

THE POWER OF SHARED PROTECTIVE FACTORS FOR MINNESOTA YOUTH: Findings from the 2022 Minnesota Student Survey



2023

Introduction

Shared protective factors* are characteristics at the biological, psychological, family, community or cultural level that precede and are associated with a lower likelihood of a wide range of negative outcomes such as substance use and mental health issues. Risk factors are characteristics associated with a higher likelihood of negative outcomes. Risk and protective factors are not evenly or equitably distributed; some youth experience a greater number of risk factors while simultaneously experiencing fewer protective factors. Further, risk and protective factors can have a cumulative effect on the development, or reduced development, of behavioral health issues. Importantly, protective factors can buffer the impact of risk factors.¹

Which shared protective factors are available from the Minnesota Student Survey?

The Minnesota Student Survey (MSS) is a valuable source of data on a range of protective factors from each social-ecological level: individual, family, peer, school and community. The social-ecological model allows us to consider the different contexts in which each protective factor exists and how they interact.² This allows communities to build layers of protection in order to achieve the greatest impact. Just as Minnesotans dress in layers before heading out into wintry weather, we can enhance youth protective factors through relationships and interactions in each setting—at home, in neighborhoods, at school and throughout the community. [See the appendix for definitions of each factor.](#)

PROTECTIVE FACTORS

Community

- Feel adults in community care
- Participate in 1-5 activities
- Feel safe in neighborhood

School

- Educational engagement
- Feel teachers and other school staff care
- Feel safe at school

Peer

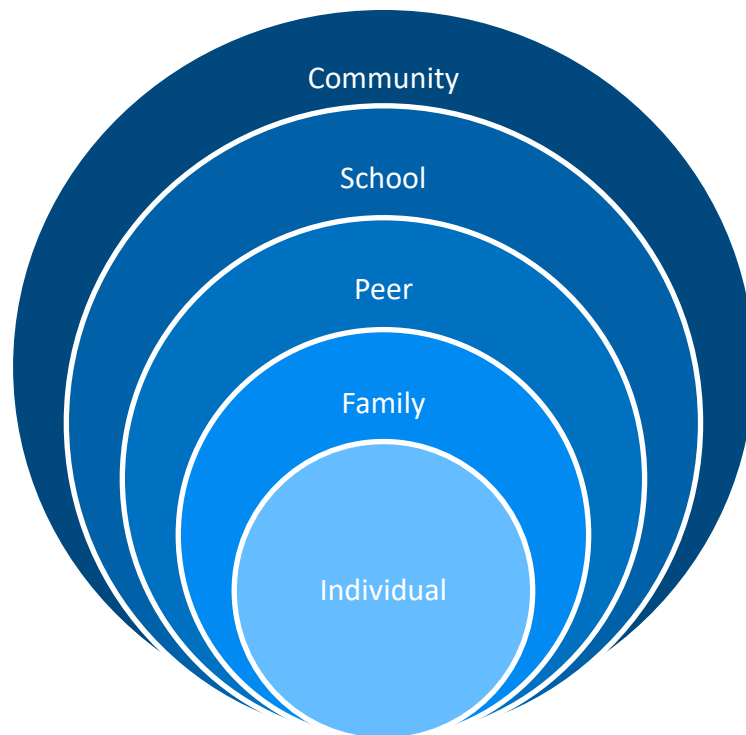
- Feel friends care

Family

- Feel parents care
- Can talk to a parent or guardian about problems
- Feel other relatives care

Individual

- Positive identity
- Social competency
- Empowerment



How prevalent are these protective factors among Minnesota youth?

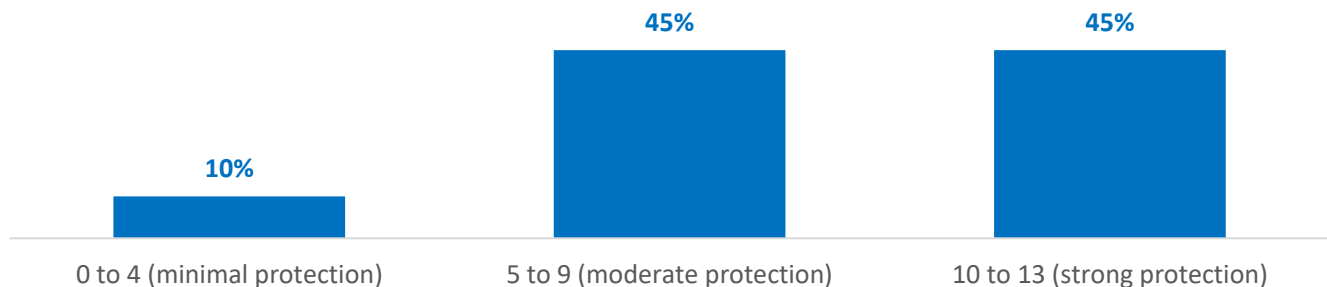
Of the shared protective factors on the MSS, Minnesota youth are most likely to report feeling safe in their neighborhoods and schools, and feeling their parents care about them. Our youth are least likely to report positive identity, feeling that teachers and school staff care very much or quite a bit, and feeling that adults in the community care (see Table 1). While there are some variations by grade level, the data in this report combine 8th, 9th, and 11th graders, unless specified.

Table 1. Percent of Minnesota youth reporting shared protective factors, by specific factor and grade (2022 MSS)

	<u>8th Grade</u>	<u>9th Grade</u>	<u>11th Grade</u>	<u>Total</u>
<u>Community</u>				
Feel adults in community care	32%	28%	26%	29%
Participate in 1-5 activities	80%	80%	77%	79%
Feel safe in neighborhood	96%	96%	97%	96%
<u>School</u>				
Educational engagement	60%	60%	58%	60%
Feel teachers and school staff care	42%	38%	38%	39%
Feel safe at school	87%	86%	87%	86%
<u>Peer</u>				
Feel friends care	74%	72%	72%	73%
<u>Family</u>				
Feel parents care	88%	87%	86%	87%
Can talk to parent/guardian	81%	79%	79%	80%
Feel other relatives care	77%	73%	72%	74%
<u>Individual</u>				
Positive identity	35%	31%	30%	32%
Social competency	49%	47%	48%	48%
Empowerment	54%	50%	50%	52%

Statewide, 10% of Minnesota 8th, 9th, and 11th graders experienced fewer than 5 of the shared protective factors listed in the table above. That's 1 in 10 students. Fortunately, 45% experienced 10 or more of the protective factors (see Figure 1).

Figure 1. Number of protective factors experienced by 8th, 9th, and 11th graders (2022 MSS)



To what extent are protective factors associated with substance use and suicidal thoughts?

Statewide Minnesota Student Survey data show us that each of the shared protective factors listed in Table 1 is associated with lower rates of past-month substance use and past-year suicidal thoughts/ideation. For example, youth who feel teachers and other adults at school care about them are half as likely to report past two week depression symptoms: 17% vs. 35% (see Figure 2). Further, youth with higher levels educational engagement are over two times less likely to report past-month alcohol use: 6% vs. 14% (see Figure 3).

Figure 2. Feeling that teachers and other school staff care is associated with reduced rates of past two week depression symptoms, past month vaping, past month alcohol use, past month marijuana use, and past month prescription drug misuse among Minnesota 8th, 9th, and 11th graders (2022 MSS)

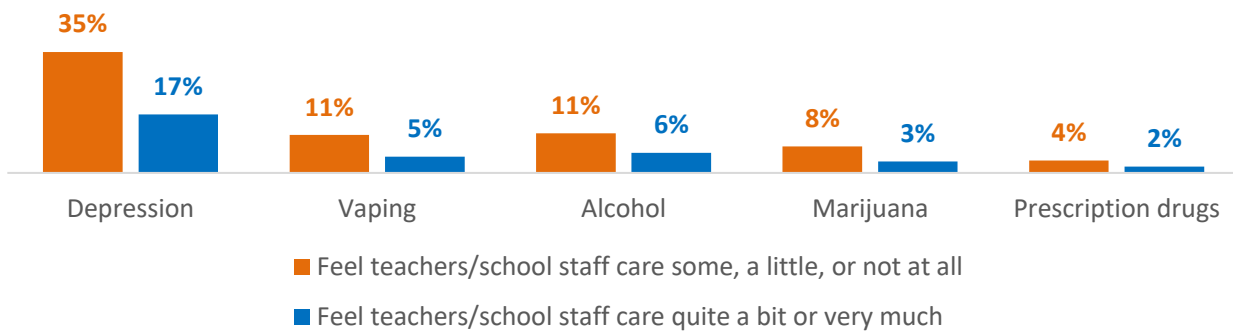
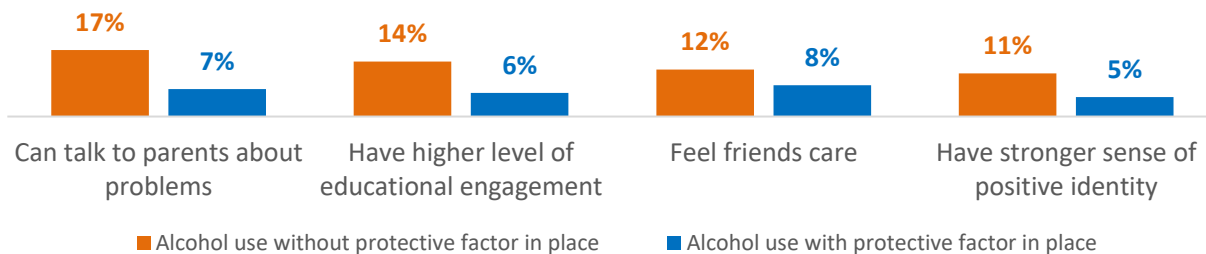


Figure 3. Being able to talk with parents about problems, having higher levels of educational engagement, feeling friends care, and having a stronger sense of positive identity are all associated with lower rates of past-month alcohol use (2022 MSS)



For more information on the strength of associations (the extent to which each individual protective factor reduces the likelihood of each negative outcome), see Tables 2a and 2b on pages 10-12.

Is more protection better?

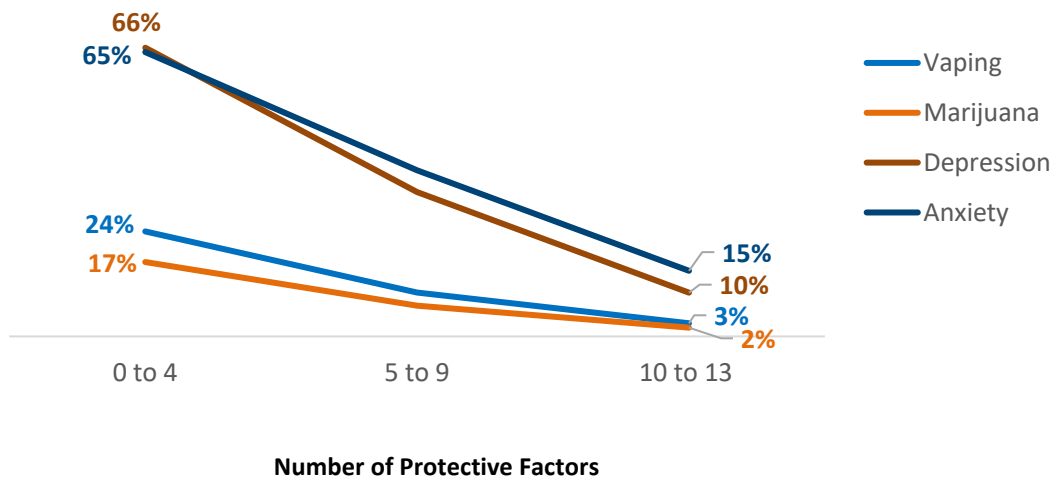
An increased number of shared protective factors is associated with lower rates of substance use and mental health issues (see Figures 4 and 5).

Figure 4. Minnesota 8th, 9th, and 11th graders reporting past-month alcohol use and past-year suicidal ideation, by number of protective factors experienced (2022 MSS)



How to read Figure 5:
Youth experiencing 10 or more protective factors are over 8 times less likely to report any past-month marijuana use (2% vs. 17%), and over 6 times less likely to report past 2-week depression (10% vs. 66%) compared to youth with fewer than 5 protective factors.

Figure 5. Minnesota 8th, 9th, and 11th graders reporting past-month tobacco use, marijuana use, and past 2-week depression and anxiety, by number of protective factors experienced (2022 MSS)



Each individual shared protective factor described in this brief is associated with lower rates of mental health issues and past-month substance use. **Layering** protective factors from each socio-ecological level is associated with *even further* reduced rates.

In Figure 6 below, we see that students who feel empowered are about 3 times less likely to report past-month marijuana use compared to those who do not feel empowered. Layering on parental, peer, school, and community protective factors brings that 3.1% down even further, to 1.3%. While that may seem small, one percent of 8th, 9th, and 11th grade Minnesota Student Survey participants represents a little over 1,000 students.

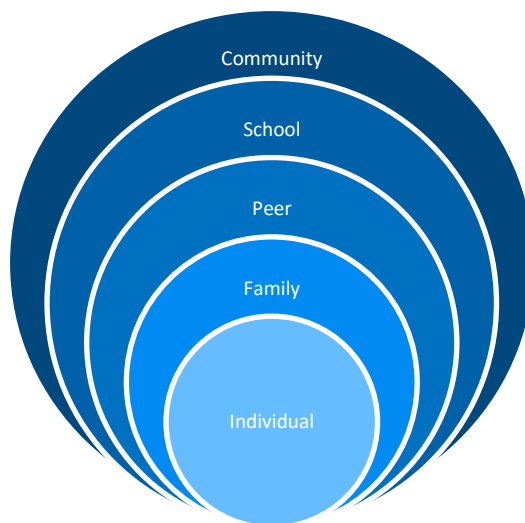
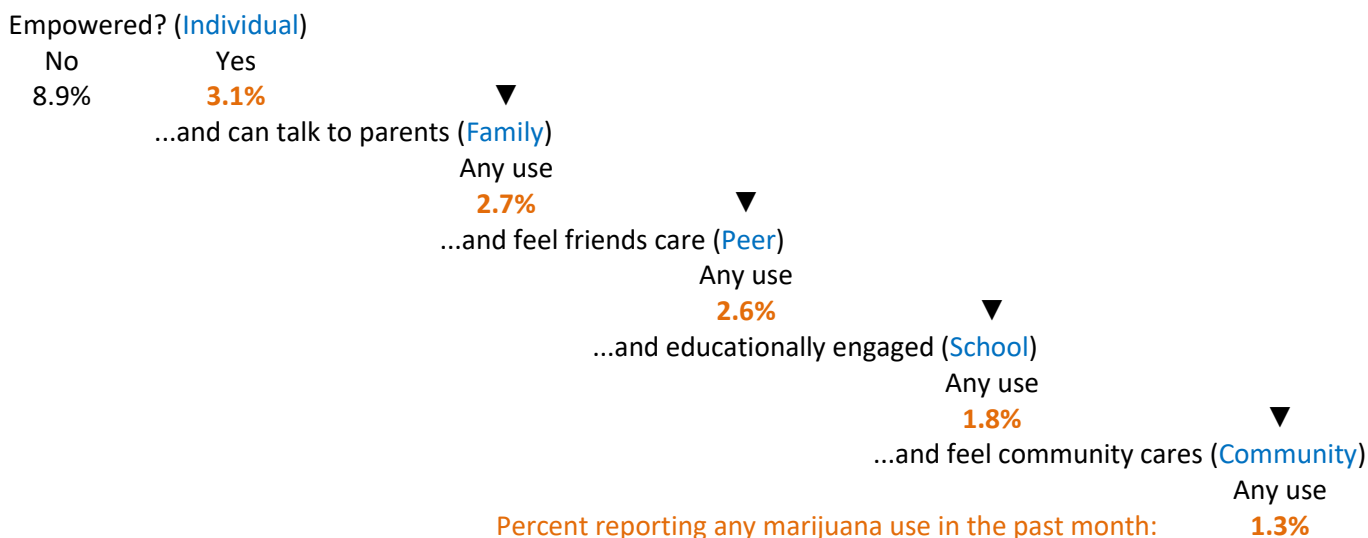


Figure 6. Minnesota 8th, 9th, and 11th graders reporting any past month marijuana use (2022 MSS)



How to read Figure 6:

Let's say you have a student in your school district who feels empowered. That means they feel valued and appreciated by others, are included in family tasks and decisions, and are given useful roles and responsibilities. That student is about 3 times less likely to report using marijuana in the past month as compared to students who don't feel empowered: 3.1% vs. 8.9%. Now layer on the fact that they can talk to one or both of their parents about problems they're having...that reduces their likelihood of reporting past-month use from 3.1% to 2.7%. While each added layer only drops the past-month use rate by a small percentage, the cumulative impact adds up!

How do protective factors relate to risk factors?

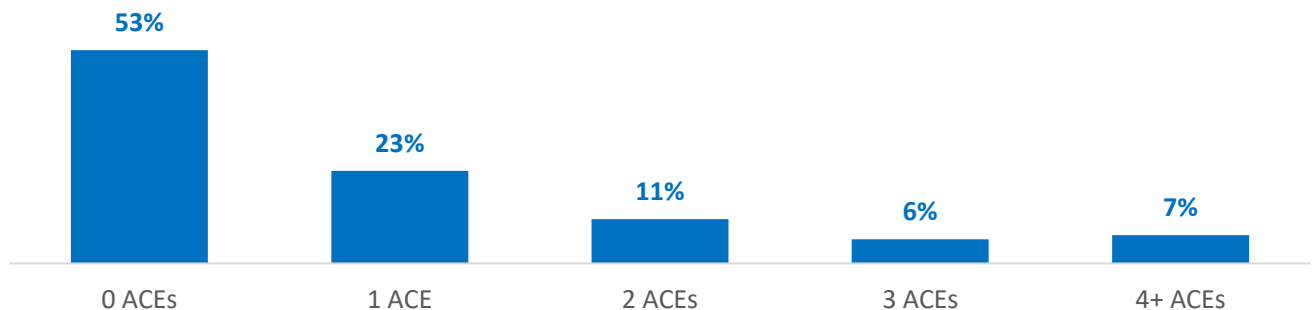
Shared risk factors from across socio-ecological levels are associated with an increased likelihood of negative outcomes like substance use.³ Shared protective factors, in addition to independently reducing rates of negative outcomes, can buffer the impact of cumulative risk factors.⁴ Further, increasing or enhancing protective factors may be more feasible for prevention practitioners and their community partners to address, as compared to reducing risk factors, and therefore have greater potential for impact.⁵

In addition to protective factors, the Minnesota Student Survey allows us to assess a number of risk factors. Adverse Childhood Experiences (or ACEs) are one category of shared risk factors. These include:

- Living with someone who is depressed or has any other mental health issues (reported by 29% of Minnesota 8th, 9th, and 11th graders)
- Having a parent/guardian who is currently in jail, and/or has ever been in jail (16%)
- Having been verbally abused by a parent or adult in the household (14%)
- Having been physically abused by a parent or adult in the household (11%)
- Living with someone who drinks too much alcohol (10%)
- Having been sexually abused by an older or stronger family member and/or and adult or other person outside the family (8%)
- Witnessing domestic abuse of parents/adults in household (6%)
- Living with someone who uses illegal drugs or abuses prescription drugs (4%)

The number of ACEs reported by youth are often summed to calculate an ACE score from 0 to 8. Fortunately, a little over half Minnesota youth reported 0 ACEs. However, about one quarter of 8th, 9th, and 11th graders reported experiencing 2 or more of these 8 ACEs (Figure 7).

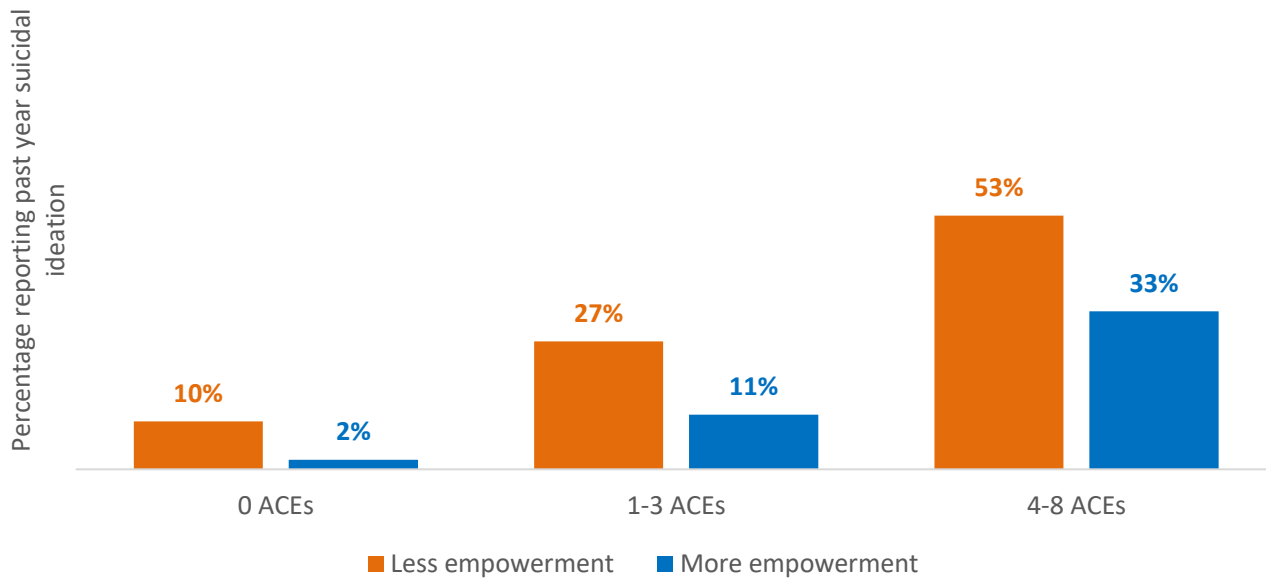
Figure 7. Number of ACEs experienced by 8th, 9th, and 11th graders (2022 MSS)



Each individual ACE item is associated with increased rates of past-month substance use and increased rates of mental health issues and suicidal ideation. Further, rates of substance use and mental health issues increase with each additional ACE experienced. While communities simultaneously work to prevent and reduce shared risk factors like ACEs, enhancing protective factors can buffer the negative impact of risk factors. Two examples of this buffering effect are shown on the next page.

Empowerment is a composite measure comprising three items from the Minnesota Student Survey, which feeling values, being included in family tasks and decision-making, and being given useful roles and responsibilities. Even among youth reporting 4 to 8 ACEs, those with greater empowerment were about one and a half times less likely to report past-year suicidal ideation compared to those with lower levels of empowerment: 33% vs. 53% (see Figure 8). Further, students with 1 to 3 ACEs but greater empowerment were about as likely as students with 0 ACEs but lower empowerment to report past-year suicidal ideation.

Figure 8. Minnesota 8th, 9th, and 11th graders reporting past year suicidal ideation, by number of ACEs experienced and level of empowerment (2022 MSS)



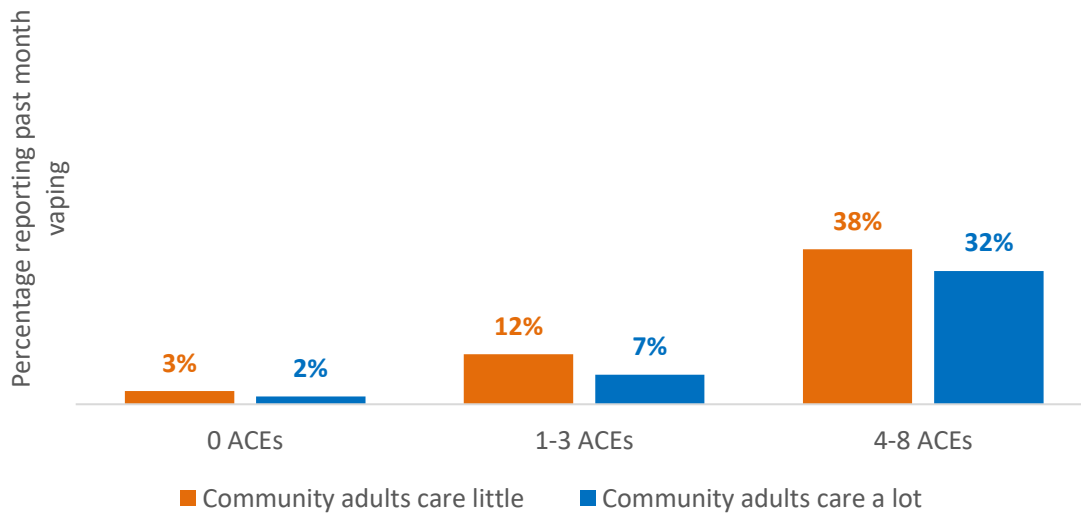
How to read Figure 8:

Among youth reporting 4 to 8 ACEs, those with more/greater empowerment were 1.6 times less likely to report past-year suicidal ideation compared to those with less empowerment: 33% vs. 53%.

Further, students with 1 to 3 risk factors but more/greater empowerment were about as likely as students with 0 ACEs but less empowerment to report past-year suicidal ideation: 11% and 10% respectively.

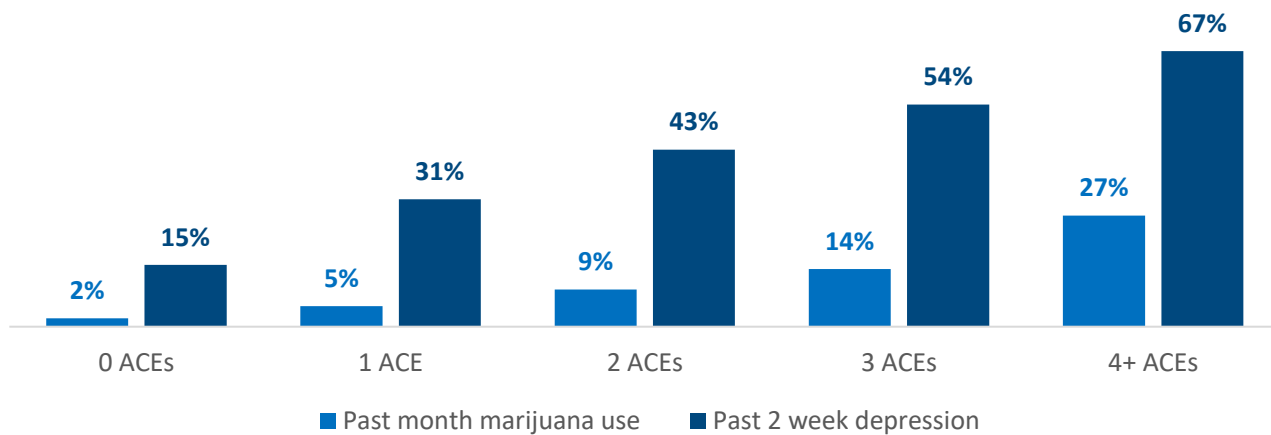
Similarly, feeling that adults in the community care quite a bit or very much can buffer the risk of past month vaping among youth experiencing ACEs (see Figure 9). These are just two examples; we see similar patterns when measuring the buffering impact of each protective factor on each negative outcome.

Figure 9. Minnesota 8th, 9th, and 11th graders reporting any past month vaping, by number of ACEs experienced and extent to which they feel adults in the community care (2022 MSS)



Similar to Figures 4 and 5, an increase in the number of shared risk factors experienced (as compared to a decrease in number of protective factors experienced) is strongly associated with rates of past month marijuana use and past two week depressive symptoms (see Figure 10). Similar patterns are seen for all substances and mental health issues.

Figure 10. Minnesota 8th, 9th, and 11th graders reporting past month marijuana use and past 2-week depressive symptoms, by number of ACEs experienced (2022 MSS)

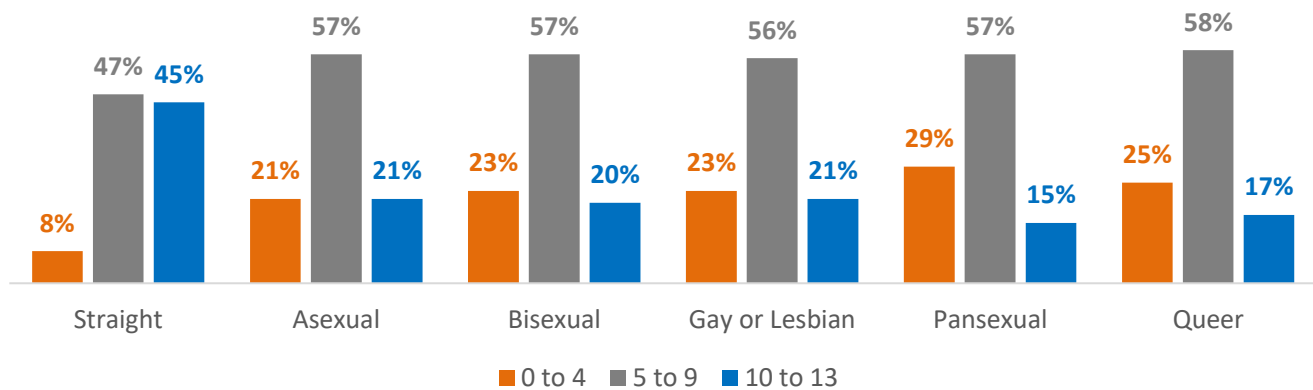


What do we know about disparities?

As noted in the introduction, risk and protective factors are not evenly or equitably distributed. Some youth experience a greater number of risk factors while simultaneously experiencing fewer protective factors. A health disparity, simply put, is a difference in health between populations or groups of people. Disparities are linked with social, economic and/or environmental disadvantage. Disparities affect groups who have systematically experienced greater levels of risk factors linked to discrimination or exclusion. **Equality** means providing the same level of prevention services to all populations in your community. **Equity** means giving each population the level of support they need to achieve healthy outcomes, and for some populations with lower numbers of protective factors that may mean *more* support and services.

Minnesota 9th and 11th graders identifying as asexual, bisexual, gay or lesbian, pansexual or queer are considerably more likely than heterosexual students to have fewer than 5 protective factors and considerably less likely to have 10 or more protective factors (see Figure 11).

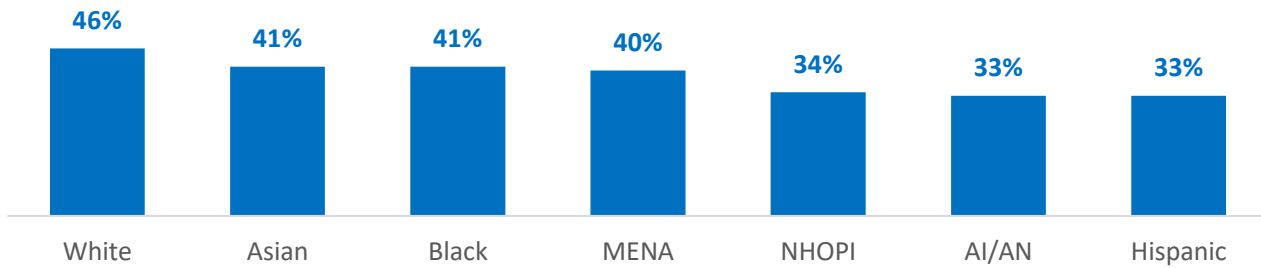
Figure 11. Number of protective factors experienced by Minnesota 8th, 9th, and 11th graders, by sexual orientation (2022 MSS)



In 2022, Minnesota Student Survey respondents could select all applicable gender identities. As such, the categories are not mutually exclusive. Having 10 or more protective factors was reported by 45% of cisgender males, 39% of cisgender females, 26% of agender students, 24% of trans females, 18% of two-spirit students, 14% of non-binary students, 13% of trans males, and 13% of genderfluid/genderqueer students.

Minnesota Student Survey data also show disparities by race/ethnicity. Similar to gender identity, students could select all applicable responses. As such categories represent each race, alone or in combination with other racial identities and are not mutually exclusive. Youth who identified white were most likely to report having 10 or more protective factors, followed by youth identifying as Asian, Black, African or African American, and Middle Eastern or North African (MENA). Native Hawaiian or Pacific Islander (NHOPi) students, American Indian or Alaska Native students, and Hispanic or Latino/a youth were least likely to report a high number of protective factors (see Figure 12).

Figure 12. Minnesota 8th, 9th, and 11th graders reporting 10-13 protective factors, by race/ethnicity (2022 MSS)



So, in addition to prioritizing protective factors, it's important to address disparities. For example, if you live in a community with a large number of Native American youth or a large number of Hmong youth, you may wish to take steps to ensure efforts to increase and enhance shared protective factors are especially focused on those populations exposed to the least number of protective factors. You can use Census data to determine which populations facing disparities are most prevalent in your community. You can also use MSS data to determine which populations (based on race, ethnicity, sexual orientation, and gender identity) are prevalent in your community.

How can communities use shared protective factor data?

Review your community's Minnesota Student Survey shared protective factor data. Consider these guiding questions:

- Which protective factors are youth in your community most likely to report? Least likely? You may want to address factors for which there is more room for improvement.
- For which protective factors are your community's lower than the statewide average? The statewide average can serve as a benchmark.
- How have your community's protective factor rates changed over time? For example, were youth in 2022 more or less likely to feel that teachers and other adults at school care about them as compared to youth in 2016?
- Which protective factors does your community have the resources and readiness to address? For example, does your community have a strong history of engaging parents and caregivers or does more work need to be done before trying to enhance family-level protective factors?
- Which protective factors have the strongest association, in terms of reducing the likelihood of your priority community concerns (i.e., youth alcohol use, youth suicidal ideation)—see Table 2.
- Which populations in your community face the greatest disparities in terms of low levels of protective factors?

Risk ratios can help us show the strength of association between a protective factors and outcomes of interest. For example, youth who feel a strong sense of positive identity are *4 times less likely* to report past month marijuana use as compared to youth who do not feel a strong sense of positive identity. However, there is no difference in past month prescription drug misuse between those who participate in 1-5 out of school time activities in a typical week vs. those who don't (risk ratio = 1.0), and very little difference in anxiety symptoms and past month alcohol use (risk ratio = 1.1). The larger the risk ratio, the stronger the association.

Table 2a. Association of protective factors with reduced rates of past-month substance use among Minnesota 8th, 9th, and 11th graders (2022 MSS)

	Risk Ratios			
	Alcohol	Vaping	Marijuana	Rx Drugs
<u>Community</u>				
Feel adults in community care	2.2	2.5	2.3	3.0
Participate in 1-5 activities	1.1	1.5	1.6	1.0
Feel safe in neighborhood	2.1	2.4	2.5	3.3
<u>School</u>				
Educational engagement	2.3	3.1	3.3	2.5
Feel teachers/school staff care	1.8	2.3	2.7	2.0
Feel safe at school	2.0	2.2	2.2	3.0
<u>Peer</u>				
Feel friends care	1.5	1.7	1.8	2.5
<u>Family</u>				
Feel parents care	2.5	3.4	3.0	4.5
Can talk to parent or guardian	2.4	2.9	3.3	3.5
Feel other relatives care	2.1	2.5	2.8	3.0
<u>Individual</u>				
Positive identity	2.2	3.4	4.0	4.0
Social competency	3.5	6.9	5.0	5.0
Empowerment	2.2	2.8	3.0	4.0

Table 2b. Association of protective factors with reduced rates of depression, anxiety and suicidal ideation use among Minnesota 8th, 9th, and 11th graders (2022 MSS)

	Risk Ratios		
	<u>Depression</u>	<u>Anxiety</u>	<u>Suicidal Ideation</u>
<u>Community</u>			
Feel adults in community care	2.4	2.1	3.3
Participate in 1-5 activities	1.3	1.1	1.2
Feel safe in neighborhood	2.1	2.0	2.8
<u>School</u>			
Educational engagement	1.9	1.5	2.1
Feel teachers/school staff care	2.1	1.9	2.5
Feel safe at school	2.2	2.1	2.8
<u>Peer</u>			
Feel friends care	2.0	1.7	2.2
<u>Family</u>			
Feel parents care	2.7	2.3	4.0
Can talk to parent or guardian	2.6	2.2	3.6
Feel other relatives care	2.5	2.1	3.3
<u>Individual</u>			
Positive identity	3.6	3.5	6.5
Social competency	2.1	1.6	2.9
Empowerment	2.8	2.3	4.7

How to read Tables 2a and 2b:

As compared to students who feel adults in their community care about them some, a little, or not at all, those who feel adults in the community care about them very much or quite a bit are about two (2.2) times less likely to report past month alcohol use and over three (3.3) times less likely to report past-year suicidal ideation.

Further, lower rates of past-month alcohol use are most strongly associated with higher levels of social competency, feeling like parents care, and being able to talk to their parents about problems.

Importantly, Tables 2a and 2b show us that if your community is working to increase and enhance shared protective factors in order to reduce past-month alcohol use, you may also end up seeing a reduction in use of other substances, as well as reductions in mental health issues suicidal thoughts/ideation. This can serve as a call for increased collaboration with community partners addressing other priorities, as you can work to jointly improve the overall health and well-being of young people.

The template below can serve as a planning tool for identifying which protective factors your community wants to prioritize addressing. For a comprehensive approach, try to enhance protective factors from multiple socio-ecological levels.

Planning tool for enhancing youth shared protective factors					
	Community Rate (2022)	State Rate (2022)	Trend	Readiness + Resources	Strength of Association
Community					
Feel adults in community care		29%			
Participate in 1-5 activities		79%			
Feel safe in neighborhood		96%			
School					
Educational engagement		60%			
Feel school staff care		39%			
Feel safe at school		86%			
Peer					
Feel friends care		73%			
Family					
Feel parents care		87%			
Can talk to parent or guardian		80%			
Feel other relatives care		74%			
Individual					
Positive identity		32%			
Social competency		48%			
Empowerment		52%			

2022 Rate: Enter the percentage of youth (8th, 9th, and 11th graders, combined) reporting each protective factor.

Statewide Comparison: Enter the percentage of youth statewide reporting each protective factor, and/or simple note whether the statewide average is higher than, the same as, or lower than your community's rate.

Trend: Note whether the protective factor rate has improved overtime, stayed the same, or declined. This could be simply done with arrows as well (▲, ►, and ▼).

Readiness + Resources: Based on conversations with community partners and other stakeholders, note whether or not resources and readiness are high, moderate, or low for addressing each protective factor.

Strength of Association: Use the risk ratios from the table on pages 11-12 to note the strength of association for your community's priority concern—whether that's alcohol use, tobacco use, marijuana use, prescription drug misuse, or depression, anxiety, and suicidal thoughts. Add columns if your community has multiple priorities.

What resources are available?

For information about *substance-use specific* risk and protective factors, as well as a planning tool that addresses that category of risk and protective factors, please see the companion document, *Substance Use-Specific Risk + Protective Factors*, in the Reading Room at www.sumn.org.

You can access Minnesota Student Survey data in multiple ways.

- County-level data on protective factors, as well as statewide data by race/ethnicity and sexual orientation, can be found at Substance Use in Minnesota (www.sumn.org)
- Both county- and school district-level data on protective factors can be accessed via the Minnesota Department of Education's Data and Analytics page: <https://public.education.mn.gov/MDEAnalytics/DataTopic.jsp?TOPICID=242>
- County-level data tables can be accessed through the Minnesota Center for Health Statistics: <https://www.health.state.mn.us/data/mchs/surveys/mss/index.html>

If your community is working to address youth substance use, you can receive technical assistance on using risk and protective factor data in prevention planning from your Regional Prevention Coordinator. Find the coordinator for your region on the RPC's website: <http://rpcmn.org/>

Also, the Minnesota State Epidemiological Outcomes Workgroup, funded by the Minnesota Department of Human Services Behavioral Health Division, has created a number of data products housed at www.sumn.org in the 'Toolbox'. There you will also find various fact sheets providing more detail about specific protective and risk factors included in the report.

The Minnesota Department of Health has resources relevant to suicide prevention data, health disparities, and health equity. Learn more by visiting:

- MDH's Suicide Prevention Program webpage (and click on 'Data'): <http://www.health.state.mn.us/injury/topic/suicide/>
- MDH's Health Equity webpage: <https://www.health.state.mn.us/communities/equity/>
- Race Rate Disparity in Drug Overdose Deaths on MDH's Opioid Dashboard: <https://www.health.state.mn.us/communities/opioids/data/racedisparity.html>

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Appendix

Adverse Childhood Experiences (ACEs): ACEs are stressful or traumatic experiences, including abuse, neglect and a range of household dysfunction. ACE scores are calculated by adding up the number of adverse experiences reported by each student (from 0 to 8):

- Having a parent/guardian who is currently in jail, and/or has ever been in jail
- Living with someone who drinks too much alcohol
- Living with someone who uses illegal drugs or abuses prescription drugs
- Living with someone who is depressed or has any other mental health issues
- Having been verbally abused by a parent or adult in the household
- Having been physically abused by a parent or adult in the household
- Witnessing domestic abuse of parents/adults in household
- Having been sexually abused by an older or stronger family member and/or and adult or other person outside the family

Anxiety: Anxiety is measured using the 2-item Generalized Anxiety Disorder (GAD). Students are asked: "Over the last 2 weeks, how often have you been bothered by the following problems?":

- Feeling nervous, anxious or on edge
- Not being able to stop or control worrying

Response options include: not at all, several days, more than half the days, and nearly every day. These response options are scored from 0 to 3, and the two items are summed. A score of 3 or more points (out of 6 possible) is the cut-off for identifying possible cases of anxiety.

Can talk to a parent or guardian about problems: Students were asked which adults they can talk to about problems they are having. Response options included: parent or guardian, adult at school, some other adult, and "I don't have any adults I can talk to about problems I am having."

Depression: Depression is measured using the 2-item Patient Health Questionnaire (PHQ). Students are asked: "Over the last 2 weeks, how often have you been bothered by the following problems?":

- Little interest or pleasure in doing things
- Feeling down, depressed or hopeless

Response options include: not at all, several days, more than half the days, and nearly every day. These response options are scored from 0 to 3, and the two items are summed. A score of 3 or more points (out of 6 possible) is the cut-off for identifying possible cases of depression.

Educational engagement: Students with greater educational engagement reported that they care about doing well in school, pay attention in class and go to class prepared most or all of the time. In addition, they strongly agreed or agreed that if something interests them, they try to learn more about it; the things they learn in school are useful; and being a student is one of the most important parts of who they are. Each item is scored on a scale from 1 to 4, then the six items are summed. Students with a score of 18 or more have greater educational engagement.

Empowerment: For *each* of the three MSS items below, students could respond with: not at all or rarely, somewhat or sometimes, very or often, or extremely or almost always. Items were scored on a scale from 1 to 4, summed and averaged. Students with an average score of at least 3 were considered to have greater empowerment.

- I feel valued and appreciated by others
- I am included in family tasks and decisions
- I am given useful roles and responsibilities

Feel adults in community care: Students who feel other adults in the community care about them very much or quite a bit, as compared to some, a little or not at all.

Feel friends care: Students who feel their friends care about them very much or quite a bit, as compared to some, a little or not at all.

Feel other relatives care: Students who feel other adult relatives care about them very much or quite a bit, as compared to some, a little or not at all.

Feel parents care: Students who feel their parents care about them very much or quite a bit, as compared to some, a little or not at all.

Feel safe at school: Students who strongly agree or agree that they feel safe at school.

Feel safe in neighborhood: Students who strongly agree or agree that they feel safe in their neighborhood.

Feel school staff and teachers care: Students who feel teachers and other adults at school care about them very much or quite a bit, as compared to some, a little or not at all. In 2022, these were split into two separate questions. In order to compare results to past years, they were combined in this report.

Greater educational engagement: Students have greater educational engagement if they answered all/most of the time or strongly agree/agree to *each* the following questions:

- How often do you care about doing well in school?
- How often do you pay attention in class?
- How often do you go to class prepared?
- If something interests me, I try to learn more about it.
- I think the things I learn at school are useful.
- Being a student is one of the most important parts of who I am.

Participate in 1-5 activities: Students reporting that they participate in one to five activities (outside of the regular school day) on one or more days per week during a typical week. Data show that participation in some activities is beneficial, but that participation in too many activities can pose as much risk as no participation at all. Activities asked about on the MSS include:

- Sports teams (i.e., park and rec teams, school teams, in-house teams or traveling teams)
- School sponsored activities or clubs other than sports (i.e., drama, music, chess, science club)
- Tutoring, homework help or academic programs
- Leadership activities such as student government, youth councils or committees
- Artistic lessons (i.e., music, dance)
- Physical activity lessons (i.e., tennis, karate)
- Other community clubs and programs (i.e., 4-H, Scouts, Y-clubs or Community Ed)
- Cultural heritage programs
- Religious activities (i.e., religious services, education or youth groups)

Positive identity: For *each* of the six MSS items below, students could respond with: not at all or rarely, somewhat or sometimes, very or often, or extremely or almost always. Items were scored on a scale from 1 to 4, summed and averaged. Students with an average score of at least 3 were considered to have greater positive identity.

- I feel in control of my life and future
- I feel good about myself
- I feel good about my future
- I deal with disappointment without getting too upset
- I find ways to deal with the things that are hard in my life
- I am thinking about what my purpose in life is

Social Competency: For *each* of the eight MSS items below, students could respond with: not at all or rarely, somewhat or sometimes, very or often, or extremely or almost always. Items were scored on a scale from 1 to 4, summed and averaged. Students with an average score of at least 3 were considered to have greater social competency.

- I say no to things that are dangerous or unhealthy
- I build friendships with other people
- I express my feelings in proper ways
- I plan ahead and make good choices
- I stay away from bad influences
- I resolve conflicts without anyone getting hurt
- I accept people who are different from me
- I am sensitive to the needs and feelings of others

*Positive Identity, Social Competence, and Empowerment are categories of skills and behaviors based on a Search Institute framework of adolescent development. They are used and adapted here with permission from Search Institute (2004). *The Developmental Assets Profile*. Minneapolis: Author. Copyright © 2004 by Search Institute (www.search-institute.org). All rights reserved.