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# The Effects of Cuento Therapy on Reading Achievement and Psychological Outcomes of Mexican-American Students

*This investigation evaluated the effects of cuento therapy (an intervention using Spanish-language tales) on children's self-esteem, affect, and reading test performance. The sample was composed of 58 third-grade Mexican-American students who were randomly assigned to the treatment and control groups. The results showed a mean self-esteem gain score difference between groups in favor of the treatment group for Global, Academic, and General self-esteem scores. Following intervention, the treatment group reported less physiological anxiety than did the control group. The results also showed mean increases in the pre- and post-standardized high-stakes reading test scores for both groups. Other significant findings regarding self-esteem and anxiety are reported.*

Latinos represent the largest minority group in the United States, of which 61% are Mexican Americans (Hobbs & Stoops, 2002; Robinson, 2005; Therrien & Ramirez, 2000). As a whole, Latinos have low academic achievement and high dropout rates, and are especially at risk for school failure. For example, the National Assessment of Educational Progress (2005) report of reading proficiency for fourth graders revealed that only 44% of Hispanic/Latino students scored at grade level or above, compared to 75% of White/European-American students. Posited reasons for Latinos' lower performance are their disproportionate numbers with Limited English Proficiency (LEP), low socioeconomic status (SES), and a mismatch between their culture and that of the school systems (La Roche & Shriberg, 2004; Madaus & Clarke, 2001; McNeil & Valenzuela, 2001; Valencia & Villarreal, 2005; Valenzuela, 2000).

With theoretical underpinnings in cognitive psychology and Bandura's (1977) social learning theory, storytelling and story reading have the potential of enhancing cognitive and academic skills for Latino students, as well as modeling appropriate thoughts, beliefs, and behaviors. Storytelling also leads children through the remembrance of anecdotes, stories, settings, and feelings (Morales, 1990).

Studies have found that reading aloud to children improves their reading skills (Rosenhouse, Feitelson, Kita, & Goldstein; 1997; Shimron, 1994). Borders and Paisley (1992) reported that 12 classroom guidance sessions based on children's literature significantly enhanced the cognitive development of fourth- and fifth-grade elementary students. Story reading provides a context for a rich exchange that goes beyond the text, and promotes improvements in vocabulary, comprehension, and cognitive development that are enhanced through the use of language and complex cognitive functions (Borzone, 2005; Karweit & Wasik, 1996). Additionally, discussion and role-playing stories that have been read aloud improve comprehension (Galda, 1982).

In comparison to studies of the use of story reading to enhance cognitive and academic outcomes, there are limited studies of their psychological effects, especially with Latino children. Taylor, Wooten, Babcock, and Hill (2002) reported that using metaphorical stories with Mexican-American families of low SES resulted in increased self-esteem for the adults, but not children. However, the authors explained that the stories may not have been at the children's developmental level. That is, the difficulty level of the metaphors and vocabulary, as well as the length of the stories, may have made the stories inaccessible to the children.

The current study is modeled after the pioneering work of Costantino, Malgady, and Rogler (1984). They developed cuento therapy that uses *cuentos* (Spanish-language folktales) in a sociocultural framework to improve cognitive and emotional outcomes of Puerto Rican children and youth who were screened for behavioral problems. In addition to storytelling, cuento therapy features social interaction, role-playing, discussion, and reflection. The participants are active learners who are guided in comprehending the stories and relating them to their lives. Involvement in social interaction alone is insufficient. Within the sociocultural framework, expert guidance and learner participation are required for cognitive development (Rogoff, 1987; Simona, 2002).

In the first of only two published studies, the cuento therapy participants were 208 kindergarten to third-grade, second-generation Puerto Rican children in New York City (Costantino et al., 1984). The children's behavioral difficulties were viewed as being due, in part, to acculturation stress, and having weak traditional cultural values and loss of ethnic pride. Therefore, a goal of the intervention was the transmission and reinforcement of traditional Puerto Rican culture. The children were assigned randomly to one of four groups: original cuento therapy, adapted cuento therapy, art/play therapy, and a control group. The adapted cuento therapy group included modifications in the treatment protocol, particularly the adaptation of the original Spanish language cuentos to the life experiences and coping skills needed by Puerto Rican children in New York City.

Bilingual therapists and the children's mothers were involved in the therapy that included (a) reading Puerto Rican folktales (in English and Spanish) to groups of 4–5 children, (b) discussing the meaning of the tales, (c) role-playing the characters in the stories, and (d) discussing the relationship of the role-play to their personal lives. The therapy was comosed of 20 two-hour sessions in a six-month period. The results indicated that the adapted cuento group had a greater reduction of anxiety than the other three groups, and the original cuento therapy group had a greater reduction of anxiety than the control group. Additionally, social judgment (as measured by the Comprehension subtest of the Wechsler Intelligence Scale for Children–Revised) showed a greater increase in the two cuento therapy groups than the other groups. After one year, the anxiety treatment effects remained stable, but the social judgment treatment effects were not maintained.

Cuento therapy was modified in a second study for use with Puerto Rican adolescents who face acculturation, ethnic identity, and other adjustment issues common to their group (Malgady, Rogler, & Costantino, 1990). In the therapy, termed hero/heroine modeling, the groups of adolescents are exposed to the biographies of adult Puerto Rican role models in sports, politics, arts, and education who had successfully coped with adversity (e.g., poverty and discrimination). In a study of hero/heroine modeling, treatment and control groups were comprised of 90 English-dominant Puerto Rican eighth- and ninth-grade adolescents who had been screened as at-risk for behavioral problems. The therapy sessions were similar to those of cuento therapy. Compared to the control group, the hero/heroine therapy group had a higher level of Puerto Rican ethnic identity, and a lower level of anxiety for the therapy group's eighth-graders only, and mixed self-concept group results as a function of the presence/absence of fathers in the participants' households.

To date, there have been no published follow-up cuento therapy studies to the frequently cited research by Costantino and colleagues. Similar studies with other subgroups of Latinos are particularly lacking. The current study is consistent with the National Standards for School Counseling Programs and supports the goal of providing empirically supported interventions to enhance students' academic and personal/social outcomes (American School Counselor Association [ASCA], 2005). The study is also responsive to the National Center for Transforming School Counseling's initiative of advocating that the role of school counselors should include closing the achievement gaps between student groups (Education Trust, 2005). Rowley, Stroh, and Sink (2005) reported that most school counselors are using inadequately researched guidance curriculum materials. Research-based literature to support the school counselor's role in addressing the achievement gap is especially needed.

For the study, third-grade children enrolled in a summer school program for students who failed their end of year high-stakes reading achievement test were selected for participation. Compared to the larger school population, these students are at greater risk of school failure and subject to the associated stressors. The study also focused on variables that have been associated with high-stakes testing, including self-esteem, anxiety, and depression (e.g., La Roche & Shriberg, 2004; Thomas, 2005). Self-esteem was particularly important to assess because of its potential effects on academic and emotional functioning (Galbraith & Alexander, 2005), and it has been recommended for examination in cuento therapy research (Stephan, 1986).

## METHOD

### Participants

The study was conducted in a mandatory remedial summer school program at two elementary schools in a south Texas city. According to the public school district's records, the district's demographic characteristics were the following: school population of 15,632 students, of which 97.5% were Hispanic, 2% White, and .5% other ethnicities; 87% economically disadvantaged; 24% LEP; and 65% at risk for school failure.

The treatment group was composed of 64% males, and the control group was composed of 60% males. The following statistics were provided by the school district for the treatment and control groups, respectively: 93% and 83% were economically disadvantaged; 88% and 90% were at risk for academic failure; and 74% and 48% had LEP.

> Storytelling and story reading have the potential of enhancing cognitive and academic skills for Latino students, as well as modeling appropriate thoughts, beliefs, and behaviors.

## Table 1. Group Means and Standard Deviations for the Dependent Variables

| | CFSEI-3 | | | | | RCMAS | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | Global[a] | Acad[c] | Parental[c] | General[c] | Social[c] | Total[b] | Physio[c] | Worry[c] | Social Con[c] | TASC[b] | CDI-S[b] | TAKS[a] |
| **Treatment** | | | | | | | | | | | | |
| Pre- | 83.50 | 6.12 | 7.84 | 5.00 | 6.78 | 12.39 | 4.46 | 4.79 | 3.07 | 14.71 | 3.71 | 1,982.69 |
| | (11.20) | (2.15) | (2.15) | (2.13) | (1.77) | (6.53) | (2.62) | (3.17) | (1.90) | (6.79) | (3.99) | (84.14) |
| Post- | 90.61 | 6.88 | 8.40 | 8.56 | 7.39 | 12.61 | 4.39 | 5.07 | 3.14 | 15.89 | 3.39 | 2,088.50 |
| | (13.43) | (1.36) | (2.04) | (2.55) | (1.88) | (5.98) | (2.53) | (3.11) | (2.19) | (6.72) | (3.35) | (79.98) |
| **Control** | | | | | | | | | | | | |
| Pre- | 90.31 | 7.32 | 8.24 | 5.28 | 6.56 | 11.07 | 3.48 | 4.83 | 2.62 | 16.07 | 2.86 | 1,990.50 |
| | (12.52) | (1.46) | (1.71) | (2.20) | (1.71) | (5.61) | (2.20) | (2.58) | (1.90) | (5.82) | (2.59) | (49.04) |
| Post- | 89.62 | 6.72 | 8.04 | 6.92 | 6.78 | 12.72 | 4.66 | 5.28 | 2.86 | 16.93 | 3.31 | 2,057.73 |
| | (12.47) | (1.70) | (2.23) | (3.20) | (1.72) | (5.43) | (2.36) | (2.55) | (1.90) | (6.32) | (2.61) | (117.76) |

*Note.* CFSEI-3 = Culture-Free Self-Esteem Inventories–Third Edition; Acad = Academic; Parental = Parental/Home; RCMAS = Revised Children's Manifest Anxiety Scale; Physio = Physiological; Worry = Worry/Oversensitivity; Social Con = Social Concerns/Concentration; TASC = Test Anxiety Scale for Children; CDI-S = Children's Depression Inventory–Short Form; TAKS = Texas Assessment of Knowledge and Skills reading subtest score.

[a]CFSEI-3 Global (range of 55–150) and TAKS (range of about 1,000–3,200) are scale scores. [b]RCMAS Total (range of 0–37), TASC (range of 0–30), and CDI-S (range of 0–20) are raw scores. [c]CFSEI-3 and RCMAS subscales are raw scores that were transformed linearly into a common metric (range of 1–10). High scores for all scales and subscales are indicative of higher levels of the respective variables (self-esteem, anxiety, depression, and reading).

At the beginning of the program, consent forms were distributed to all the third-grade students in the district who attended this reading program due to failure of their end-of-year Texas Assessment of Knowledge and Skills reading subtest (Texas Education Agency [TEA], 2005a, 2005b). Passing this subtest was required for promotion to the fourth-grade. Consequently, all of the summer program's instruction was reading related. Written, informed consent from the students' parents/guardians for participation in the research was obtained for 61 Mexican-American students. Responses of three participants were excluded from analysis since they left the summer school program before completing the study. The remaining 58 participants ranged from age 8 to 10 years ($M = 9.07$; $SD = .56$), with a mean age of 9 years for both groups. There were 28 participants in the treatment condition and 30 in the control condition.

Both of the school district's elementary schools that were open for the summer participated in the study. Within each school, students were randomly assigned to the treatment and control conditions. Within the treatment condition, there were three groups of approximately 10 students each. School A (with morning sessions) had 28 participants, and School B (with afternoon sessions) had 30 participants. Because of limited space to conduct cuento therapy in School A, there was one treatment group of 10 students in this school, and two treatment groups of 9 students each in School B. Conversely, there were 18 control group participants in School A and 12 control group participants in School B.

### Measures

The following measures of acculturation, self-esteem, anxiety, depression, and reading achievement were used in this study. All have adequate evidence of reliability and validity. (See Table 1 for score ranges of all measures except the acculturation scale, which is noted below.)

**Short Acculturation Scale for Hispanic Youth (SASH-Y).** The SASH-Y has 12 items on a 5-point Likert scale. The raw scores range from 12 to 60, with higher scores indicative of higher levels of acculturation. The SASH-Y has a reliability coefficient of .92, and a concurrent validity coefficient greater than .70 (Barona & Miller, 1994).

**Culture-Free Self-Esteem Inventories–Third Edition (CFSEI-3).** The CFSEI-3 (Intermediate Form) is a 64-item scale with a *yes–no* response format. It is composed of a Global scale and four sub-

scales: Academic (academic and intellectual self-esteem), General (perceptions about themselves as persons), Parental/Home (self-esteem within the family), and Social (self-esteem related to peer relationships). The Global scale score is the transformed total of the four subscale scores. Reliability coefficients for the CFSEI-3 are the following: .92 for the Global scale and .76 to .85 for the four subscales. Satisfactory criterion and construct validity have been reported for the CFSEI-3 (Battle, 2002).

**Revised Children's Manifest Anxiety Scale (RCMAS).** The 37-item RCMAS (Reynolds & Richmond, 2000) has a *yes–no* response format. A reliability coefficient of .80 for the Total anxiety score has been reported for Hispanic children (Argulewicz as cited in Reynolds & Richmond). Reliability coefficients for the 10-item Physiological, 11-item Worry/Oversensitivity, and 7-item Social Concerns/Concentration subscales typically range from the .60s to .80s. Satisfactory evidence of validity for the RCMAS Total and subscale scores has been reported (Reynolds & Richmond).

**Test Anxiety Scale for Children (TASC).** The 30-item TASC has a *yes–no* response format (Sarason, Davidson, Lighthall, & Waite, 1958). It has a reliability coefficient of .89, and evidence of validity for primary school children (Ferrando, Varea, & Lorenzo, 1999).

**Children's Depression Inventory–Short Form (CDI-S).** The CDI-S has 10 items on a 3-point Likert scale. It has sufficient reliability (with a coefficient of .80) and validity for research purposes (Kovacs, 2003).

**Texas Assessment of Knowledge and Skills (TAKS).** The TAKS reading subtest has 36 multiple-choice items. A reliability coefficient of .89 was reported for the TAKS third-grade reading subtest (TEA, 2005a). Adequate content validity also has been reported for this subtest (TEA, 2005b).

### Procedure

Although all of the study's participants were receiving their classroom instruction in English only, all of the measures' items were read in English, followed by Spanish to optimize understanding. Spanish support was deemed necessary because 56% of the 61 initial participants were identified as LEP. The CFSEI-3 and SASH-Y did not have Spanish translations; therefore, they were translated in advance by one of the co-authors who has extensive experience as a professional translator and interpreter.

The SASH-Y was administered during the pre-intervention only, and the other measures were administered pre- and post-intervention. Aside from the TAKS reading test that was administered by the students' teachers, the other measures were administered orally in groups by two of the coauthors who

also served as therapists for the study. These testing groups were composed of both treatment and control participants. Because the original cuento study used therapists rather than teachers, individuals with counseling/therapy expertise were chosen for the current study. The therapists were bilingual, experienced, and certified teachers, as well as advanced school psychology master's level graduate students. Additionally, one of the therapists was Mexican American with experience as a certified master's-level school counselor, and the other was Mexican with licensure as a psychologist in Mexico.

An expert panel of five Mexican and Mexican-American counselors, teachers, and psychologists selected Spanish-language traditional and contemporary cuentos with Mexican and Mexican-American protagonists. The tales' selection was based on their length, developmental appropriateness, and thematic content embodying cultural values and characters, objects, and ideas with which the participants could relate to their daily lives. In pilot testing with 40 students, some traditional Mexican folktales were eliminated from consideration based on the students' indicating (verbally or nonverbally) that they did not feel a connection to the stories. All selected cuentos were published with Spanish and English narratives on the same or consecutive pages. (An annotated bibliography of the cuentos used in the study is available upon request from the first author.)

All third-grade students who attended the summer school program exclusively received reading instruction throughout the duration of the program in a traditional classroom setting. Each teacher's classroom was comprised of no more than 20 students. Students' reading instruction consisted of "drill and practice" activities developed to help them master the skills needed to pass the TAKS reading subtest. While the cuento therapy was taking place, the control group students remained in the assigned classrooms and received the regular reading TAKS-driven instruction from their classroom teachers.

The cuento treatment participants engaged in 12 (approximately one-hour) sessions that occurred on consecutive school days in the middle of the five-week summer program that was scheduled from Mondays through Thursdays. Consent was obtained, and pretesting and posttesting were conducted during the remaining days of the program.

Eight books with different cuentos were the focus of eight sessions, while two books with multiple short cuento scenarios required two sessions each. For the first part of the sessions (about 30 minutes), the therapist orally read each paragraph from the cuentos in English, followed by Spanish. The participants sat in a circle with the therapist showing the books' illustrations. The remaining part of the ther-

> In addition to storytelling, cuento therapy features social interaction, role-playing, discussion, and reflection.

## Table 2. Two-Way Factorial ANOVA (2 × 2) of Global Self-Esteem Gain Scores

| Source of Variation | SS | df | MS | F |
|---|---|---|---|---|
| Between groups | 517.27 | 1 | 517.27 | 4.02* |
| Gender | 58.07 | 1 | 58.07 | .45 |
| Groups × gender | 429.54 | 1 | 429.54 | 3.34 |
| Error | 6,814.35 | 53 | 128.57 | |
| Total | 8,158.88 | 56 | | |

*Note.* Cohen's $d = .65$.
*$p < .05$.

## Table 3. Two-Way Factorial ANOVA (2 × 2) of Academic Self-Esteem Gain Scores

| Source of Variation | SS | df | MS | F |
|---|---|---|---|---|
| Between groups | 18.84 | 1 | 18.84 | 5.97* |
| Gender | .79 | 1 | .79 | .25 |
| Groups × gender | .58 | 1 | .58 | .19 |
| Error | 145.15 | 46 | 3.16 | |
| Total | 169.68 | 49 | | |

*Note.* Cohen's $d = .73$.
*$p < .05$.

apy involved discussing the key points of the tales using question stems based on Bloom's taxonomy (Anderson & Sosniak, 1994) that were routinely used in the students' classrooms. This was followed by role-playing the stories' characters and main events, and discussing the relationship of the role-play to their personal lives. "Circle time" was used both at the beginning and end of the therapy sessions. It is a technique that has been used successfully in raising poor readers' self-esteem (Galbraith & Alexander, 2005). This nontraditional instructional seating arrangement allowed the children to verbally and nonverbally interact with each other and the therapist. See Appendix A for a description of a sample therapy session.

## RESULTS

There were no differences in the groups' measured demographic characteristics (gender, economic disadvantage, at-risk status, LEP, and acculturation; $p > .05$). SASH-Y acculturation raw score means were 38.86 and 38.72 for the treatment and control groups, respectively. Table 1 provides the means and standard deviations for the remaining measures used in the study.

### Self-Esteem

CFSEI-3 Global self-esteem gain scores between pretest and posttest measures were analyzed with a two-way factorial analysis of variance (ANOVA; 2 × 2) comparing groups (treatment and control) and gender (see Table 2). There was a difference between the treatment and control groups' gain scores of 7.11 and –.69, respectively ($p < .05$). The obtained Cohen's $d$ effect size was .65. There was no mean gain score difference for gender, nor was there an interaction effect between groups and gender ($p > .05$).

A two-way factorial ANOVA (2 × 2) of CFSEI-3 Academic self-esteem gain scores between pretests and posttests for groups (treatment and control) and gender is shown in Table 3. There was a significant mean gain score difference in Academic self-esteem between treatment and control groups, .76 and –.60, respectively ($p < .05$). A Cohen's $d$ effect size of .73 was obtained. There was no mean gain score difference for gender or interaction between groups and gender ($p > .05$).

Shown in Table 4 is a two-way factorial ANOVA (2 × 2) of General self-esteem gain scores between pretests and posttests for groups (treatment and control) and gender. There was a mean gain score difference in General self-esteem between treatment and control groups, 3.56 and 1.64, respectively, in

**Table 4. Two-Way Factorial ANOVA (2 × 2) of General Self-Esteem Gain Scores**

| Source of Variation | SS | df | MS | F |
|---|---|---|---|---|
| Between groups | 37.46 | 1 | 37.46 | 3.94* |
| Gender | 5.63 | 1 | 5.63 | .59 |
| Groups × gender | .48 | 1 | .48 | .05 |
| Error | 437.75 | 46 | 9.52 | |
| Total | 490.03 | 49 | | |

*Note.* Cohen's $d$ = .61.
*$p$ < .05.

**Table 5. Two-Way Factorial ANOVA (2 × 2) of RCMAS Physiological Anxiety Subscale Gain Scores**

| Source of Variation | SS | df | MS | F |
|---|---|---|---|---|
| Between groups | 20.80 | 1 | 20.80 | 3.80* |
| Gender | .00 | 1 | .00 | .00 |
| Groups × gender | .012 | 1 | .01 | .00 |
| Error | 289.98 | 53 | 5.47 | |
| Total | 312.07 | | | |

*Note.* Cohen's $d$ = .24.
*$p$ < .05.

> This investigation evaluated the effects of cuento therapy on self-esteem, anxiety, depression, and reading achievement of Mexican-American students.

favor of the treatment group ($p$ < .05). The obtained Cohen's $d$ effect size was .61. There was no mean gain score difference in General self-esteem for gender or interaction between groups and gender. Using a two-way ANOVA (2 × 2), there were no mean gain score differences for groups (treatment and control) and gender for the Parental/Home and Social self-esteem subscales ($p$ > .05).

For the treatment group, there was a mean gain between pretest and posttest raw scores on the CFSEI-3 Global, Academic, and General subscales: 7.11, .76, and 3.56, $df$ = 26, respectively ($p$ < .05). The effect sizes, Cohen's $d$, for the treatment group on the Global, Academic, and General subscales are .60, .40, and 1.56, respectively. There was no mean difference between pretest and posttest scores on the Parental/Home and Social subscales for the treatment group ($p$ > .05).

The control group had a mean gain on the General self-esteem subscale of 1.64, $df$ = 24, $p$ < .05, with an effect size, Cohen's $d$, of .46. There was no mean gain for the control group on the CFSEI-3 Global, Academic, Parental/Home, and Social subscales ($p$ > .05).

### Anxiety and Depression

A two-way factorial ANOVA (2 × 2) of the RCMAS Physiological subscale gain scores was conducted that compared treatment and control groups, and gender. The treatment group experienced lower levels of Physiological anxiety after the intervention than the control group ($p$ < .05) with a Cohen's $d$ effect size of .24 (see Table 5). There were, however, no mean gain score differences between gender and interaction between groups and gender ($p$ > .05).

Analysis of gain scores of the RCMAS Total Scale, RCMAS Worry/Oversensitivity and Social Concerns/Concentration subscales, TASC, and CDI-S comparing treatment and control groups and gender through a two-way ANOVA (2 × 2) yielded no mean gain score differences for groups, gender, or interaction between groups and gender ($p$ > .05). Additionally, for both the treatment and control groups, there were no mean gain score differences between pretest and posttest scores on the CDI-S or any of the anxiety scales/subscales with the exception for the RCMAS Physiological anxiety subscale. While there was no mean gain between pretest and posttest scores on the Physiological anxiety subscale for the treatment group, there was a mean gain for

control group: 1.17, $df = 28$, $p < .05$, with an effect size, Cohen's $d$, of .46.

### Reading

A two-way factorial ANOVA $(2 \times 2)$ of the TAKS reading scores comparing treatment and control groups and gender indicates that there were no mean gain score differences for groups (treatment and control), gender, or an interaction effect between groups and gender $(p > .05)$. However, results showed that there was an increase in the pre- and post-TAKS scores of both the treatment and control groups of 105.81, $df = 26$, and 67.23, $df = 25$, respectively $(p < .05)$. The effect size, Cohen's $d$, for the treatment group and control groups were 1.78 and .61, respectively.

## DISCUSSION

This investigation evaluated the effects of cuento therapy on self-esteem, anxiety, depression, and reading achievement of Mexican-American students. In the two previous cuento therapy studies by Costantino and colleagues, there were mixed results regarding differences in self-concept and anxiety between the treatment and control groups. In the current study, there were differences between groups in Global, Academic, and General self-esteem and Physiological anxiety in favor of the treatment group. There were also significant gain scores in Global and Academic self-esteem for the cuento group, and significant gain scores in General self-esteem for both treatment and control groups. Physiological anxiety increased for the control group, while that of the treatment group remained unchanged. Although there was no significant difference in reading gain scores between the groups, both groups had significant gains in reading scores.

Cuento therapy is a multifaceted, interactive intervention that is comprised of read-aloud stories, role-playing, and reflections. The approach respects the children's culture, utilizes multiple cognitive skills, and encourages creativity, free expression, and cooperation. Ada (2003) wrote extensively about the positive impact of children's involvement in plays on their memory, understanding and retention of curricular materials, self-confidence, and behavior. Students must recall information and understand it well to effectively "tell" the stories. The plays provide an opportunity for self-expression that is uncommon in most of today's public schools with their highly restrictive and structured instruction. The children's role-plays and reflections about the stories help them understand and appreciate themselves and others, as well as develop group solidarity and cooperation.

Having the culturally relevant stories read in both English and Spanish valued the participants' experiences, language, and traditions. Many children in cuento group reported being delighted when listening to stories with which they could relate and understand. Additionally, the dramatic role-plays in a nurturing environment seemed to assist shy children to lose their fear of speaking in a group. For example, during the beginning of the study, one of the cuento therapy participants demonstrated a shy demeanor, and was reluctant to take part in the role-plays. Subsequently, he chose minor roles that contained minimal speaking parts. By the end of the cuento therapy sessions, he was volunteering to participate in larger roles and showed enthusiasm and pride in participating. With cuento therapy, students' self-confidence and self-esteem are likely to increase, allowing for a greater sense of accomplishment.

Galbraith and Alexander (2005) reported using role-plays and circle time in the lessons of their study to encourage children to communicate, consider consequences, and attempt making decisions in a secure setting. Although the current study did not focus on modifying the participants' challenging behaviors, the therapists observed several students who initially came to the therapy sessions displaying negative attitudes and oppositional behaviors. After being encouraged to participate in the role-plays and group discussions, these students' challenging and defiant behaviors seemed to diminish. For these participants, positive feedback appeared to have been particularly important.

### Limitations and Future Directions

The current study has a number of limitations. First, the sample size was small, and the duration of the program was considerably shorter than that of previous studies (Costantino et al., 1984; Malgady et al., 1990). Having more statistical power and extending the sessions could have possibly increased the treatment's efficacy. Second, two of the assessors were also the treatment groups' therapists. Although this is recognized as a limitation, it should be noted that the assessments were administered in groups that were comprised of both treatment and control group participants. Third, this two-group experimental design is susceptible to social threats to internal validity (Trochim & Donnelly, 2008) because the design did not include a placebo treatment for the control participants. Consequently, changes in the treatment group may have been due to attention and expectancy effects rather than the impact of cuento therapy. Last, it was beyond the scope of the study to assess how cuento therapy might have influenced students' reading and emotional outcomes longitudinally. Future studies should consider longitudinal data collection to examine both positive and negative long-term effects.

**Many children in cuento group reported being delighted when listening to stories with which they could relate and understand.**

Because the population consisted of only two elementary schools in south Texas, caution is advised in generalizing the results to other settings. Future research should replicate the current methodology with a similar population to support the findings of the study, and other populations to document generalizability. Other recommendations are the inclusion of other types of measurement (especially of physiological anxiety and including behavioral scales, such as self-reports and other reports), assessment of externalizing behaviors, larger sample sizes, and treatment conditions that compare counselors, psychologists, and teachers as "therapists."

## Implications

School counselors' roles include improving the emotional and academic functioning of all students (ASCA, 2005; Education Trust, 2005). However, there are disparities between Latino and European-American students in the delivery of mental health services regarding self-esteem, self-alienation, depression, and stress-related issues (Villalba, 2007). With the large number of Latinos in public schools, school counselors are challenged to use empirically validated, culturally responsive approaches to meet their needs. The current study provides evidence of the efficacy of a group approach that can be conducted by school counselors in school settings, and consequently can impact more students than individual counseling. ∎

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## References

Ada, A. F. (2003). *A magical encounter: Latino children's literature in the classroom* (2nd ed.). Boston: Pearson Education.

American School Counselor Association. (2005). *The ASCA national model: A framework for school counseling programs* (2nd ed.). Alexandria, VA: Author.

Anderson, L. W., & Sosniak, L. A. (Eds.) (1994). *Bloom's taxonomy: A forty-year retrospective.* Chicago: University of Chicago Press.

Bandura, A. (1977). *Social learning theory.* Englewood Cliffs, NJ: Prentice-Hall.

Barona, A., & Miller, J. A. (1994). Short Acculturation Scale for Hispanic Youth (SASH-Y): A preliminary report. *Hispanic Journal of Behavioral Sciences, 16,* 155–162.

Battle, J. (2002). *Culture-free self-esteem inventories* (3rd ed.). Austin, TX: Pro-Ed.

Borders, S., & Paisley, P. O. (1992). Children's literature as a resource for classroom guidance. *Elementary School Guidance & Counseling, 8,* 296–304.

Borzone, A. M. (2005). La lectura de cuentos en el jardín infantil: Un medio para el desarrollo de estrategias cognitivas y lingüísticas [Story-reading experiences in kindergarten: A means for cognitive and linguistic strategy development]. *Psykhe, 14,* 192–209.

Costantino, G., Malgady, R. G., & Rogler, L. H. (1984). Cuentos folkloricos as a therapeutic modality with Puerto Rican children. *Hispanic Journal of Behavioral Sciences, 6,* 169–178.

Education Trust. (2005). *National Center for Transforming School Counseling at The Education Trust.* Retrieved May 25, 2008, from http://www2.edtrust.org/EdTrust/ Transforming+School+Counseling/main

Ferrando, P. J., Varea, M. D., & Lorenzo, U. (1999). A psychometric study of the Test Anxiety Scale for children in a Spanish sample. *Personality and Individual Differences, 27,* 37–44.

Galbraith, A., & Alexander, J. (2005). Literacy, self-esteem and locus of control. *Support for Learning, 20,* 28–34.

Galda, L. (1982). Playing about a story: Its impact on comprehension. *The Reading Teacher, 36,* 52–55.

Hobbs, F., & Stoops, N. (2002). *Demographic trends in the 20th century.* U.S. Census Bureau, Census 2000 Special Reports, Series CENSR-4. Retrieved March 13, 2003, from http://www.census.gov/prod/2002pubs/censr-4.pdf

Karweit, N., & Wasik, B. A. (1996). The effects of story reading programs on literacy and language development of disadvantaged preschoolers. *Journal of Education for Students Placed at Risk, 1,* 312–348.

Kovacs, M. (2003). *Children's Depression Inventory: Technical manual update.* North Tonawanda, NY: Multi-Health Systems.

Lachtman, O. D. (1995). *Pepita talks twice* [Pepita habla dos veces]. Houston, TX: Piñata Books.

La Roche, M. J., & Shriberg, D. (2004). High stakes exams and Latino students: Toward a culturally sensitive education for Latino children in the United States. *Journal of Educational and Psychological Consultation, 15,* 205–223.

Madaus, G., & Clarke, M. (2001). The adverse impact of high-stakes testing on minority students: Evidence from one hundred years of test data. In G. Orfield & M. L. Kornhaber (Eds.), *Raising standards or raising barriers? Inequality and high-stakes testing in public education* (pp. 85–106). New York: Century Foundation Press.

Malgady, R. G., Rogler, L. H., & Costantino, G. (1990). Hero/heroine modeling for Puerto Rican adolescents: A preventive mental health intervention. *Journal of Consulting and Clinical Psychology, 58,* 469–474.

McNeil, L., & Valenzuela, A. (2001). The harmful impact of the TAAS system of testing in Texas. In G. Orfield & M. L. Kornhaber (Eds.), *Raising standards or raising barriers? Inequality and high-stakes testing in public education* (pp. 127–150). New York: Century Foundation Press.

Morales, A. (1990). Y no se lo tragó la tierra: La tradicion oral como estructura en la cultura postmoderna [And the earth didn't swallow him: The oral tradition as a structure in postmodern culture]. *Nuevo Texto Crítico, 3*(5), 153–158.

National Assessment of Educational Progress. (2005). *The nation's report card.* Retrieved June 19, 2008, from http://nationsreportcard.gov/tuda_reading_ mathematics_2005/t0006.asp?subtab_id=Tab_3&tab_ id=tab1&printver=#chart

Reynolds, C. R., & Richmond, B. O. (2000). *Revised Children's Manifest Anxiety Scale (RCMAS) manual.* Los Angeles: Western Psychological Services.

Robinson, T. L. (2005). *The convergence of race, ethnicity, and gender: Multiple identities in counseling* (2nd ed.). Upper Saddle River, NJ: Merrill Prentice Hall.

Rogoff, B. (1987). Specifying the development of a cognitive skill in its interactional and cultural context. *Monographs of the Society for Research in Child Development, 52,* 153–159.

Rosenhouse, J., Feitelson, D., Kita, B., & Goldstein, Z. (1997). Interactive reading aloud to Israeli first graders: Its contribution to literacy development. *Reading Research Quarterly, 32,* 168–183.

Rowley, W. J., Stroh, H. R., & Sink, C. A. (2005). Comprehensive guidance and counseling programs' use of guidance curricula materials: A survey of national trends. *Professional School Counseling, 8,* 296–304.

Sarason, S., Davidson, K., Lighthall, R., & Waite, R. (1958). A test anxiety scale for children. *Child Development, 29,* 105–113.

Shimron, J. (1994). The making of readers: The work of Professor Dina Feitelson. In D. K. Dickinson (Ed.), *Bridges to literacy: Children, families, and schools* (pp. 80–99). Cambridge, MA: Blackwell.

Simona, P. D. (2002). Mediation revisited: The interactive organization of mediation in learning environments. *Mind, Culture & Activity, 9,* 22–42.

Stephan, W. G. (1986). Don't count your cuentos … [Review of the book *Cuento therapy: Folktales as a culturally sensitive psychotherapy for Puerto Rican children*]. *PsycCritiques, 31,* 692–693.

Taylor, E. R., Wooten, R., Babcock, B., & Hill, F. (2002). A metaphorical story to raise relational esteem in Mexican American families of low socioeconomic status. *Family Journal: Counseling and Therapy for Couples and Families, 10,* 27–33.

Texas Education Agency. (2005a). *Mean P-values by objective and subject area; internal consistency estimates.* Retrieved March 30, 2007, from http://www.tea.state.tx.us/ student.assessment/resources/techdig05/techa20.pdf

Texas Education Agency. (2005b). *Validity.* Retrieved March 30, 2007, from http://www.tea.state.tx.us/student. assessment/resources/techdig05/chapter15.pdf

Therrien, M., & Ramirez, R. R. (2000). The Hispanic population in the United States: March 2000. *Current Population Reports,* P20-535. Washington, DC: U.S. Census Bureau.

Thomas, R. M. (2005). *High-stakes testing: Coping with collateral damage.* Mahwah, NJ: Lawrence Erlbaum.

Trochim, W. M. K., & Donnelly, J. P. (2008). *The research methods knowledge base* (3rd ed.). Mason, OH: Cengage Learning.

Valencia, R. R., & Villarreal, B. J. (2005). Texas' second wave of high-stakes testing: Anti-social promotion legislation, grade retention, and adverse impact on minorities. In A. Valenzuela (Ed.), *Leaving children behind: How "Texas-style" accountability fails Latino youth* (pp. 113–152). Albany, NY: State University of New York Press.

Valenzuela, A. (2000). The significance of the TAAS test for Mexican immigrant and Mexican American adolescents: A case study. *Hispanic Journal of Behavioral Sciences, 22,* 524–539.

Villalba, J. A. (2007). Health disparities among Latina/o adolescents in urban and rural schools: Educators' perspectives. *Journal of Cultural Diversity, 14*(4), 169–175.

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# APPENDIX A

## Sample Cuento Therapy Lesson

The following is a description of the first cuento therapy session conducted with the treatment group. The book used for this session was *Pepita Talks Twice (Pepita Habla Dos Veces)* (Lachtman, 1995). Note that all instructions were provided in both English and Spanish.

### Focus of the Session
1. Exploring the conflict children face when they are asked to speak two languages across different settings, such as home and at school
2. Discussing the importance of speaking two languages
3. Understanding the impact of growing up bilingual and bicultural.

### Introducing the Session
The students were instructed to sit in a circle, and the therapist asked a question related specifically to the daily story. An example question is, "Do any of you know someone who is bilingual and does not like to speak both languages?" The therapist continued,

> Today, we will be reading a cuento about a young girl named Pepita who did not like being bilingual. This book is called *Pepita Talks Twice*. When we finish reading it, you will be asked to role-play the story. We will then sit in a circle again and talk about the story, what you thought of it, and how it made you feel.

### Reading and Discussing the Story
After the cuentos were read by the therapist in English and Spanish, the therapist and students discussed the main points of the cuento (characters, characters' feelings, setting, problem, and solution) using Bloom's taxonomy question stems. Sample questions follow:

*Knowledge:* Where does this story take place?
*Comprehension:* What problem did Pepita have in this story? Is this a problem that could happen in real life?
*Application:* Do you have any friends or family members who do not want to speak Spanish or English?
*Analysis:* Why did Pepita change her mind and decide to speak two languages?
*Synthesis:* What might have happened if Pepita had remained reluctant to speak her native language?

### Role-Playing the Story
The therapist reviewed the story's characters and allowed the participants to choose the character they would prefer role-playing. The participants role-played the cuento with the therapist's guidance. The students who did not have a role to play, nonetheless, participated in the session. Their participation consisted mainly of being active observers. They encouraged their classmates to do their best in their roles, gave them advice about how to act in certain parts of the story, monitored the story's sequence of events, gave students immediate feedback about their performance, and assured that essential details of the cuento were included during the role-play. An especially important role these active observers played was that of assuring that the emotions and feelings presented in the cuento were accurately expressed.

### Closing
After participants role-played the cuento, they were asked to sit in a circle. A group discussion followed regarding the role each participant played. The children had an opportunity to express their feelings and impressions about the cuentos's characters, setting, problem, and solution. During this time, participants also were guided in discussing how the cuento related to their personal and/or academic lives. The therapist encouraged the students to provide each other with feedback about their role-play performance, and their personal comments and feelings about the cuento therapy experience.