correlated by boys but the path between SPP, a sense of incompetence and anxiety is less significant than in girls. The authors conclude that, providing for semantic modifications, the possibility of a four factor solution yields confirmation of the original structure of MPS for internal consistency. Different aspects of MPS vary by gender: “SOP and more OOP discriminate men and women; SPP allows for differentiating women with failure” (p. 134). All in all, according to the authors, a structural model underscores the role of perfectionism “in the cognitive and behavioural [sic] contexts” (p. 135); e.g., such a model clarifies results about fear of failure and success rates, according to gender, therefore better accounting for the trait of perfectionism, as demonstrated, although differently, according to gender.

Alva & Reyes (1999) focused on ascertaining interrelationships between Hispanic adolescent students’ stressful life events, internalized symptoms of stress, and academic achievement among a sample of the Hispanic student population of a large urban high school. Students were given the Hispanic Children's Stress Inventory; as well as two separate measures of internalized symptoms: the Revised Children's Manifest Anxiety Scale and the Children's Depression Inventory. Perceived competence was measured with the Harter Perceived Competence Scale. Several hierarchical multiple regressions revealed major effects of stressful life events and perceived competence on grades, anxiety, and depressive symptoms. Interaction terms were also included in regression equations in order to determine whether perceived competence could be seen as a moderator for stressful life events. Direct effects of stressful life
events and perceived competence on school grades and internalized symptoms were also found by the authors.

In another study, Plunkett and Bámaca-Gómez (2003) discovered that in terms of relationships between gender, acculturation, parenting, and adolescent students' academic achievement in Mexican-origin immigrant families, girls compared with boys showed greater academic motivation, as well as higher educational aspiration. A positive relationship was discovered by Plunkett and Bámaca-Gómez between mothers' and fathers' education-supportive behaviors (e.g., ability and willingness to help with school work; monitoring of progress; emotional support) and adolescents' of both genders sustained academic motivation. Also, mothers' and fathers' educational levels, the language(s) spoken at home (e.g., Spanish and or English), and educational aspirations of parents were related to levels of educational aspiration reported by their children. The authors found, further, that generation status (e.g., first or second-generation American) did not relate to such academic outcomes. Implications of these findings, for researchers, practitioners, school personnel, policy makers, and community members, in terms of importance of parental involvement and encouragement of student progress and academic aspirations, were discussed in terms of best practices for the future. Self-report survey data were collected from adolescents attending three high schools in Los Angeles. Correlation and multiple regression analyses were conducted on the 273 adolescents (M = 15.5) whose parents were both born in Mexico.

In “Self-Esteem in the Adaptation of Spanish-Speaking Adolescents: The Role of Immigration, Family Conflict, and Depression,” (Portes & Zady, 2002) a cultural context model was used to study group differences in self-esteem levels among members of a Spanish-speaking sample of adolescents. Results of the study were that acculturation patterns among the Spanish-
speaking sub-groups revealed differences in ways they might fit (e.g., more or less comfortably) into American society. In some of the adolescents, factors including depression, parent-child conflict, and discrimination influenced self-esteem, as did factors including school achievement and academic motivation. Regression analyses were performed by the authors in order to further partition and better study variance within these predictors.

Tashakkori, Barefoot, Mehryar (1989), sought to examine Gotlib's (1984) claim that the Beck Depression Inventory (BDI) was more of a measure of general psychopathology than it was a specific measure of depression in college students. Data was collected from Iranian college-level students in order to investigate the accuracy of the Beck Depression Inventory when taken in a non-Western culture.

According to Tashakkori, et al. (1989), principal components analysis of participant response to items 1-20 on the BDI (N = 405) “revealed five factors with different degrees of similarity to findings of Hill, Kemp-Wheeler, and Jones (1986). Within subsamples [sic], the factor scores were predicted in multiple regression analysis from Eysenck Personality Inventory subscales (N, P, E, L), James' I-E scale, and two measures of self-esteem” (p. 595). The results from this study revealed that those five factors had “distinctly different relationships to the other personality scales” (p. 602). The authors found the most general factor to be a measure of “helplessness and self-devaluation” (p. 602). The authors concluded results confirmed the usefulness of the Beck Depression Inventory (BDI) as a reliable measure of depression for college student populations in western and non-western cultures alike.

Taylor (1998) focuses on the issue of white reaction to racial composition of local populations; e.g., the ethnic make-up of particular population areas. Within this study multilevel modeling was applied to a micro/macro data file that linked 1990 General Social Survey
responses to census information about survey respondents' residential areas. According to the authors, “... on summary scales representing traditional prejudice, opposition to race-targeting [sic], and policy-related beliefs, white negativity swells as the local black population share expands” (p. 514). For example, the authors pointed out among non-Southern whites a 10-point rise in local percentage of blacks in an area, “brings an increase in traditional prejudice greater than the decrease in prejudice that comes with three additional years of education. South/non-South differences in whites' views about blacks are generally reduced to about one-half of their original size and fall short of statistical significance when local racial composition is controlled” (p. 534). However, the authors noted similarly increased concentrations of local Asian American and or Latino populations did not serve to similarly increase white prejudices against those two groups.

Contreras, Fernanzez, Malcarne, Ingraham, & Vaccarino (2004) suggested despite the Beck Depression Inventory (BDI) and Beck Anxiety Inventory (BAI) being two of the most often-used assessment measures for depression and anxiety, clinically and non-clinically, cross-cultural reliability and validity of these measures has not been completely established. For this study 2,703 Caucasian American and 1,110 Latino college student participants completed both of these assessment instruments. For each measure, exploratory factor analysis with promax [sic] rotation was conducted separately, by ethnic group, and in fact showed similar factor structures across groups. Further, according to the authors, “for both groups, and both instruments, factor analysis yielded highly similar two-factor solutions. Reliability, as evidenced by internal consistency coefficients, was good; all alphas exceeded .82” (p. 446). Latino students scored significantly higher than Caucasian American students on total scores and women scored significantly higher than men on both of these measurement instruments of depression and
anxiety, respectively. The authors concluded that the results supported “reliability, validity, and cultural equivalence of these measures of depressive and anxious symptomatology [sic] for use with Caucasian American and acculturated Latino younger college students” (p. 462).

Castillo, Conoley, and Brossart (2004) examined the influence of four separate “psychosociocultural [sic] variables” (p. 151): acculturation, white attitudinal marginalization, family support, and income on perceived distress among 247 Mexican American female college students. The participants in the study were “bicultural” (p. 151), and all attended universities with mostly white students in the western or southwestern regions of the United States. The results showed relative comfort or discomfort with white cultural values, perceived support from family, and financial support were related to lower perceived distress levels among participants. This study also discussed implications for counselors of perceived distress among Mexican American female college students.

Wiltfang and Scarbecz (1990) using nontraditional measures of parents’ social class (e.g., father's employment status, neighborhood employment levels, family status, and neighborhood evaluation,) both replicated and extended Rosenberg and Pearlin's (1965) earlier study of social class and self-esteem among children and adults. According to the authors, “Nontraditional class measures are expected to show stronger effects on adolescents' global self-esteem than do traditional class measures because a greater social stigma is attached to them” (p. 175). The authors further examined various effects of school and social experiences outside the family and the ability of such experiences to influence effects on adolescent self-esteem of parents' social class. The authors further found that the father's educational level has but a small effect on adolescents' self-esteem, but that non-traditional class measures have moderate effects on it, with the one exception being neighborhood unemployment, a factor that strongly affects adolescents'
self-esteem. Also, the authors found that direct support exists for a self-perception interpretation of relative effects of parental and or adolescent variables on adolescent self-esteem; that is, adolescent variables were discovered to have stronger effects than did parental class variables on adolescent self-esteem. These were also found to modify the effects on adolescent self-esteem of parents’ social status.

The American Experience

This literature includes examples of autobiography and fiction by Hispanic authors reflecting on their American experience and other descriptive literature, such as descriptive literature and critical essays. Various examples of those types of available literature are described here.

Mexican-American Perspective. In Sandra Cisneros’ novel The House on Mango Street (1991), which is told as a series of loosely-connected vignettes, the main character and first-person narrator is Esperanza, a young Mexican-American girl growing up in a big urban American city (Chicago, where Cisneros herself was born) navigating her way through two cultures: her Mexican one at home and her American one at school and elsewhere. As the book opens the family has moved around never owning their own home, but: "the house on Mango Street is ours and we don't have to pay rent to anybody, or share the yard with the people downstairs, or be careful not to make too much noise, and there isn't a landlord banging on the ceiling with a broom." The underlying theme that runs through the vignettes is that of a girl’s feelings of never being quite at ease in the neighborhood or with life. Esperanza’s yearning for a sense of home is another dominant motif; though she lives on predominantly Spanish-speaking Mango Street, she does not feel she quite belongs there. Esperanza yearns more than anything for a place of her own she can someday call home – but, she is sure, not on Mango Street.
In her autobiographical essay, “Only Daughter,” Sandra Cisneros (2004) again describes, this time from the viewpoint of being the only daughter in a family with six sons, ways that both her father’s attitudes about females, the kind of work they should grow up to do (or not), and the reason Sandra should attend college (to find a good husband) make her feel unappreciated and alone. Cisneros also describes how even the Spanish language tends to “erase” females: the Spanish word for “children”, for example, is “hijos”, which translates as “sons.”

In his memoir *Hunger of memory*, the Mexican-American California-raised Richard Rodriguez (1983), the son of Mexican immigrants, describes how he as a child developed a special way to deal with the silence, difficulties, and obstacles he encountered during the first few years after his immigration. He strove to assimilate into mainstream American culture, but in the process gave up much of his own heritage. Rodriguez was somewhat like a modern-day Adam; never happy, never satisfied, and forever trying to run away from his former paradise (the family life he had enjoyed and the private language he had spoken in his childhood) after being tempted by the English-speaking world. In another autobiographical piece, *Strange Tools*, Rodriguez (2004) recalls how, as a graduate student in English Renaissance literature at the University of California at Berkeley, he had come across a book called *The uses of literacy* by an English writer, Richard Hogget, that described a “scholarship boy” as a child of uneducated working-class parents who “has to be more and more alone if he is going to get on” (p. 697). Rodriguez then recalls his own academic journey, culminating in his attending college and graduate school at elite universities and how far that journey had taken him, painfully, from the Mexican culture of his own parents and siblings.

In another autobiographical essay, “Well I Guess They Need Their Minority,” Mexican-American journalist Ruben Navarette (2005) recalls receiving top grades in high school and
being admitted to Harvard, although along the way, as he recalls, he fit in neither with the white students or with his fellow Hispanics. Navarette recalls being told, after he was first admitted to Harvard, that teachers in the lunchroom were saying things about his Harvard admission like “Well, I guess they need their minority” (p. 217). As Navarette suggests within this essay, for a Latino adolescent to aspire and achieve academically is to become distant from his or her culture, but also to remain different from, and not accepted by, the dominant white culture.

**Self-Esteem and Ethnicity.** In their working group paper “Self Esteem,” Adler and Stewart, in collaboration with the Psychosocial Working Group (2004), describe self-esteem as a psychosocial concept and describe inter-relationships between self-esteem and factors including social class, and physical and or mental health. The authors state:

> It is … widely assumed that self-esteem functions as a trait, that is, it is stable across time within individuals. Self-esteem is an extremely popular construct within psychology, and has been related to virtually every other psychological concept or domain, including personality (e.g., shyness), behavioral (e.g., task performance), cognitive (e.g., attributional [sic] bias), and clinical concepts (e.g., anxiety and depression).

The authors further mention that the Rosenberg Self-Esteem Scale (1965) and the Coopersmith Self-Esteem Inventory are the most commonly-used psychological instruments by which to measure self-esteem. They state also that, “As for social class, in which the expectation is that the social order will be reflected in individual self-assessments, people of color are hypothesized to have lower self-esteem than are white people [emphasis added]. The authors further observe that, “The well-established relationship between self-esteem and psychological well-being (e.g., depression, social anxiety, loneliness, alienation; see Blascovich & Tomaka, 1991) may be an important factor in understanding the self-esteem/health relationship” (Adler &
Stewart). They cite a study by Bernard, Hutchison, Lavin, and Pennington (1996), in which those authors discovered high correlations among self-esteem, self-efficacy, ego strength, hardiness, optimism, and maladjustment, and all of these constructs were significantly related to health”. Such findings in terms of self-esteem, its roots, and ways that it can be affected, obviously, have a bearing on self esteem levels, and likely, related academic achievement and aspiration levels of adolescent Hispanic students (Alves-Martins, Peixoto, Gouveia-Pereira, Amaral, & Pedro, 2002; Rodriguez, 1983; 2004).

An article by Baumeister, Campbell, Kreuger, & Vohs (2003), “Does High Self-Esteem Cause Better Performance, Interpersonal Success, Happiness or Healthier Lifestyles?,” addresses similar issues as they relate to social class, mental and physical health, and the relationships between these and feelings of self-esteem. In addition, the article “Social Class and Self-Esteem,” by Francis and Jones (1996) discusses financial status, social class, and their relationships to individual and group self-esteem. For Hispanic and other minority children and adolescents, though especially economically and socially disadvantaged ones, adolescence may be comparatively less of a time of relatively carefree experimentation, given their parents’ difficult lives and long work hours, as well as the discrimination faced by many Hispanic youths within their non-Hispanic peer group (Atkinson, 2003; Miranda & Umhoefer, 1998; Rodriguez, 1983; 2004).

group relationships for Hispanic adolescents, especially when less-than-positive vis-à-vis either their own cultural group or other cultural groups, can play a detrimental role in both academic achievement and self-esteem.

In the study, “Self-Esteem and Vulnerability to Depression: The Concurrent Validity of Interview and Questionnaire Measures,” Andrews and Brown (1993) studied a cross-section of 146 women examining, in particular, the relationship between Rosenberg's self-esteem questionnaire and the Self-Evaluation and Social Support Instrument (SESS), an interview measure of self-esteem, “with two major risk factors for depression--early adversity and negativity in current close relationships” (p. 565). The authors found, based on this comparison, that despite both measure instruments being related to the risk factors, only the second of the two instruments, the SESS, “accounted for unique variance when the two measures were considered together and current depression was controlled” (pp. 565-566). Further, results of the study suggested that the reason the SESS has, typically, more effectively predicted depression than Rosenberg’s self-esteem questionnaire, is “because it taps specific areas of self-dissatisfaction in real-life situations and is therefore less vulnerable to mood-state effects than the more global questionnaire measure” (p. 565). The study implied overall that the SESS, rather than Rosenberg’ self-esteem questionnaire, was a more effective predictability instrument for depression.

In the study, “School Counselors’ Assessment of Self-Concept: A Comprehensive Review of 10 Instruments,” Bracken and Mills (1994) investigated psychometric properties of ten self-concept scales that had been designed, specifically, to be used within in school settings. The authors suggested that as a result of this study the more specific information on these scales now available might enable school counselors to make better, more logical, and efficacious
decisions in selection of a self-concept instrument with which to test student clientele. This study also included three tables within which synopses of the scales themselves were provided.

Gray-Little and Hafdahl (2000) in their study, “Factors Influencing Racial Comparisons of Self-Esteem: A Quantitative Review,” examined research on racial comparisons of self-esteem. The authors noted at the outset that early research on racial comparisons of self-esteem, e.g., doll studies of racial preference, were seen as demonstrating that blacks have lower self-esteem than do whites. However, the authors performed a meta-analytic synthesis of 261 comparisons based primarily on self-esteem scales involving over 500,000 respondents which instead showed higher scores for black children, adolescents, and young adults than for white children, adolescents, and young adults. Analysis also showed that directions and magnitude of such racial differences in self-esteem are influenced by factors including participant age, participant socio-economic status, and various measuring instrument characteristics. The authors of the study concluded that certain findings of this study, e.g., that self-esteem among black study participants both increased with age and was “related to the sex composition of the sample” (p. 54) indicates a need for future long-term longitudinal and or comparative studies of self-esteem of male and female members of both ethnic groups.

In “Growing Up American: The Challenge Confronting Immigrant Children and Children of Immigrants,” Zhou (1997) points out that ever since the 1980s, “immigrant children and children of immigrant parentage have become the fastest growing and the most extraordinarily diverse segment of America's child population” (p. 63). This article endeavored to pull together various studies that bore, either directly or indirectly, on the experiences and or adaptation outcomes of immigrant children in order to then place them into a framework in which to further a better understanding of the unique circumstances and challenges of immigrant children in
America. The article examined acceptance trends the “new second generation” (p. 64) has encountered. This article also critiqued current theoretical perspectives on immigrant adaptation, and argued further that many of these are now being challenged and alternative frameworks necessarily beginning to be constructed. In addition, the article explored various empirical findings from recent research on immigrant children in America and analyzed the contributions of such research toward “sociology of immigration” (p. 93).

Valencia (2000) in “Inequalities and the Schooling of Minority Students in Texas: Historical and Contemporary Conditions,” discussed the Texas Assessment of Academic Skills (TAAS) case in which the State of Texas argued that the differences in current schooling conditions and outcomes experienced by white, African-American, and Mexican-American students, respectively, “are not due to historical discrimination, and such history is irrelevant to the litigation in GI Forum et al. vs. Texas Education Agency et al.” (pp. 445-446). Valencia argues that today’s widespread failure and or underachievement, on the part of African-American and Mexican-American students within public schools in Texas, is instead a result of inequalities within the public schools themselves. The author also presents a framework for understanding relationships between public school discrimination of this sort, now and historically. Valencia also mentions the issue of “substandard teachers” (p 449) and how the presence of “substandard teachers” in schools with large minority populations results in lesser learning experiences for minority students than for white students.

“Cultural Equivalence and Cultural Variance in Longitudinal Associations of Young Adolescent Self-Definition and Interpersonal Relatedness to Psychological and School Adjustment,” by Kuperminc, Blatt, Shahar, Henrich, and Leadbeater (2004) explores ethnic group differences as contributions to self-definition (i.e., self-worth and self-efficacy). Factors
including interpersonal relatedness with parents and peers, and changes in psychological and school adjustment, were examined among study participants, which included 448 white, blacks, and Latino girls and boys, 11 to 14 years old. The authors evaluated self-report questionnaires and school records for socioeconomic and ethnic group differences in patterns of change over 1 year. “Overall similarity in changes over time across ethnic groups was found for relatedness, self-definition, and psychological adjustment, although Black and Latino youth reported more overall adjustment difficulties” (pp. 29-30), African-American study participants reported less positive relationships with parents, and lower socio-economic status youth expressed less positive peer relationships than others. The authors found that ethnic group differences in changes to school adjustment, even after controlling for SES, suggested a cultural variation in which “often cited declines in school adjustment during middle school characterize White adolescents to a greater degree than Black or Latino adolescents” (p. 30). Further, ethnicity impacted “associations of relatedness and self-definition” (p. 13) with psychological and school adjustment in a way that made African-American and Hispanic adolescent study participants indicate vulnerability, in particular, to experiences with others that compromised closeness and or trust. According to the authors, study results indicated potentially significant cultural and environmental distinctions in either greater, or lesser, adaptive ease and ability across ethnic lines.

Four Factors Contributing to Depression, Anxiety, and Low-Self Esteem

Based on analysis of available literature and verbal input from participants in the treatment group, four primary factors were described or mentioned that limited academic achievement and or aspiration. These same four factors also seemed, based on review of available literature, to point to reasons for possible depression; anxiety, and low self esteem.
among group members, and, by association, other Hispanic female adolescents. The four factors are: (1) stressful life events; (2) lack of educational opportunity; (3) English language deficits; and (4) discrimination.

**Stressful life events.** In their study, “Psychosocial Stress, Internalized Symptoms, and the Academic Achievement of Hispanic Adolescents”, Alva & Reyes’s (1999) research revealed major deleterious effects, on Hispanic adolescents, of stressful life events and perceived competence, on grades, anxiety, and depressive symptoms. Several participants had clearly experienced stressful life events, including moving to the United States from Mexico; learning English as a second language; being or feeling discriminated against based on ethnicity by teachers, peers, and others; being publicly humiliated or seeing a family member publicly humiliated based on ethnicity; or having academic abilities and aspirations underestimated or discouraged by teachers, peers; parents and others. In addition, several participants mentioned family financial difficulties; a lack of encouragement and sometimes overt discouragement, by parents of college and career aspirations; and little or no help from teachers, counselors, and others in learning about and applying for college admission, scholarships, loans, and other financial aid.

**Lack of educational opportunity.** In a study by Solorzano & Ornelas (2004) on enrollment in Advanced Placement courses of Latino high school students in Los Angeles high schools, three major findings that emerged from the research were (1) Latina/o students were disproportionately underrepresented in AP courses throughout the district; (2) students serving low-income Latina/o and African American communities have low AP course enrollments; and (3) even in schools with very high overall AP course enrollments, enrollments of Latina/o and African American students are disproportionately low (Solorzano & Ornelas, 2004). Bieri &
Bingham (1994) and Behnke, et al. (2004), found that greater parental academic encouragement and extracurricular encouragement by teachers, staff, and others were related to greater academic achievements on the part of students. Martinez, et al. (2004) also found that socio-economic disadvantage was a negative factor in Latino students’ academic success and aspiration, and was related to a lack of parental monitoring of academic work and progress at home, as well as a lack of parental involvement at school. Further, a positive relationship was discovered by Plunkett & Bámaca-Gómez (2003), between mothers' and fathers' education-supportive behaviors (e.g., ability and willingness to help with school work; monitoring of progress; emotional support) and adolescents of both genders sustained academic motivation. Also, mothers' and fathers' educational levels; the language(s) spoken at home (e.g., Spanish and/or English); and educational aspirations of parents were related to levels of educational aspiration reported by their children.

In another study, (Solorzano & Ornelas, 2004) compared patterns of enrollments of Latino/a and African American high school students in advanced placement courses in four separate high schools within the Los Angeles [California] Unified School District. The four particular high schools studied by the authors were spread over four very different geographical areas of Los Angeles. The schools examined by the authors were, themselves, relatively distinct from one another, both in terms of the school’s emphasis (e.g., a magnet school), and also in terms of the various percentages of whites; African-Americans; Asians; and Latino(a)s attending each high school. According to Solorzano and Ornelas (2004) the study was driven by three key questions:

How do school structures, practices, and discourses help maintain racial and ethnic discrimination in access to AP courses? How do Latina/o and African American students
and parents respond to the educational structures, practices, and discourses that help maintain racial and ethnic discrimination in access to AP courses? Finally, how can school reforms help end racial and ethnic discrimination in access to AP courses? (p. 1)

The three major findings that emerged from the research were that (1) Latina/o students were disproportionately underrepresented in AP courses throughout the district; (2) students serving low-income Latina/o and African American communities have low AP course enrollments; and (3) even in schools with very high overall AP course enrollments, enrollments of Latina/o and African American students are disproportionately low (Solorzano & Ornelas, 2004). This is especially important because as Solorzano and Ornelas point out, “Advanced Placement (AP) courses [are] one of the curricular options that impact college admissions” (p. 2). Similar critical race theory (CRT) case study literature on racial stereotyping, inequalities in urban education for American minorities, or educational inequalities in America for Latina/o students, K-12 and in higher education, that were also reviewed by the researcher for this study included: Rumberger, 1991; Solorzano, 1994; Solorzano, 1995; Solorzano, 1997; Solorzano; 1998; Solorzano and Delgado, 2001, and Solorzano and Ornelas, 2002. Results of the Advanced Placement enrollment study by Solorzano and Ornelas (2004) included the finding that although Hispanics were by far the fastest-growing ethnic group in California, they were also, in all four schools examined for the study, particularly underrepresented (on the whole, more so than African-Americans) within district-wide AP course enrollments. Broken down by individual high schools (that is, the four high schools whose AP enrollment patterns among whites, Latino/as, African Americans, and Asians were scrutinized for the study) findings revealed that even in relatively affluent socioeconomic areas with large numbers of AP courses and enrollees, minority students, and Latina/o students in particular, remained under-enrolled.
For example, at Van Nuys High School, located in a predominantly low-income area of Los Angeles, although the student population was 78% Hispanic, only 13% of students were enrolled in AP classes. African Americans comprised 5% of the student population, but only 1% of AP enrollees. Asians, on the other hand, made up 8% of the student population, but 53% of AP students. Whites were 10% of the student population but 32% of AP enrollment at the school (Solorzano & Ornelas, 2004).

Hamilton High School in Los Angeles is located in a predominantly middle to upper class area of West Los Angeles. Still, the student population of the school is mainly Latina/o and African American students, who are bused to the school from other areas of the city. Latina/o students were 53% of the student population but 31% of the AP enrollment. African American students were 38%, but with only 18% in AP classes. Asians were 4% of the total enrollment, but 6% of the AP enrollment. Whites were 6% of the total student enrollment, but 45% of AP enrollment at the high school (Solorzano & Ornelas, 2004).

At Palisades Charter High School, located in the upscale beach community of Pacific Palisades in the westernmost portion of the city, Latino/a students were 24% of the enrollment, but 13% of AP enrollment. African American students were 27% of the total enrollment, but just 8% of AP enrollment. Asians were 24% of total enrollment, but 43% of AP enrollment. Whites were 40% of total enrollment, but 62% of AP enrollment (Solorzano & Ornelas, 2004).

At Bravo medical Magnet High School, located in a low-income area of East Los Angeles, the student population is more diverse than the surrounding community might indicate. The school is a magnet school, and consequently, students are bused from all over the city to attend. At this school, the Latina/o students represented 51% of the total enrollment, but only 34% of AP enrollment. African American students were 4% of the total enrollment, and also 4%
of AP enrollment. Asians were 24% of total enrollment, but 43% of AP enrollment. Whites were 21% of total enrollment and 19% of AP enrollment (Solorzano & Ornelas, 2004).

The authors of the study further noted that in California lawsuits such as Castaneda et al. v. University of California Regents which alleged that, “the UC Regents and UC Berkeley have violated and continue to violate the civil rights of the students of color who in part were denied equal access to AP courses at their high schools,” (p. 6) because the university gives weight to AP courses in its admission standards and practices that result in discrimination against otherwise-qualified minorities with unequal access to high school AP classes. The authors of the study recommended at the K-12 level, “A school culture supportive of advanced study and college going” and more encouragement of “student participation in rigorous academic courses” (e.g., AP courses). That schools develop a “multicultural college-going group identity” (p. 7) was also recommended. At the colleges and university level recommendations by the case study authors included: eliminating the extra admissions points now given by the University of California system for AP courses, developing more accurate measures of minority student academic success, and developing an “AP School Equity Index” (similar to that used for the case study itself) to better measure AP course availability for all university applicants.

Sleeter (1996) further reported increased segregation of Hispanic students (likely, then, interfering with their fluent acquisition of English language competence, and arguably indirectly increasing high school dropout rates among Hispanics). Not surprisingly, given such backward trends and tendencies, schools with larger Hispanic populations showed lower achievement rates, overall, than did schools with smaller Hispanic populations and had more (related) problems with teacher turnover; overcrowding, and gangs. It is no wonder, then, the socio-economic status
of the families from which such students come is likely perpetuated within (or perhaps even decreased within) the job and lifestyle prospects of the next generation.

Ability grouping is pervasive in elementary schools, while tracking is the pervasive feature of high schools (Sleeter, 1996). Upper-tract students tend to receive at least 80% of class time spent on instruction, on more varied teaching, and on learning activities. Upper tract students also tend to receive clearer, more careful, classroom instruction; instruction fostering higher-level thinking skills; and more frequent exposure to content that will gain them access to college (Sleeter).

Lower-tract groups, on the other hand, are for the most part more likely to be bored with their classes and learning materials, their rote-memorization-intensive homework, their teachers’ teaching styles, and the school curriculum in general (Sleeter, 1996; Sleeter & Grant, 1987; Delgado & Stefanic, 2001). Moreover, as Sleeter and Grant (1988) further observe, the very differences between upper-tract and lower tract students reflects a similarly-stratified labor market, not only of the present, but likely the future.

As Sleeter and Grant (1988) further observe, yet another aspect of school grouping, based on perceived student ability level, is special-education student grouping. As those authors note, special education teachers often do more for students by adapting instruction to students’ learning styles, skill levels, and interests, while also functioning as personal advocates for their students in order to help them advance through the school system. Another grouping takes place in vocational classes, although enrollment in such courses, unlike that of special education and most other courses depends largely on student choice.

Still, scholars including Sleeter and Grant (1988); Sleeter (1996) and Delgado and Stefanic (2001) note other factors, and combinations of factors, that strongly impact which
courses students choose and remain within, e.g., comfort level with peers, gender composition, occupational interest, and quality (or the lack thereof) of guidance received, from counselors, teachers, or others. As Sleeter and Grant (1988) suggested overall, then, most schools automatically and non-reflectively operate according to “business as usual,” that is, students are grouped and channeled into roles in school that are strikingly similar to those currently occupied by adult members of their race, class, gender, etc. (Sleeter & Grant).

*English language deficits.* Several of the treatment group participants, in both treatment groups, referred to their parents’ or their own English language deficits as barriers to their particular academic success and aspirations. Secondary literature reviewed by the researcher also supports the view that English language deficits, of students, their parents, or both, represented an impediment to academic achievement and aspiration. For example, Lambourne & Zinn (1993) found that Latino parents’ lack of English language proficiency substantially impacted, negatively, their own educational and or career aspirations. Sandefur (1998) found, similarly, that Latino parents’ difficulties with English inhibited their confidence and ability to help their children with homework; understand what their children were doing in school; or encourage and support their children’s academic endeavors; even if their aspirations for their children were in fact quite high. Further, McLaughlin, et al. (2002) found that low English proficiency on the part of Hispanic parents presented a barrier to their encouragement of their children’s academic progress, which could lead, in turn, to their children’s decreased academic success. The phenomenon of ethnic discrimination as a barrier to Hispanic student academic aspiration and self-esteem was borne out within secondary literature reviewed by the researcher. Martinez, et al. (2004), found that based on the Oregon Latino Youth Survey of 564 Latino and non-Latino middle school and high school students and their parents, Latino students reported greater
frequency of discriminatory personal experiences and discriminatory institutional barriers; less access to advanced courses; and lack of counseling about college than did non-Latino students. Also, according to Martinez, et al., both Latino students and their parents were more likely than non-Latino students and their parents to encounter institutional barriers to their educational achievement and aspiration.

*Discrimination.* The phenomenon of ethnic discrimination as a barrier to Hispanic student academic aspiration and self-esteem was borne out within secondary literature reviewed by the researcher. Martinez, et al. (2004) found that based on the Oregon Latino Youth Survey of 564 Latino and non-Latino middle school and high school students and their parents, Latino students reported greater frequency of discriminatory personal experiences and discriminatory institutional barriers; less access to advanced courses; and lack of counseling about college than did non-Latino students. Also, according to Martinez, et al., both Latino students and their parents were more likely than non-Latino students and their parents to encounter institutional barriers to their educational achievement and aspiration.

**Statement of Purpose**

The purpose of this study was to identify factors contributing to greater or lesser academic interest and well being among adolescent Hispanic females, a large and increasing group of students within the United States adolescent student population. Results and implications from the study could potentially be used by educational institutions, school counselors and psychologists, other counselors and psychologists, school administrators, teachers, students themselves, and community members toward the development and implementation of future programs, practices, and policies to more effectively identify and assist female adolescent Hispanic students in achieving increased academic success and self-esteem.
Another key purpose of the study was to identify a need for, and to point toward some initial avenues for further study of, the unique academic and self-esteem deficits and needs of adolescent Hispanic females within American schools today and the possible ability of psycho-educational counseling provided in this research to two groups of adolescent Hispanic females to address personal, social, and academic deficits.
CHAPTER 2

METHODS AND PROCEDURES

This chapter presents the methods and procedures utilized for this study. Included are definition of terms, hypotheses, list of instruments and their descriptions, subject selection, data collection methods and analysis procedures.

Research Question

The research question that directed the study was: Would adolescent Hispanic females who participated in psycho-educational counseling increase in self-esteem as compared to a control group?

Definition of Terms

1. **Hispanic**, based on the U.S. Bureau of the Census (1993) refers to U.S. citizens either born in or have direct ancestry from South America, Cuba, Central America, Mexico, Puerto Rico or other cultures of Spanish origins.

2. **Subjective Well-Being**, is difficult to define because it not only varies in meaning to individuals but also varies according to cultures. For this study subjective well-being will be defined as the way in which people evaluate their lives as to their general happiness or satisfaction. These evaluations include a number of specific variables such as emotional reactions to events and judgments formed about domains such as education, acceptance, and work (Diener, Shigehiro, & Lucas, 2003).

3. **Self-Esteem**, similar to subjective well-being, is difficult to define, although psychological research is rich with studies on this construct. Rosenberg (1965, 1979) and Coopersmith (1967) both sought to operationalize the concept of self-esteem and both reached similar conclusions. Based on their findings self-esteem will be defined as an
individual’s evaluation of the self, an affective judgment of the self-concept based on feelings of acceptance, competence, worth, and sense of achievement both from the self and feedback from the external world in which they live.

4. **Psycho-educational treatment**, for the purposes of this study a combination of psychological and educational therapy.

5. **College educational module**, each treatment group participant conducting individualized internet searches for information related to colleges and universities; scholarships; and grant information; Free Application for Federal Student Aid (FAFSA); loans; and potential future career opportunities.

### Hypotheses for the Study

Four (4) separate hypotheses drove the study. These four hypotheses were:

**Hypothesis 1.** Following participation in a College Educational module and psychoeducational counseling, the treatment group will obtain statistically significant lower post-test scores, as compared to the pre-test scores, than will the control group on the Beck Anxiety Inventory (BAI).

**Hypothesis 2.** Following participation in a College Educational module and psychoeducational counseling, the treatment group will obtain statistically significant higher post-test scores as compared to the pre-test scores than the control group on the Index of Self-Esteem Scale (ISES).

**Hypothesis 3.** Following participation in a College Educational module and psychoeducational counseling, the treatment group will obtain statistically significant lower post-test scores as compared to the pre-test scores than the control group on the Beck Depression Inventory (BDI).
Hypothesis 4. Following participation in a College Educational module and psycho-educational counseling, the treatment group will obtain statistically significant higher post-test scores as compared to the pre-test scores than the control group on the Rosenberg Self-Esteem Assessment (RSE).

Instruments

The Beck Anxiety Inventory

The Beck Anxiety Inventory (BAI) is a numerically-scored assessment survey instrument that measures levels of anxiety. The assessment consists of 21 items, each of which describes a common symptom of anxiety. Each respondent rates how much he/she had experienced each symptom over the past week on a 4-point scale ranging from 0 (least) to 3 (greatest). Like the BDI-II, this instrument is a pencil and paper self-report assessment. The BAI obtained high internal consistency and item-total correlations ranging from .30 to .71, with a median of .60 (Anxiety and Stress, 2006). A sub sample of patients (n=83) completed the BAI at intake and again after 1 week. The correlation between intake and the 1 week retest was .75. The correlations of the BAI with other self-report anxiety scales were all significant. In addition, the correlation of the BAI with the BDI was .48. Convergent and discriminate validity to discriminate homogeneous and heterogeneous diagnostic groups were ascertained from these (Anxiety and Stress, 2006).

The Index of Self-Esteem

The Index of Self-Esteem (ISE) is a numerically-scored assessment survey instrument that measures levels of self-esteem. It is a 25 item self-esteem measure on which respondents rate each statement on a 5-point scale (1= rarely or none of the time to 5 = most or all of the time). The total scale range = 100, and consists of items that reflect both high and low self-esteem, with
the lower scores reflecting higher self-esteem. This instrument also has high validity: a mean alpha across studies of .93 and high reliability as its test-retest correlation is .92 (Hudson, 1982)

*The Beck Depression Inventory II (BDI-II)*

*The Beck Depression Inventory II (BDI-II)* is a numerically-scored assessment survey instrument that measures levels of depression. It is recognized as one of the highest quality instruments in use today for that purpose.

Beck, Steer, & Brown (1996) report in the BDI-II manual correlations of .93 and .84 between the BDI-II and its predecessor, the BDI (Beck, 1961), indicating a high degree of validity. The BDI-II is a simple instrument, a pencil and paper self-report consisting of 21 items that are answered by choosing one response from multiple choices. A Cronbach alpha coefficient of .93 was reported by Beck (1961, 1967) for the BDI. This instrument is considered the standard for measuring depression in both clinical and non-clinical populations, and in recent studies across cultures found that the BDI-II has at least a reliability coefficient of .82, reported as very desirable (Tashakkori, et al., 1989). According to Beck, et al. (1996), in the BDI-II manual, this instrument has a “split-half” internal consistency with a coefficient of alphas of at least .91, and in a test-retest study on 26 outpatients who were given the BDI-II in their first and second therapy sessions spaced one week apart produced a test-retest correlation of .93, thus indicating a high degree of reliability.

*Rosenberg Self-Esteem Scale (RSE)*

*The Rosenberg Self-Esteem Scale (RSE)* is a numerically-scored assessment survey instrument that measures levels of self-esteem, consisting of 10 items such as, “On the whole, I am satisfied with myself,” that are answered on a 4 point scale that ranges from *strongly agree* to *strongly disagree*. First developed in 1965, this instrument attempts to achieve an index of global
self-esteem based on the Guttman model. The Rosenberg Self-Esteem Scale was used by the researcher for the present study because of its intended use with adolescents, having been used by Rosenberg in a study consisting of 5,024 high school juniors and seniors in New York state (Rosenberg, 1965). Reproducibility index of the RSE is .93, which suggests that the items are internally consistent. When Silber and Tippet (1965) performed a study with college students they found a 2-week test-retest reliability of .85. In addition, in his study, Crandall (1973) found the RSE correlated .60 with the Coopersmith Self-Esteem Inventory. Tomas & Oliver (1999) conducted the most systematic and comprehensive study on the factorial structure of Rosenberg’s scale. Their results supported several findings that there exists a global self-esteem factor underlying the items of Rosenberg’s scale.

Selection of Subjects

Human subjects-approval was obtained from the University of North Texas Internal Review Board prior to the researcher’s initial recruitment of subjects for the study. The population sample consisted of female adolescent Hispanic students that were recruited from a north Texas high school.

First, a Hispanic teacher at the high school helped the researcher to recruit student volunteers for the study. This teacher was chosen to help recruit study participants because the researcher had previous contact with the teacher, while conducting another study which included female adolescent Hispanic students as participants.

Second, the teacher announced the researcher’s plan to conduct the present research project and allowed students to self-select for participation. Participants were between ages 14 and 18. All participant subjects were female. All participant subjects were Hispanic.
Third, a list was drawn up by the teacher of all interested students. Fourth, the list of interested students was given to the current researcher. The list consisted of 29 students from the target study population.

Fifth, prior to participation in the study, all interested students were given a letter of consent to be signed by their parents (Appendix A). The letter was distributed to interested students by the teacher at the high school who helped the current researcher to recruit them. Letters of consent were returned signed to this researcher on the first day of treatment. Pre-testing of both the treatment group and the control group for the study took place within one day of each other. Post-testing of both the treatment group and of the control group occurred within one day of the other.

All biographical and anecdotal information and assessment measurement results gathered by the researcher were kept confidential. Names of study participants, and all other identifiable information about the participants was not, and will not be, disclosed within any publication or discussion of the study or the research material. Information obtained from the assessments used was recorded by the researcher using a code number. Therefore, only the researcher had possession of the original list of study participant names. All data and participant names were kept in a secure location.

Sixth, the treatment group was divided into two smaller groups due to limitations of available computers and space. Because of the students’ various family and school obligations, random selection for each group was not possible. The students needed to be able to abide by a schedule that worked both for their academic responsibilities and family responsibilities, thus limiting whether they could participate in either the first session or in the second session. Each session consisted of (10) college educational modules and (10) psychoeducational counseling
sessions over two separate five-week periods. The control group received no direct interventions. The first session group consisted of seven adolescent female Hispanic students: one was 14 years old, three were fifteen years old, two were 16 years old, and one was 18 years old. The second session group consisted of five adolescent female Hispanic students: one was fourteen years old, two were 16 years old, and two were 17 years old. The control group consisted of fourteen adolescent female Hispanic students between the ages of 14 and 18 years old, but their individual ages were not included in the study. While each participant possessed their own unique personality, they all had one thing in common: all participants, including the control group, were born outside of the United States.

**Data Collection Method**

After pre- and post-testing of both the treatment and control groups were completed, the researcher conducted data collection and analysis. Four assessment instruments were used to collect data. These were:

- The Beck Anxiety Inventory (BAI)
- The Index of Self-Esteem (ISE)
- The Beck Depression Inventory (BDI)
- The Rosenberg Self Esteem (RSE)

After initially completing four survey instruments as a pre-test: (1) the Beck Anxiety Inventory (BAI); (2) the Index of Self-Esteem (ISE); (3) the Beck Depression Inventory (BDI); and (4) the Rosenberg self-esteem questionnaire, each of the two sessions of the treatment group of adolescent Hispanic females participated in the college education module and psycho-educational counseling. Each session lasted for a period of five weeks. At the end of each session the treatment group was then retested, using the same four survey instruments. The
control group was also pre-tested and then post-tested after the ten-week interval, but that group
did not participate in the college education module nor the psycho-educational counseling.

The pre- and post-test instruments were the same as used with the treatment group. The
researcher had a small section of participants that started the study but did not complete it, and a
small section of participants that began the study, but were then found by the researcher to have
been involved previously in a similar study. Data collected from those two sections of
participants was not included in the study.

Description of Treatment

The study took over two consecutive five-week periods. The first session of the treatment
group met for the first five weeks, the sixth week the second session of the treatment group
began to meet and continued for the next five weeks. The control group was administered the
pre-tests the day after the first treatment group met, and again the day after the second treatment
group finished treatment. The study took place in a clinic in North Texas which is a community
organization that works especially closely with minorities and socio-economically disadvantaged
families within North Texas. The clinic provided the researcher with a conference room after-
hours in which to conduct research for the study.

As part of the college educational module, both sets of study participants did 45 minutes
of individual internet research while in the group in order to gather information that could be
potentially useful to them. This research related to colleges and universities; college and
university scholarships; grant information; Free Application for Federal Student Aid (FAFSA)
loans; and potential future career opportunities.
In order to aid the Internet and other research efforts of the two groups of female Hispanic adolescent study participants, the researcher also brought along to each of these sessions various printed college loan, scholarship, and grant materials, to which participants were also given complete access. At the same time, the researcher also made available a list of Internet web sites and links that study participants were allowed to use for their research. The researcher, for the study only, intervened with participants’ own research efforts when specifically asked by participants to do so.

For the remaining 45 to 50 minutes of that session, study participants took part in a group counseling module that had been designed by the researcher to discover the participants’ individual perceptions of their unique academic experiences (positive and negative); family influences on both their academic and personal experience (positive and negative); and any other social or cultural issues that participants felt were relevant to the study. For the group counseling module, participants were asked to move their chairs into a circle. The researcher sat as a part of the circle as well. The researcher would then open the session by asking a broad question, such as “What was your most interesting experience at school today?” Participants were not required to speak in any order, they could respond when they chose. The researcher would actively listen to the participants’ responses and would encourage any of the more quiet participants to join the discussion. The participants were allowed to talk about any experience(s) they felt was important to the study at hand. Responses that were highly correlated to the research study, such as those pertaining to positive or adverse educational experiences; influences of family, friends, or peers on self-esteem; influences of culture on individual choices; or general feelings of depression and/or anxiety were especially encouraged. Group members were allowed to question, confront, ask for clarification, or expand on one another’s responses and comments. The researcher would
only interject herself into the group discussion to encourage the group to explore an issue more in depth, to encourage a more reserved member to participate, to ask for any needed clarifications, to ask for specific information, and to announce when the group was within five minutes of closing. After the ten week period, the researcher then collected and analyzed the data collected from the treatment group and the control group.
CHAPTER 3

RESULTS AND DISCUSSION

This chapter includes a description of the statistical analyses performed and results of each hypothesis tested. Discussion and possible meaning of results, their implications, and recommendations for future research are included as well. In addition, this researcher has included additional information that is supported from the anecdotal evidence gleaned from this study. Specific anecdotes from research participants have been included in Appendix B.

Results

The results of this study are presented in the order of the hypothesis tested. For the 2x4 ANOVA, a level of significance of .05 was the standard for either accepting or rejecting. An ANCOVA was used to compare the results from the treatment group to the control group and again a level of significance of .05 was the standard. Four (4) separate hypotheses drove the study. These were:

*Hypothesis 1.* Following participation in a College education module and psycho-educational counseling, the treatment group will obtain statistically lower post-test scores as compared to the pre-test scores than the control group on the Beck Anxiety Inventory (BAI).

For the treatment group, using a level of significance of .05, the computed F statistic 0.024 does not exceed the F critical value 4.3, so directional hypothesis 1 is rejected.
Table 1. 1st and 2nd Groups BAI

Anova: Single Factor

SUMMARY

<table>
<thead>
<tr>
<th>Groups</th>
<th>Count</th>
<th>Sum</th>
<th>Average</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st and 2nd pretBAI</td>
<td>12</td>
<td>156</td>
<td>13</td>
<td>70.54545455</td>
</tr>
<tr>
<td>1st and 2nd postBAI</td>
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<td>149</td>
<td>12.41666667</td>
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ANOVA

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<tr>
<th>Source of Variation</th>
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<th>df</th>
<th>MS</th>
<th>F</th>
<th>P-value</th>
<th>F crit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>2.041667</td>
<td>1</td>
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<td>0.8773643</td>
<td>4.300949462</td>
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<tr>
<td>Within Groups</td>
<td>1842.917</td>
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<td>83.76893939</td>
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<td></td>
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<td>Total</td>
<td>1844.958</td>
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</table>

For the control group, using a level of significance of .05, the computed F statistic 0.279 does not exceed the F critical value 4.225, so directional hypothesis 1 is rejected.

Table 2. Control Group BAI

Anova: Single Factor

SUMMARY

<table>
<thead>
<tr>
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<th>Sum</th>
<th>Average</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>contr gr pretBAI</td>
<td>14</td>
<td>93</td>
<td>6.642857143</td>
<td>28.09340659</td>
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<tr>
<td>contr gr postBAI</td>
<td>14</td>
<td>112</td>
<td>8</td>
<td>64.30769231</td>
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ANOVA

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<th>Source of Variation</th>
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<th>df</th>
<th>MS</th>
<th>F</th>
<th>P-value</th>
<th>F crit</th>
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</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>12.89286</td>
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<td>12.89285714</td>
<td>0.279062853</td>
<td>0.6017965</td>
<td>4.22520119</td>
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<tr>
<td>Within Groups</td>
<td>1201.214</td>
<td>26</td>
<td>46.20054945</td>
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<td>Total</td>
<td>1214.107</td>
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</table>

For treatment group vs. control group, on the basis of ANCOVA, there are no significant differences in the BAI (F=0.11, P=0.7383). Using a significance level of .05, P=0.7383>0.05, so directional hypothesis 1 is rejected.
Table 3. Treatment Group vs. Control Group ANCOVA BAI

**ANCOVA Results**

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAI adjusted means</td>
<td>2.04</td>
<td>1</td>
<td>2.04</td>
<td>0.11</td>
<td>0.7383</td>
</tr>
<tr>
<td>adjusted error</td>
<td>373.83</td>
<td>21</td>
<td>17.80</td>
<td></td>
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</tr>
<tr>
<td>adjusted total</td>
<td>375.87</td>
<td>22</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Hypothesis 2. Following participation in a College Educational module and psychoeducational counseling, the treatment group will obtain statistically significant higher post-test scores as compared to the pre-test scores than the control group on the Index of Self-Esteem Scale (ISE). For the treatment group, using a level of significance of .05, the computed F statistic 0.029 does not exceed the F critical value 4.3, so directional hypothesis 2 is rejected.

Table 4. 2nd Group ISE

Anova: Single Factor

**SUMMARY**

<table>
<thead>
<tr>
<th>Groups</th>
<th>Count</th>
<th>Sum</th>
<th>Average</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd pretISE</td>
<td>5</td>
<td>400</td>
<td>80</td>
<td>131.5</td>
</tr>
<tr>
<td>2nd postISE</td>
<td>5</td>
<td>398</td>
<td>79.6</td>
<td>201.8</td>
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</table>

**ANOVA**

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>P-value</th>
<th>F crit</th>
<th>Eta squared</th>
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</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>0.4</td>
<td>1</td>
<td>0.4</td>
<td>0.00240024</td>
<td>0.962127</td>
<td>5.317655</td>
<td>0.0003</td>
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<tr>
<td>Within Groups</td>
<td>1333.2</td>
<td>8</td>
<td>166.65</td>
<td></td>
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<td></td>
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<tr>
<td>Total</td>
<td>1333.6</td>
<td>9</td>
<td></td>
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Table 5. 1st and 2nd Groups ISE

Anova: Single Factor

<table>
<thead>
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<th>SUMMARY</th>
<th>Groups</th>
<th>Count</th>
<th>Sum</th>
<th>Average</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1st and 2nd pretISE</td>
<td>12</td>
<td>903</td>
<td>75.25</td>
<td>277.659091</td>
</tr>
<tr>
<td></td>
<td>1st and 2nd postISE</td>
<td>12</td>
<td>915</td>
<td>76.25</td>
<td>130.386364</td>
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ANOVA

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<th>MS</th>
<th>F</th>
<th>P-value</th>
<th>F crit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>15.75</td>
<td>1</td>
<td>15.75</td>
<td>0.06111615</td>
<td>0.865407</td>
<td>4.300949</td>
</tr>
<tr>
<td>Within Groups</td>
<td>4488.5</td>
<td>22</td>
<td>204.0227273</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>4494.5</td>
<td>23</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For control group, using a level of significance of .05, the computed $F$ statistic 0.06 does not exceed the $F$ critical value 4.225, so directional hypothesis 2 is rejected.

Table 6. Control Group ISE

Anova: Single Factor

<table>
<thead>
<tr>
<th>SUMMARY</th>
<th>Groups</th>
<th>Count</th>
<th>Sum</th>
<th>Average</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>contr pretISE</td>
<td>14</td>
<td>979</td>
<td>69.92857143</td>
<td>231.456044</td>
</tr>
<tr>
<td></td>
<td>contr postISE</td>
<td>14</td>
<td>1000</td>
<td>71.42857143</td>
<td>283.956044</td>
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ANOVA

<table>
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<tr>
<th>Source of Variation</th>
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<th>MS</th>
<th>F</th>
<th>P-value</th>
<th>F crit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>6</td>
<td>1</td>
<td>6</td>
<td>0.02940849</td>
<td>0.865407</td>
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</tr>
<tr>
<td>Within Groups</td>
<td>4488.5</td>
<td>22</td>
<td>204.0227273</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>4494.5</td>
<td>23</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
For treatment group vs. control group, on the basis of ANCOVA, there are no significant differences in the ISE (F=0.51, P=0.484). Using a significance level of .05, P=0.484>0.05, so directional hypothesis 2 is rejected.

Table 7. Treatment Group vs. Control Group ANCOVA ISE

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISE adjusted means</td>
<td>71.63</td>
<td>1</td>
<td>71.63</td>
<td>0.51</td>
<td>0.484</td>
</tr>
<tr>
<td>adjusted error</td>
<td>2963.21</td>
<td>21</td>
<td>141.11</td>
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</tr>
<tr>
<td>adjusted total</td>
<td>3034.85</td>
<td>22</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Hypothesis 3.** Following participation in a College Educational module and psycho-educational counseling, the treatment group will obtain statistically significant lower post-test scores as compared to the pre-test scores than would the control group on the Beck Depression Inventory (BDI).

For the treatment group, using a level of significance of .05, the computed F statistic 0.92 does not exceed the F critical value 4.3, so directional hypothesis 3 is rejected.

Table 8. 1st and 2nd Groups BDI

**Anova: Single Factor**

<table>
<thead>
<tr>
<th>Groups</th>
<th>Count</th>
<th>Sum</th>
<th>Average</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st and 2nd pretBDI</td>
<td>12</td>
<td>134</td>
<td>11.1667</td>
<td>25.60606</td>
</tr>
<tr>
<td>1st and 2nd postBDI</td>
<td>12</td>
<td>106</td>
<td>8.833333</td>
<td>44.87879</td>
</tr>
</tbody>
</table>

**ANOVA**

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>P-value</th>
<th>F crit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>32.6667</td>
<td>1</td>
<td>32.6667</td>
<td>0.926913</td>
<td>0.34613</td>
<td>4.300949</td>
</tr>
<tr>
<td>Within Groups</td>
<td>775.3333</td>
<td>22</td>
<td>35.24242</td>
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<td></td>
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<td>23</td>
<td></td>
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<td></td>
</tr>
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</table>
For control group, using a level of significance of .05, the computed F statistic 0.0088 does not exceed the F critical value 4.225, so directional hypothesis 3 is rejected.

Table 9. Control Group BDI

Anova: Single Factor

<table>
<thead>
<tr>
<th>SUMMARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Groups</td>
</tr>
<tr>
<td>Count</td>
</tr>
<tr>
<td>contr pretBDI</td>
</tr>
<tr>
<td>contr postBDI</td>
</tr>
</tbody>
</table>

ANOVA

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>P-value</th>
<th>F crit</th>
<th>Eta squared</th>
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<tr>
<td>Between Groups</td>
<td>17.28571</td>
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<td>17.28571</td>
<td>0.231409</td>
<td>0.634505</td>
<td>4.225201</td>
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<td>Within Groups</td>
<td>1942.143</td>
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<td>Total</td>
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</table>

For treatment group vs. control group, on the basis of ANCOVA, there are no significant differences in the BDI (F=0.34, P=0.5656). Using a significance level of .05, P=0.5656>0.05, so directional hypothesis 3 is rejected.

Table 10. Treatment Group vs. Control Group ANCOVA BDI

ANCOVA Results

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>P</th>
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</thead>
<tbody>
<tr>
<td>BDI adjusted means</td>
<td>5.43</td>
<td>1</td>
<td>5.43</td>
<td>0.34</td>
<td>0.5656</td>
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<tr>
<td>adjusted error</td>
<td>334.85</td>
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<td>15.95</td>
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<td></td>
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<tr>
<td>adjusted total</td>
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</tbody>
</table>

_Hypothesis 4._ Following participation in a College Educational module and psycho-educational counseling, the treatment group will obtain statistically significant higher post-test scores as compared to the pre-test scores than the control group on the Rosenberg Self-Esteem Assessment (RSE).
For the treatment group, using a level of significance of .05, the computed F statistic 0.044 does not exceed the F critical value 4.3, so directional hypothesis 4 is rejected.

Table 11. 1st and 2nd Groups RSE

Anova: Single Factor

SUMMARY

<table>
<thead>
<tr>
<th>Groups</th>
<th>Count</th>
<th>Sum</th>
<th>Average</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st and 2nd pretRSE</td>
<td>12</td>
<td>191</td>
<td>15.91667</td>
<td>3.901515</td>
</tr>
<tr>
<td>1st and 2nd postRSE</td>
<td>12</td>
<td>193</td>
<td>16.08333</td>
<td>3.537879</td>
</tr>
</tbody>
</table>

ANOVA

<table>
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<tr>
<th>Source of Variation</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>P-value</th>
<th>F crit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>0.16667</td>
<td>1</td>
<td>0.16667</td>
<td>0.044807</td>
<td>0.834309</td>
<td>4.300949</td>
</tr>
<tr>
<td>Within Groups</td>
<td>81.83333</td>
<td>22</td>
<td>3.719697</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>82</td>
<td>23</td>
<td></td>
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</tr>
</tbody>
</table>

For control group, using a level of significance of .05, the computed F statistic 0.3 does not exceed the F critical value 4.225, so directional hypothesis 4 is rejected.

Table 12. Control Group RSE

Anova: Single Factor

SUMMARY

<table>
<thead>
<tr>
<th>Groups</th>
<th>Count</th>
<th>Sum</th>
<th>Average</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>contr pretRSE</td>
<td>14</td>
<td>238</td>
<td>17</td>
<td>3.076923</td>
</tr>
<tr>
<td>contr postRSE</td>
<td>14</td>
<td>231</td>
<td>16.5</td>
<td>8.576923</td>
</tr>
</tbody>
</table>

ANOVA

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>P-value</th>
<th>F crit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>1.75</td>
<td>1</td>
<td>1.75</td>
<td>0.30033</td>
<td>0.58835</td>
<td>4.225201</td>
</tr>
<tr>
<td>Within Groups</td>
<td>151.5</td>
<td>26</td>
<td>5.826923</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>153.25</td>
<td>27</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\[ \text{Eta squared} = 0.011 \]
For treatment group vs. control group, on the basis of ANCOVA, there are no significant differences in the RSE($F=0.22$, $P=0.6439$). Using a significance level of .05, $P=0.6439>0.05$, so directional hypothesis 4 is rejected.

Table 13. Treatment Group vs. Control Group ANCOVA RSE

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>RSE adjusted means</td>
<td>1.57</td>
<td>1</td>
<td>1.57</td>
<td>0.22</td>
<td>0.6439</td>
</tr>
<tr>
<td>adjusted error</td>
<td>149.75</td>
<td>21</td>
<td>7.13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>adjusted total</td>
<td>151.32</td>
<td>22</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The significance of the study was that it identified some subjective factors contributing to greater or lesser academic interest and personal well being among adolescent Hispanic females, a large, and increasing, group of students within the United States adolescent student population. The psychoeducational treatment did not, however, significantly impact factors such as self-esteem, anxiety, or depression, but results and their implications, gleaned from the study could potentially be used by educational institutions; school counselors and psychologists; other counselors and psychologists; school administrators; teachers; students themselves, and community members, toward the development and implementation of programs, practices, and policies that might more effectively identify and assist female adolescent Hispanic students in achieving increased academic success and self-esteem. Such a goal is important because the adolescent Hispanic population within the United States today will comprise much of America’s future economic and social base.
Limitations

1. The first limitation of the study was the scope of the study was limited to a small number of voluntary research participants: limiting generalizability.

2. The second limitation of the study was the study took place over a relatively short time interval of ten weeks. Self-esteem does not usually change in such a brief period of time.

3. The third limitation of the study was the study was confined to a small group of research participants, all of whom attended the same public high school in the southwest, therefore limiting the geographical scope of the study.

4. The fourth limitation of the study was various self-report instruments were used to collect data; therefore the study was heavily dependent on voluntary compliance.

5. The fifth limitation was participants were from only one school, within the southwest, with potential participants identified by one Hispanic teacher within the school, thus limiting the scope of the study.

6. The sixth limitation was only self-selected female adolescent Hispanic students participated, results did not reflect views of a larger, more random cross-section of female adolescent Hispanic students. Therefore, results could not be generalized across a wide cross-section of female adolescent Hispanic students.

Recommendations

Today’s Hispanic adolescent school population will make up a great deal of America’s future adult population. The study was important because it addressed potential educational, economic, and social realities of America’s future, since the Hispanic population is large and the fastest growing one in the United States. Of particular concern is the future of today’s adolescent
Hispanic females, since they are often frustrated, confused, and torn between two cultures: the traditional patriarchal one into which they were born and the less patriarchal, more achievement-focused culture of school, work, and beyond.

A preponderance of literature described adolescent Hispanic females as frequently encountering educational, social, economic, institutional, language, cultural and other barriers to their educational and professional achievements and aspirations. Anecdotal input from both treatment groups for the study underscored conclusions of previous researchers, especially through identification of four factors that limited Hispanic adolescent females’ academic achievement and aspiration. These were: (1) stressful life events; (2) lack of educational opportunity; and (3) English language deficits, and (4) discrimination. The study addressed core social issues that today’s educators and other community members need to consider for the benefit of this large and growing adolescent student population.
APPENDIX A

PARTICIPATION LETTER TO PARENTS
Karen Abel
University of North Texas
Denton, TX 76203

Dear Sir or Madam:

I am preparing to conduct a research study for my dissertation at the University of North Texas with students from Billy Ryan High School and your daughter has volunteered to be a participant. The focus of this study is to help your daughter identify any personal issues she may have that might hinder her interest and confidence in attending either community college or a four year university after completing high school. Your daughter will participate in a computer education module designed to enable her to research colleges and universities. In addition, she will participate in group discussions concerning her education experiences and her future academic and career plans. The study will require no more than two hours a week for four weeks.

Only I will know your daughter’s identity and any information she shares will be held in the strictest confidence. After the study is completed, all participant information will be destroyed.

If you have any concerns or questions, you may contact me at 940-368-4030. In addition, you may contact my advisor, Dr. Michael Altekruse, at 940-565-2911, Department of Counseling, Development, and Higher Education, University of North Texas. I appreciate your daughter’s interest and it is my hope that this study will be beneficial in helping her and others in making their decisions concerning attending college. Thank you so much for your time.

Sincerely,

Karen Abel, MS Counseling, PhD Student
Department of Counseling, Development, and Higher Education
University of North Texas, Denton, TX
APPENDIX B

RESEARCH PARTICIPANT ANECDOTES
Participant Anecdotes

When asked what type of factors had impacted their view of the educational system and either directly or indirectly affected their academic interest and or achievement, the following factors were identified by treatment participants:

Stressful life events, including moving to the United States from Mexico; learning English as a second language; being or feeling discriminated against based on ethnicity by teachers, peers, and others; being publicly humiliated or seeing a family member publicly humiliated based on ethnicity; or having academic abilities and aspirations underestimated or discouraged by teachers, peers; parents and others.

Participant 1, first treatment group. “When I was in the first grade I had a white teacher who did not speak any Spanish. My family had just moved to the United States from Mexico and I didn’t know very much English. The teacher would criticize me for speaking improperly in front of everyone. My family lived a few houses away from the school. At recess I would go to the fence and cry and call for my Mom. [emphasis added]”

Participant 2, first treatment group. “When I was in the first grade my teacher was white. She would call on the white kids to answer questions but never me. I never got a gold star, not once, no matter how hard I tried, but everyone else did. I think she didn’t like Hispanics [emphasis added].”

Participant 3, first treatment group. “I had a Hispanic teacher earlier in high school that taught Spanish, but she didn’t come from Mexico, she was born here. I came here with my family three years ago. When I corrected some of what she was teaching because she was saying it wrong, she got really mad at me and told me to shut up.”
Participant 4, first treatment group. “I had a teacher that hated all kids-whatever color. He seemed to dislike Hispanic kids the most though. He was always picking on us [emphasis added].”

Participant 5, first treatment group. “I had a teacher in junior high that stayed after school with me to help me learn English. She helped me more than anyone.”

Participant 3, first treatment group. “I told the swim coach that I thought I should take advanced trig for college entrance. He said ‘Why would you do that? It’ll be too hard for you because you are Hispanic.’ I thought, surely he must be kidding, even though he looked serious [emphasis added].”

At this point this researcher asked the following question: “Do you currently take college prep courses in high school?”

Participant 3, second treatment group, replied: “Heck if I know.”

Participant 4, second treatment group. “I do because my parents both have master’s degrees they got in Mexico. They think education is very important, and I have to take all the hard classes.”

To that, Participant 3, second treatment group replied: “I don’t have a clue if I am or not. The classes seem kind of stupidly easy, so I don’t think so.”

Lack of educational opportunity findings were reinforced by input from treatment group members; e.g., most (and especially those participants whose parents possessed little or no understanding of, or willingness or ability to support any educational aspirations of theirs) knew little or nothing about college and financial aid or the application procedures as demonstrated by the following stories: At this point this researcher asked the question: “What do you know about scholarships and grants and loans?”
Participant 5, second treatment group. “You can borrow money to go to college?”

Participant 1, second treatment group. “How do you get scholarships?”

Participant 5, second treatment group. “I don’t know anything about it. Are you going to tell us?”

Participant 1, second treatment group. “I don’t know how to apply for those things.”

Participant 4, second treatment group. “LULAC has grants for Latino students. I read it online.”

Participant 3, second treatment group. “My family just expects me to get married and have kids.”

Participant 2, second treatment group. “Mine too.”

Participant 1, second treatment group. “My parents don’t ever talk about college. It’s like it doesn’t exist.”

Participant 5, second treatment group. “My parents don’t ever talk about it either. I know we don’t have the money.”

Further, of all the participants, in both research groups, only Participant 4 in the second research group knew, before treatment, how to find out about and apply for scholarships and other financial aid for college online.

Participant 2, second treatment group. “No one ever talks to me at school about going to college. Or at home for that matter. It’s like it doesn’t exist.”

Participant 4, second treatment group. “My parents would kill me if I didn’t go to college! The least they expect is a master’s, like they have.”
English language deficits as an additional barrier was discussed by participants in both
treatment groups, referring to their parents’ or their own English language deficits as barriers to
their particular academic success and aspirations.

Participant 1, second treatment group. “This isn’t really from school but it made me
really mad. My dad doesn’t speak English well so I help him do a lot of things. He works really
hard in a construction job. I was in the bank with him when he needed to make a deposit. I had
walked over to the counter where deposits slips are and I was filling one for him while he waited
in the line. A woman who worked at the bank came over to him and told him they weren’t hiring
any janitors so he could leave. I was furious, but he stayed calm [emphasis added].”

After a treatment session, this researcher encountered one participant still in the building
after the others had left. She was crying. This researcher sat down with her and asked what was
going on. She reported that her family had just moved from Mexico two years ago and that she
was still struggling with speaking English. She also reported that only her grandmother would
talk with her in English. She stated that she was in danger of not graduating from high school
because she was having such difficulty understanding the words on the TASS test. She had failed
it once already and the school told her that she would not be graduated if she failed again. She
also reported that her father was becoming very angry with her because she was starting to talk
about going to college as a result of these sessions. She reported that she had several siblings
and that there was very little money. He told her she was to marry her current boyfriend whether
she graduated or not and to get out the house because he couldn’t afford her anymore. She asked
this researcher what she should do [emphasis added].
Participant 6, first treatment group. “I don’t have a problem with English, but my parents do. I always have to go places with them to translate. I don’t mind sometimes, but I’d rather be with my friends.”

Discrimination was also an issue as both treatment groups described incidents of ethnic discrimination that they had experienced first-hand, witnessed, or both, e.g., from teachers; coaches; peers, and others:

Participant 6, first treatment group. “It’s easy to see the racial prejudice in my High School. There’s a dress code that’s strictly enforced unless you are white. Like just a few weeks ago they made a rule you couldn’t wear pink shoestrings because it meant you were in a gang. Of course, it was Hispanic and Black students that were singled out as “gang” members. I’m not a gang member at all. I wore pink shoestrings to make a point. They made me take out my shoestrings and gave me some dirty white ones. I never got my pink ones back.”

Participant 7, first treatment group. “Yeah, I know about that dress code. They said we couldn’t wear certain blue shirts because it was “gang” related. I got called in the hall for wearing one and they made me wear this old white t-shirt the rest of the day. Some white girls walked right by wearing the same things and nothing happened. And guess what? They never gave me back my shirt [emphasis added].”

Participant 3, first treatment group. “It’s harder on the guys. If they dress like white boys the Hispanic guys make fun of them.”

Participant 1, first treatment group. “I find it irritating that people call us Mexicans, period. They don’t understand that we are Hispanics, Cubans, Chicanos, and Mexicans. We just get lumped together.”
REFERENCES


Creek, CA: Alta Mira Press.


Wright, S., Aron, A., McLaughlin-Volpe, T., & Ropp, S. (1997). The extended contact effect:


