Effects of DBT Emotional Regulation Skills Training Program on Depressive Symptoms, Anxiety Symptoms and Emotion Regulation Skills among Malaysian Youth

Malaysia

Undergraduate Student: Single group Quasi-experimental Study

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Abstract

The aim of this study was to examine the effectiveness of a DBT emotion regulation skill training programme in developing emotional regulation abilities among Malaysian youth, based on the biosocial theory. Conducted as a single group quasi-experimental study, six participants aged 19-22 from different faculties in UTAR were recruited. The study utilized the Patient Health Questionnaire (PHQ-9), General Anxiety Disorder (GAD-7), and Difficulties in Emotion Regulation Scale (DERS-16) to measure variables. Pre- and post-tests were conducted by the researcher before and after the intervention. The results showed that the DBT emotion regulation skill training programme had a positive impact on depressive symptoms, with a clinically significant reduction. However, it had no effect on anxiety symptoms and emotion regulation skills. The study demonstrated that the programme's components and techniques, such as identifying and expressing emotions, fact-checking, using opposite actions to alter emotional responses, problem-solving skills, and ABC PLEASE techniques, can address issues leading to emotional dysregulation. These include unhealthy interpretations of incidents, misconceptions about emotions, unhealthy thought patterns, difficulty controlling impulsive behaviours during emotional states, inability to reduce the intensity of strong emotions, vulnerable physical, mental, and emotional states, feelings of helplessness and anxiety when dealing with emotions, and the inability to recognize one's own values. This study contributes to the field of study on DBT emotion regulation skill training programme's efficacy on a target sample of Malaysian youth with depressive issues and can serve as a reference for future studies with different research designs. Keywords: Single-Case Quasi-experiment design, DBT emotion regulation skill training programme, depressive symptoms, anxiety symptoms, emotion regulation skills, Malaysian undergraduate.

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Introduction

Background of Study

The investigation related to emotion regulation and dysregulation in normative and psychopathological development has been valued and increased in the past two decades (Adrian et al., 2011). The concept of emotion regulation includes strategies to modify the strength, duration, and course of both positive and negative emotions (Gross & Jazaieri, 2014). The subjective experience of specific incidents might lead us to generate a strong emotion that requires strong emotion regulation skills to handle or neutralize it. Incidents such as accidents, health problems, death of someone close to you are unpredictable and unavoidable. When experiencing this kind of incident, emotion regulation skills can help us regulate the strong emotion from the incident and bounce back to our normal daily life. Moreover, previous research suggests that the ability to regulate one's emotions is a crucial socioemotional skill that promotes flexibility in emotionally charged scenarios (GROSS, 2002). In our daily social, we would produce a variety of emotions that might influence the well-being of our social circle if we fail to control it well. The issue of misbehaviour and conflict in social interaction can be effectively avoided or reduced by emotion regulation skills that help us to neutralize the strong emotion produced in social interaction. The development of emotion regulation skills is a substantial process across our life. We experience internal and external changes throughout every stage of our lives, which might cause us to feel strongly emotional and require us to regulate those emotions to maintain our welfare. A well-developed emotion regulation skill will enable a person to rethink the scenario to reduce the negative or strength of the emotion. Unfortunately, some of the incidents that bring us negative emotions are unavoidable. However, the reconstruction of our thought toward a particular incident allows us to control and regulate our emotions. Also,

emotion regulation can help a person calm down when facing an incident that brings a strong emotion to him so that he can make a rational decision.

Youth are going through a difficult period of transition from childhood to adulthood that includes dramatic changes in their social development, self-perception, and academic or workplace environment. According to the National Health and Morbidity Survey (NHMS) 2017, the adolescents in Malaysia 1 in 5 are depressed, and 2 in 5 are anxious (Institute for Public Health, 2018). The journey after graduating from secondary school varies from person to person, but the common denominator is that all will experience changes in various aspects. This includes but is not limited to further education, entering the workforce, establishing a family and starting a business. No matter their choice, the change in their social circle, cultural role, responsibility and environment brings them many strong emotions.

Moreover, youth who enter the workforce will become more independent financially. If the financial stress fails to handle well will lead to strong negative emotions. These changes are responsible for a wide range of emotions. Research supports that humans transitioning from childhood to adulthood are at high risk for anxiety disorders and depression (Beesdo et al., 2010). Also, research has proven that theories of how anxiety and depression illness appear and persist are interrelated to the ability of emotion regulation in adulthood(Hofmann et al., 2012). Research proves that perceived social support has a significant relationship with depression (Rueger et al., 2016).As they grow older, they will become more independent, and family support will reduce over time, which their emotion has to handle by themselves with less social support. In short, youth who have weak emotion regulation skills will lead to anxiety and depression illness on them, and the effect will sustain until adulthood. The ability of emotion regulation plays an essential role in the scenario that might lead to anxiety disorder and depression (Coates & Messman-Moore,

2014). Therefore, youth is highly recommended to develop the ability of emotion regulation to ensure well-being and mental health condition in adulthood.

The sustainability of a person's welfare in terms of their mental health and daily functioning is highly related to their ability to regulate their emotions. Existing research indicates that mental and physical disease, healthy behaviour, social connectivity, elements of the physical and social environment, and self-perceived health are all related to well-being (Diener & Seligman, 2004; Lyubomirsky et al., 2005). Human emotions are formed by their body's reactions, brain activity, thoughts and other mental processes. Cognitive Behavioural Therapy (CBT) emphasizes the interconnection of emotion, thought, physical condition, and behaviour. In other words, emotion can positively or negatively affect an individual's thoughts and behaviour. Physical conditions such as increased heartbeat rate, abnormal sweating, body shaking, and loss of energy are some of the body's reactions to having strong negative emotions. These kinds of physical conditions are the same as the symptoms of anxiety and depression in DSM-5 diagnoses. In other words, strong negative emotions will bring depressive and anxiety symptoms that negatively influence the well-being of an individual in daily life. On the other hand, misbehaviour often occurs due to emotional exhaustion due to insufficient emotional regulation (Tsouloupas et al., 2010). Emotional exhaustion is due to an individual experiencing a strong emotion, whether positive or negative feeling for a long duration. A long-term experience with strong emotions will burden a human's mind. Signs such as anger outbursts, anxiety, substance abuse, suicidal ideation, self-harm, and other self-destructive behaviours are people who cannot regulate their emotions appropriately. If the symptoms persist in individuals, it will impact social interaction, mental health, and quality of life (Donald et al., 2022). In short, strengthening the emotion regulation ability can reduce the risk of leading to behavioural and mental health issues.

Problem Statement

An increasing amount of evidence suggests that emotional regulation problems play a major fundamental role in the formation and maintenance of psychopathology (Cludius et al., 2020; Sloan et al., 2017). However, existing research in the Malaysian context has only emphasized the factors, effects, and association of emotion regulation but most diminutive in the training of emotion regulation. The effectiveness of treatment plays an essential role in studying a topic. An evidence-based theory and treatment planning in counselling ensure the intervention's effectiveness in achieving the client's welfare (Gehart, 2015). Ideally, a person who is aware of their lack of emotional regulation and is willing to seek help should be able to receive professional service from an evidence-based training program as they would for other mental illnesses or skills training. From the perspective of clients who need assistance in developing emotion regulation, it is unfortunate for them. Also, the lack of scientifically studied emotion regulation skill training program limited the intervention of counsellors when doing treatment planning for the client. Although few emotion regulation skill training program are available to a counsellor or professional trainers, a systematic review of the effectiveness of those skill training programs is absent in the Malaysian context. Moreover, there is little research on the emotion regulation skill training program in the Malaysian context especially targeted to the youth sample. Although the awareness of the need for counselling and psychotherapy in Malaysia had raised, the study of the theory and treatment in the Malaysian context is still limited (See & Ng, 2010). Therefore, the need for study on emotion regulation skill training program should be taken seriously and acted on as soon as possible.

Significance of Study

This research aimed to examine the effect of the DBT emotion regulation skill training program on emotion regulation skills and depressive and anxiety symptoms among youth in a quasi-experimental research design. This study presents a critical chance to enhance information on the effects of the DBT emotion regulation skill training program by reviewing the pre-and post-depressive and anxiety symptoms in Malaysian youth. As there are limited proven emotion regulation training program in the Malaysian context, this study should make an essential contribution to the field of counselling in Malaysia. The significance of the study is that providing empirical data on the effects of the DBT emotion regulation skill training program among Malaysian youth is effective. If the hypothesis of this study is supported, it provides an additional option for Malaysian counsellors to consider when designing the intervention for youth clients. As the number of adolescents who suffer from depression and anxiety is up to 1 out of 5 and 2 out of 5 respectively in Malaysia, the focus on the study of emotion regulation can develop an evidence-based training program to reduce their depressive and anxiety symptoms in future (Institute for Public Health, 2018).

Research Objectives

According to the significance of the study above, this study has been designed to fulfil the research objectives below:

1. To investigate the effects of DBT emotion regulation skill training program on depressive symptoms among youth.
2. To investigate the effects of DBT emotion regulation skill training program on anxiety symptoms among youth.
3. To investigate the effects of DBT emotion regulation skill training program on emotion regulation skills among youth.

Research Questions

By conducting the study, the following research questions are designed to be clarified:

1. What are the effects of DBT emotion regulation skill training program on depressive symptoms among youth?
2. What are the effects of DBT emotion regulation skill training program on anxiety symptoms among youth?
3. What are the effects of DBT emotion regulation skill training program on emotion regulation skills among youth?

Research Hypothesis

The following research hypotheses are expected to verify by the study's findings:

H_1: DBT emotion regulation skill training has effects on depressive symptoms among youth.

H_2: DBT emotion regulation skill training has effects on anxiety symptoms among youth

H_3: DBT emotion regulation skill training has effects on emotion regulation skills among youth

Conceptual Definition

Emotion

According to the APA dictionary of psychology, emotion is described as "a complicated reaction pattern that combines experiential, behavioural, and physiological factors" (American Psychological Association, 2022).

Depression

Depression has been defined as an unpleasant emotional condition that interferes with daily living and can range from unhappiness and discontent to a severe feeling of despair, pessimism, and hopelessness in the APA dictionary of psychology (American Psychological Association, 2022).

Anxiety

According to the APA dictionary of psychology, anxiety is a long-lasting, widely focused and future-oriented response to a diffuse threat (American Psychological Association, 2022).

Emotion Regulation

The internal and external mechanisms that redirect, manage, modulate, and change emotional arousal to enable a person to behave appropriately in emotionally charged situations are known as emotional regulation (Cicchetti et al., 1991).

Youth

Youth people are defined as individuals between the ages of 15 and 40. However, people between the ages of 18 and 25 are the major focus of the implementation strategy program and activity orientation (Ministry of Youth And Sports Malaysia, 2015).

Operational Definition

Depression

The determination of the current study on the depressive symptoms of the participant is based on the participant's score on the Patient Health Questionnaire (PHQ-9). According to the PHQ-9 manual, there are five different levels of depression severity, with scores ranging from 0 to 4 indicating minimal depression, 5 to 9 indicating mild depression, 10 to 14 indicating moderate depression, 15 to 19 indicating moderately severe depression, and 20 to 27 indicating severe depression. (Spitzer et al., 1999).

Anxiety

The participant's score on the General Anxiety Disorder (GAD-7) is used to determine the anxiety symptoms in the current study. According to the GAD-7 manual, the classification of the score results will be as follows: 0-4 minimal anxiety, 5-9 suggest mild

anxiety, 10-14 suggest moderate anxiety and 15-21 suggest severe anxiety (Spitzer et al., 2006). The more a participant scores on the GAD, the more anxiety symptoms they experience.

Emotion regulation

The Difficulties in Emotion Regulation Scale (DERS-16) score determines the current study's emotion regulation. The results of the DERS-16 test show the issues of the test taker in emotion regulation from six dimensions, including the inability to accept emotional responses, difficulties directing behaviour toward a goal, issues with impulse control, lacking emotional clarity, having little access to emotion control techniques, and not being emotionally aware. As a result, participants who score higher on the DERS have more difficulty regulating their emotions (Gratz & Roemer, 2004).

Youth

This study will recruit participants according to the World Health Organization (WHO) definition; the age group of youth is 15-24 years old (World Health Organization, 2019).

Literature Review

Effects of DBT Emotion Regulation Skill Training Program on Depressive and Anxiety Symptoms

As the current study is aimed to investigate the effect of the DBT emotion regulation skill training program on depressive and anxiety symptoms, the review of existing research on the interrelation of depressive and anxiety symptoms with the DBT emotion regulation skill training program is the foundation of conducting this research. DBT emotion regulation skill training program was designed and widely used in counselling and psychotherapy. Most of the existing DBT emotion regulation skill training research focuses on improving emotion regulation skills but less on how it affects depressed and anxious symptoms. The current study has studied depression and anxiety symptoms simultaneously since earlier research has demonstrated that depressive and anxiety symptoms co-occur at extraordinarily high rates (Kessler et al., 2003). However, there is a scarcity of literature that includes depression and anxiety symptoms in their studies.

Based on the effectiveness of the DBT skills training program, literature has proven beneficial to ameliorating anxiety symptoms (Webb et al., 2016). Also, the distress tolerance skills, part of the DBT emotion regulation skill training program, have effectively reduced depressive symptoms among individuals with SUDs (Bornovalova et al., 2012). Previous single-group design study proven that depressive symptoms can be significantly improved after a DBT treatment (Ramaiya et al., 2018). A recent study’s findings look at the results of emotion regulation to assess the claim that DBT skills groups will improve emotion regulation in people with mental disorders, including depression and anxiety and significantly reduce their symptoms (Delaquis et al., 2022). However, the study mentioned above is mainly conducted with a clinical sample such as borderline personality disorder (BPD), substance use disorder(SUD) and Post-traumatic stress disorder (PTSD). Overall, there

appears to be some research supporting the idea that the DBT skill training program can successfully decrease depressive and anxiety symptoms in clinical samples.

There is little study design to apply for a DBT skill training program on non-clinical samples to reduce their depressive and anxiety symptoms to prevent mental illness. Thus, the current study is significant for the non-clinical sample to benefit from the DBT skill training program with professional assistance. Also, the previous study mainly conducts the DBT skill training program as a whole rather than implementing independently (Fitzpatrick et al., 2020; Sloan et al., 2017). In the current study, the DBT skill training program will narrow down and only focus on emotion regulation skill training. This design allows the researcher to have a more focused and clear vision of the effect of DBT emotion regulation skill training on depressive and anxiety symptoms. Thus, the counsellor can apply for the emotion regulation skill training program alone in their treatment planning for the client with depressive and anxiety symptoms due to emotion. Moreover, there is minimal research on the effect of DBT skill training program in Malaysia. This is unfortunate for the counselling field in Malaysia that the application of the DBT skill training program in Malaysia has no evidence of the effect.

In sum, the result of the current study can fill up the gaps of the previous study, including the population in Malaysia, non-clinical sample help seeker, the effect of stand-alone DBT emotion regulation skill training and the effect of DBT emotion regulation skill training on depressive and anxiety symptoms. The study’s outcome also provides an evidence-based optional skill training program for a counsellor in Malaysia to apply in their intervention in future. The youth Malaysian with depressive and anxiety symptoms also get alternative treatment and ways to develop emotion regulation skills.

Effect of DBT Emotion Regulation Skill Training Program on Emotion Regulation Skills

The primary goal of the DBT emotion regulation skill training program is to develop emotional regulation abilities. One of the primary purposes of conducting the current study is to examine the effect of the DBT emotion regulation skill training program on emotion regulation skills among Malaysian youth. Therefore, the pilot study on the effect of DBT skill training program in different criteria needs to be valued and reviewed carefully. In a past study, there was a significant reduction in the emotional regulation difficulties of an individual when the intervention of the DBT-ST program was implemented entirely in an outpatient setting (Cavicchioli et al., 2019). Also, the DBT-ER training program significantly improved emotion regulation skills(Valentine et al., 2020). Numerous studies conducted in the last five years have shown that a DBT skill training program may help people improve their ability to control their emotions on a small- to very-large-scale in a variety of settings and samples (Beaulac et al., 2019; Ben-Porath et al., 2014; Cavicchioli, Movalli, Vassena, et al., 2019; Maffei et al., 2018; Ramaiya et al., 2018b; Wilks et al., 2017). Previous studies have rapidly proved the effectiveness of DBT skill training on emotion regulation. However, the research on stand-alone DBT emotion regulation skill training is limited, leading to difficulty in estimating the effectiveness of it alone. Therefore, this research has been designed to test only the effect of DBT emotion regulation skill training without conducting the whole DBT skill training program. Through the independent review of the DBT emotion regulation skill training program, counsellors or psychologists in the future can design their treatment plan only to include the specific part to control the duration of the whole treatment.

On the other hand, most existing research on DBT emotion regulation skill training program was not implemented or designed in the Malaysian context. As mentioned before, there are increasing needs in Malaysia that require professional help in developing emotion

regulation skills. Therefore, this study is significant for the population of Malaysia in developing emotion regulation among youth, especially those suffering from depression and anxiety. Despite all of this, the study's implementation could have a negative impact on the effectiveness of the DBT emotion regulation skills training program because the researcher is a trainee counsellor in year three who lacks experience leading in conducting a skill training program.

Theoretical Framework

The development of dialectical behaviour therapy (DBT) in the late 1970s was first intended to treat borderline personality disorder (Linehan, 2014). However, DBT was proven to be resistant and a treatment for depression and anxiety in subsequent studies (Harley et al., 2008; Ritschel et al., 2012). A typical DBT treatment plan commonly includes personal therapy, group skills training, peer consultation, group discussion, and phone assistance in between session (Miller et al., 2014). DBT skill training offers a systematic, progressive strategy for enhancing patients' psychological and emotional function in individual and group treatment. A complete DBT skill training covered modules on mindfulness, interpersonal effectiveness, distress tolerance, and emotion regulation(Chugani et al., 2020).

However, the basic idea of DBT, known as biosocial theory, explains how symptoms manifest and problems continue in a variety of unique psychopathologies, such as borderline personality disorder as well as other DBT-adopted psychopathologies (Neacsiu et al., 2014). The "bio" in the biosocial theory refers to the biological vulnerabilities for emotion dysregulation, including propensities for negative affectivity, high sensitivity to emotional stimuli and impulsivity (Crowell et al., 2009). Meanwhile, the "social" in the biosocial theory refers to an environmental factor such as transaction over time, personal fitness in an environment and abusive experience, especially from family, that leads to strong negative

emotion. In short, emotion dysregulation results from biological propensity, environmental context and the interaction of the two during development which might increase the negative cognitive and social outcomes. Therefore, the DBT emotion regulation skills training module had designed to teach the skills, including identifying emotions, defining and categorizing emotions, overcoming emotional avoidance and understanding the appropriate action when an emotion arises.

Moreover, there are some arguments that DBT should fully follow the whole structure and not only undertake a skill training program. However, research has proven that implementing the skill training module without other structures of DBT still produces a good effect in developing skills, treatment, and prevention of mental disorders (Delaquis et al., 2022b; Herschell et al., 2010; Sharma & McClellan, 2021). Additionally, a lot of evidence from previous research using different research designs with a different sample showed that DBT skills training as a stand-alone treatment could improve depressive and anxiety symptoms as well as emotion dysregulation (Bedics et al., 2012; Harley et al., 2008; Lynch et al., 2003; Safer et al., 2001). Therefore, using the DBT skill training program independently in a study design is valid and reliable.

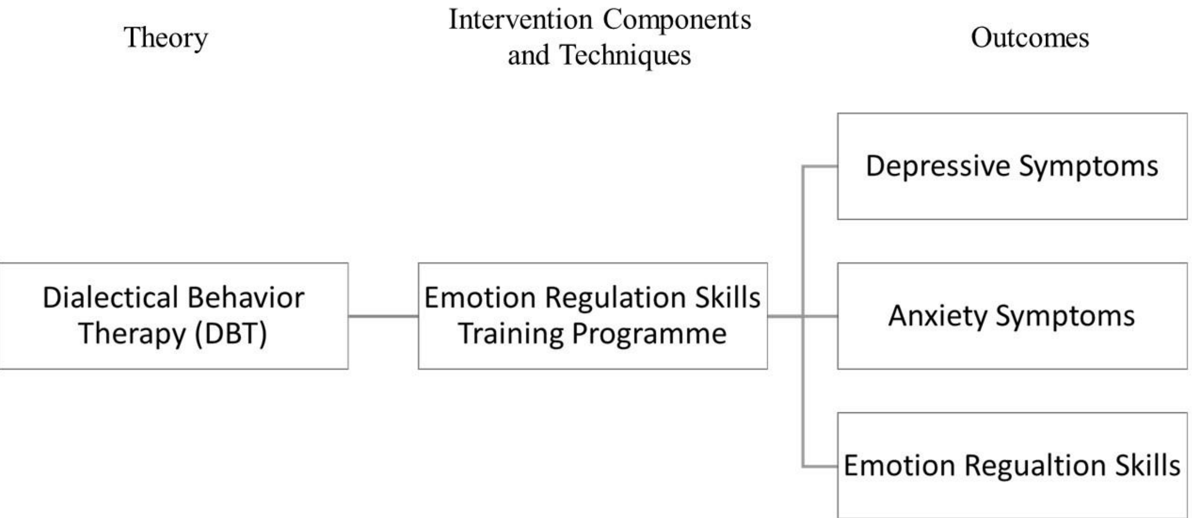
Conceptual Framework

The conceptual framework for current research is guided by the Dialectical Behavior Therapy (DBT) theoretical framework. According to the theory's point of view, current research focuses on the effect of emotion regulation skills training program on reducing depressive and anxiety symptoms and enhancing the emotion regulation skills of participants. The intervention components and techniques used in current research is the DBT emotion regulation skills training program that teaches the skills to encounter emotion dysregulation to achieve the expected outcome.

A conceptual framework that focuses on the effects of the DBT emotion regulation skills training program on depressive symptoms, anxiety symptoms, and emotion regulation skills among Malaysian youth is proposed by current research and shown in figure 2.1. The main variable of this study is the DBT emotion regulation skills training program, depressive symptoms, anxiety symptoms and emotion regulation skills among Malaysian youth. The study hypothesizes that the DBT emotion regulation skills training program has an effect on depressive symptoms, anxiety symptoms and emotion regulation skills among Malaysian youth.

Figure 2.1

Conceptual Framework of the Effects of the DBT Emotion Regulation Skills Training Program on Depressive Symptoms, Anxiety Symptoms, and Emotion Regulation Skills among Malaysian Youth



Methodology

Research Design

A single-group quasi-experimental research design was used in the current study. This method was selected to determine the effects of the intervention on a small number of participants from a targeted sample. The quantitative research approach was chosen for data collection in this study. The instruments used to measure the variables were the PHQ-9, GAD-7, and DERS-16, which are scored quantitatively.

Sampling Procedures

Sampling Method

Malaysian youth was the target sample of the current research. Although Malaysians aged 15-24 years old are considered youth in Malaysia, the policy of the Final Year Project (FYP) of UTAR specifies that participants under the age of 18 are not eligible to be included (Ministry of Youth and Sports Malaysia, 2015). Therefore, the participant age range in the sampling method was limited to individuals between 18 to 24 years old. Based on previous research recommendations (Bender & Ewbank, 1994; Carlsen & Glenton, 2011; Kitzinger, 1995; Krueger, 2014; Stewart & Shamdasani, 2014), the current study's sample size was set to five participants. Additionally, Andrade (2020) suggested including a 10% larger sample size to address issues such as participant withdrawal, insufficient data, and participants who do not meet the study's requirements. Thus, six participants were recruited for the current research using purposive sampling methods. As the sampling method was purposive, only participants who met the criteria were selected by the researcher to participate in the current study.

Inclusion and Exclusion Criteria

The following requirements must be met by the participants had been included in the research: (1) Malaysian ; (2) Between the ages of 18 and 24 ; (3) Capable of understanding and communicating in either English or Mandarin; (4) A GAD-7 score in between 5 to 14, which corresponds to mild and moderate anxiety; and (5) PHQ-9 scores in between 5 to 14 which classified as mild and moderate depression.

The participant who met any of the conditions below was excluded from the current study: (1) a History of severe mental illness; (2) Being in the underage group (under the age of 18); (3) Reported suicide attempts in the previous six months (medical recorded, self-reported); (4) Current psychiatric conditions (psychosis, dementia, cognitive impairment, mania); and (5) Having ongoing or pending medical procedures. The exclusion criteria were established in accordance with UTAR Final Year Project (FYP) policy and ethical considerations. All of the exclusion criteria above were established to prevent any external factors that might influence the study's outcome.

Location of Study

The research was conducted in Malaysia, as the target participants were Malaysian youth. The intervention was conducted physically at University Tunku Abdul Rahman (UTAR), Block H002, and the UTAR library discussion room.

Ethical Clearance Approval

The Scientific and Ethical Review Committee of University Tunku Abdul Rahman approved the ethical clearance protocol that had been submitted before the research was conducted. After the ethical clearance approval had been received from UTAR, the research was conducted following the procedure stated in the section below.

Procedure of Obtaining Consent

The participant's consent was explained and obtained during the interview session. The researcher went through the informed consent, which included the study's purpose, methodology, risks and benefits, cost and payment, privacy and confidentiality, contact information, voluntary participation, and the concept of the skill training program with the participant. The participants were notified that their information would be kept private and confidential and only used for academic and research purposes. The whole training program was completely voluntary, and there was no cost to participate. Additionally, the researcher stated that if any of the participants felt uncomfortable at any moment during the training program, they had the right to request to withdraw from the research. The researcher ensured that participants understood their rights and all the details before they signed the informed consent form. A sample of the consent form is attached as Appendix G.

Instrumentation

Patient Health Questionnaire (PHQ-9)

Depressive symptoms of the participant in the current study were measured by using PHQ-9. The PHQ-9 is a self-report, multipurpose tool based on DSM-IV depression diagnostic criteria for identifying the existence, severity, and monitoring of depression. PHQ-9 is made up of 9 items that examine depressive symptom criteria that have been present for at least half of the days during the previous two weeks. Each item is given a weight on a scale from 0 to 4, with 0 meaning "Not at all," 1 meaning "Several days," 2 meaning "More than half the days," and three meaning "Nearly every day." The total score indicates five levels of depression severity, with scores ranging from 1-4 representing minimal depression, 5–9 representing mild depression, 10–14 representing moderate depression, 15–19 representing moderately severe depression, and 20–27 representing severe depression (Spitzer et al.,

1999). The PHQ-9 demonstrated good internal consistency with a Cronbach alpha of 0.799 (Molebatsi et al., 2020).

General Anxiety Disorder (GAD-7)

In the current research, the participant's anxiety symptoms were identified using GAD-7. The GAD-7 is a seven-item self-report questionnaire that assesses test-takers reporting rates of their symptoms over the previous two weeks in order to measure the severity of generalized anxiety disorder. The test taker is required to rate how frequently statements in the items have troubled them over the previous two weeks on a scale of 0 to 4, with 0 beings"Not at all" and 4 being"Nearly every day". The scoring of this assessment is based on the total score of all items. The score results will be classified as follows after adding up the scores for all seven items: 0–4 indicate minimal anxiety, 5–9 indicate mild anxiety, 10–14 indicate moderate anxiety, and 15–21 indicate severe anxiety (Spitzer et al., 2006). The GAD-7 scale is a highly reliable assessment as it has a reliability coefficientCronbach's alpha of 0.895 (Dhira et al., 2021).

Difficulties in Emotion Regulation Scale (DERS-16)

The Difficulties in Emotion Regulation Scale (DERS) is a 36-item questionnaire that is a commonly used, theoretically supported and psychometrically reliable self-report assessment of emotion regulation difficulties (Gratz & Roemer, 2004). The DERS-16 is a brief version based on the DERS that focuses on the difficulties brought by poor emotion regulation skills, including issues with controlling behaviour toward a goal, issues with impulse control, difficulties accessing emotion regulation techniques, emotional nonacceptance, lack of emotional awareness, and clarity (Bjureberg et al., 2015). DER-16 is a 5-point Likert-type scale from 1 (almost never) to 5 (almost always), and each dimension mentioned above consists of 3 items. The DERS-16's total scores can be between 16 to 80, with higher scores indicating higher levels of emotion dysregulation. The reason for choosing

the brief-version instant of the original version of DERS was that shorter measures are preferable in research requiring repeated assessments to minimize the unengaged response. This 16-item version of the DERS showed high internal consistency (α =.92) and was strongly associated with the first 36-item version in the initial validation sample (r =.93) (McVey et al., 2022).

Intervention

DBT Emotion Regulation Skills Training Program

The DBT emotion regulation skills training program instructions from Chapter 9 of the DBT Skills Training Manual Handbook, Second Edition, served as the foundation of the intervention. The intervention was structured as a closed group skills training where participants formed and remained throughout the program. The DBT emotion regulation skills training program began with a pre-treatment session to identify the skills training needed by the participants and to establish a cooperative commitment. The intervention design was shown in Table 3.1, which was developed based on the DBT Skills Training Manual Handbook, Second Edition. The intervention design played the role of guidance for the weekly content that skill trainers applied.

Table 3.1

The Intervention Design of the DBT Emotion Regulation Skills Training Program

	Session	Standard Handout(s)	Optional Handout(s)
Module	7 Session of Emotion Regulation skills		
Understanding and Labelling Emotions	1	ER1: Goals of Emotion Regulation	ER4a: Myths about Emotions ER5a: A Brief Model for Describing Emotions

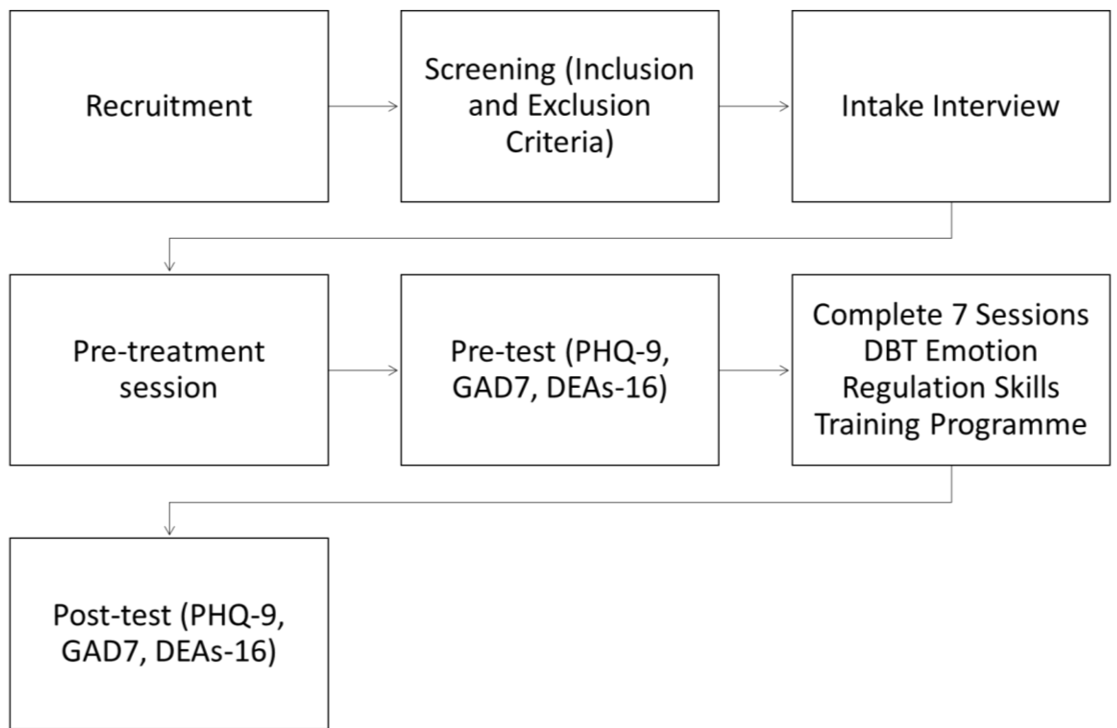
		ER2: Overview: Understanding and Naming Emotions ER3: What Emotions Do for You ER4: What Makes It Hard to Regulate Your Emotions ER5: A Model for Describing Emotions ER6: Ways to Describe Emotions	
Checking the Facts	2	ER7: Overview: Changing Emotional Responses ER8: Checking the Facts (with ERBWS5: Checking the Facts)	ER8a: Examples of Emotions That Fit the Facts
Opposite Action	3	ER10: Opposite Action (with ERWS6: Figuring Out How to Change Unwanted Emotions) ER11: Figuring Out Opposite Actions (with ERWS7)	ER9: Opposite Action and Problem Solving: Deciding Which to Use
Problem Solving	4	ER12: Problem Solving ER13: Reviewing Opposite Action and Problem Solving	
A	5	ER14: Overview: Reducing Vulnerability to Emotion Mind ER15: Accumulating Positive Emotions in the Short Term ER16: Pleasant Events List	

	6	R17: Accumulating Positive Emotions in the Long Term ER18: Values and Priorities List	ER20b: Sleep Hygiene Protocol
B, C; PLEASE; Mindfulness of Emotions	7	R19: Build Mastery and Cope Ahead ER20: Taking Care of Your Mind by Taking Care of Your Body ER22: Mindfulness of Current Emotions	ER20a: Nightmare Protocol, Step by Step ER20b: Sleep Hygiene Protocol ER21: Overview: Managing Really Difficult Emotions ER23: Managing Extreme Emotions ER24: Troubleshooting Emotion Regulation Skills (with ERWS16: Troubleshooting Emotion Regulation Skills) ER25: Review of Skills for Emotion Regulation

Research Procedure

Figure 3.1

The Flow of the Research Procedure



A recruitment poster with the program's fundamental details, contact information for the researcher and researcher's supervisor, the inclusion criteria, and a link to register with a QR code was distributed via UTAR's MailMaster and posted on UTAR noticeboards. Participants were given two weeks to register for the program. In order to treat all participants fairly, the researcher screened the inclusive and exclusive criteria and conducted the intake interviews with the participants according to the order of their registration based on a first-come, first-served basis. During the intake interview, the researcher reviewed the informed consent according to the ways mentioned in the "procedure of obtaining consent" before the participant signed the informed consent form.

After the intake interview, the researcher conducted a pre-treatment session to collect information on the participants' needs in emotion regulation skill learning and explained the setting of the skill training programme to maximize their commitment. At the end of the pre-treatment session, the participants were required to complete the PHQ-9, GAD-7, and DERS-16 assessments to collect the necessary pre-test data.

The 7 sessions DBT emotion regulation skills training programme was conducted in the UCCC room twice a week at Block H of UTAR in room H002. The last 2 sessions were conducted at the UTAR library discussion room every Monday and Thursday. The participants were required to complete the three assessments (PHQ-9, GAD-7, and DERS-16) that were done in the pre-test once again after the 7th session as the data for the post-test.

Data Analysis

As the main objective of the current study was to examine the effect of the DBT emotion regulation skill training programme on emotion regulation skills, depressive symptoms, and anxiety symptoms among Malaysian youth, the pre-test and post-test of participants' depression symptoms, anxiety symptoms, and ability to regulate emotions were analyzed and reported with descriptive statistics and interpretation of scoring. Therefore, the Wilcoxon Sign Rank Test, a non-parametric paired sample T-test, was conducted on the scores of PHQ-9, GAD-7, and DERS-16 at the pre-test. All the current research data were analyzed using JASP 0.17.1 and Microsoft Excel. The clinical significance of the data indicated the effects of the intervention. Comparing the pre-test and post-test findings for PHQ-9, the researcher suggested that a 5-point reduction represented a clinically significant improvement in depression (Löwe et al., 2004). According to Toussaint et al. (2020), a 4-point difference between pre-test and post-test findings indicated a clinically significant improvement in anxiety. Regarding the DERS-16, no reliable research had been done to determine the minimal clinically important difference (MCID), the smallest change in a result that a client would consider clinically significant. However, Copay et al. (2007) suggested using a distribution-based approach to predict the MCID by examining the variation in a scale-based outcome measure against a predetermined threshold. Therefore, a range of 0.4 to 0.5 SDs was used to determine the clinically significant DERS-16 based on previous

research, which indicated that most MCIDs fall within this range (Ballard et al., 2018; Howard et al., 2011; Norman et al., 2003).

Result

Descriptive Statistics

Demographic Characteristics

The demographic data of the participants in the current study are shown in Table 4.1 below. A total of six Malaysian youths from the University Tunku Abdul Rahman participated in the programme. The participants' age ranged from 19 to 22, with a mean age of 20.667 and a standard deviation of 1.033. Most of the participants were female (*n* = 5; 83.33) and only 16.67% (*n* = 1) was male. All the participants are Chinese. About 50% of the participants (*n* = 3) were from Year 2, whereas the remaining were from Year 1 (*n* = 2; 33.33%) and Year 3 (*n* = 1; 16.67%). There were 50% of the participants (*n* = 3) are studying Guidance and Counselling, followed by Foundation in Arts (*n* = 1; 16.67%), Information Systems Engineering (*n* = 1; 16.67%), and Public Relations (*n* = 1; 16.67%).

Table 4.1

Demographic Data of Participants (n=6)

	n	%	*M*	*SD*	Min	Max
Gender						
Male	1	16.67				
Female	5	83.33				
Age			20.667	1.033	19	22
19	1	16.67				
20	1	16.67				
21	3	50				
22	1	16.67				
Ethnicity						
Chinese	6	100				
Program of Study						
Foundation In Arts	1	16.67				

Information Systems Engineering	1	16.67
Public Relations	1	16.67
Guidance and Counselling	3	50
Year of Study		
1	2	33.33
2	3	50
3	1	16.67
University		
UTAR	6	100

Note, n = number of cases; % = percentage; M = mean; SD = standard deviation; Min == minimum value; Max = maximum value

Descriptive Statistics of Topic-Specific Variables

The descriptive statistics of the participants on PHQ-9, GAD-7, and DERS-16 was reported in Table 4.2. The pre-test of PHQ-9 (*n=6*) reported a median score of 8.500, interquartile range score of 2.500 and range score of 6.000. The post-test of PHQ-9 *(n=6)* reported a median score of 4.500, interquartile range score of 4.000 and range score of 5.000. The pre-test of GAD-7 (*n=6*) got a median score of 7.500, interquartile range score of 1.750 and range score of 5.000. The post-test of GAD-7 (*n=6)* got a median score of 5.000, interquartile range score of 1.500 and range score of 4.000. The pre-test of DERs-16 (*n=6*) got a median score of 30.000, an interquartile range score of 15.250 and a range score of 27.000. The post-test of DERs-16 (*n=6*) got a median score of 23.000, an interquartile range score of 8.500 and a range score of 10.000.

Table 4.2

Frequency Distribution of PHQ-9, GAD-7, and DERs-16 for pre-test and post-test (n=6)

		n	Median	IQR	Range
PHQ-9	Pre-test	6	8.500	2.500	6.000

	Post-test	6	4.500	4.000	5.000
GAD-7	Pre-test	6	7.500	1.750	5.000
	Post-test	6	5.000	1.500	4.000
DERs-16	Pre-test	6	30.000	15.250	27.000
	Post-test	6	23.000	8.500	10.000

Note, n = number of cases; Mdn = Median; IQR = Interquartile Range

Data Diagnostic and Missing Data

Missing Data

No missing data was found in the current study, meaning that 6 of the sample (n=6) in the current research were valid data for further statistical analysis.

Normality Assumption

The researcher tested the normality assumptions before beginning the data analysis and reported in Table 4.3. According to George and Mallery (2007), the Skewness and Kurtosis values acceptable range is between -2 to +2. Table 4.3 shows that the Skewness values of each distribution are within the acceptable range of -2 to +2. However, the Kurtosis value of most of the data is also within the acceptable range except PHQ-9 post-test and DERs-16 post-test is out of the acceptable range of -2.001 and -2.167. In addition, the majority of the Shapiro-Wilk p-values is above .05, indicating the data is normal distribution except for the DERs-16 post-test, which is 0.029. Therefore, it is important to manage and use these non-normal data with consideration of some criteria.

Boxplot and Outliers

The data does not contain any boxplots or outliers.

Table 4.3
Skewness, Kurtosis, and Shapiro-Wilk Table

	Skewness	Std. Error of Skewness	Kurtosis	Std. Error of Kurtosis	Shapiro-Wilk	P-value of Shapiro-Wilk
PHQ_Pre	-0.463	0.845	-0.300	1.741	0.983	0.964
PHQ_Post	-0.568	0.845	-2.001	1.741	0.826	0.099
GAD_Pre	-0.248	0.845	-0.014	1.741	0.974	0.918
GAD_Post	-0.313	0.845	-0.104	1.741	0.866	0.212
DERS_Pre	0.502	0.845	-1.550	1.741	0.914	0.465
DERS_Post	0.612	0.845	-2.167	1.741	0.766	0.029

Data Analysis

H_1: DBT emotion regulation skill training has effects on depressive symptoms among youth.

The independent observations and dependent data required by Wilcoxon's Signed Rank test were achieved. The data for the pre-test of depression appeared to be normal as the *skewness* = -0.463 and *kurtosis* = -0.300, which are within ± 2.000 (George & Mallery, 2007). However, the data for the post-test of depression appeared to be not normal as although the *skewness* = 0.541 but *kurtosis* = -2.001. The results showed that W = 21.000, p = 0.031. Therefore, H_1 was failed to reject. The depressive level of the post-test (*Median* = 4.500) was lower than the depressive level of the pre-test (*Median* = 8.500). The 95% Confidence Interval for the Hodges-Lehmann Estimate of the difference showed that the lower bound = 1.000 and upper bound = 8.000. 95% of the true population difference would fall within the confidence interval, further asserting that the difference was statistically significant. In addition, the Rank-Biserial Correlation, r = 1.000. showed that there was a very strong effect size.

Table 4.4

Wilcoxon's Signed Rank Test of PHQ-9

Measure 1		Measure 2	W	z	df	p	Hodges-Lehmann Estimate	95% CI for Hodges-Lehmann Estimate		Rank-Biserial Correlation	SE Rank-Biserial Correlation
								Lower	Upper		
PHQ_Pre	-	PHQ_Post	21.000	2.201		0.031	4.500	1.000	8.000	1.000	0.425

Table 4.5

Test of Normality (Shapiro-Wilk) of PHQ-9

			W	p
PHQ_Pre	-	PHQ_Post	1.000	1.000

Note. Significant results suggest a deviation from normality.

H_2: DBT emotion regulation skill training has effects on anxiety symptoms among youth.

The assumptions for Wilcoxon's Signed Rank test, including independent observations and dependent data, were observed. The data for the pre-test of anxiety appeared to be normal as the *skewness* = -0.248 and *kurtosis* = -0.014, which are within ± 2.000. In addition, the data for the post-test of anxiety appeared to be normal as the *skewness* = -0.313, *kurtosis* = -0.104. Moreover, Wilcoxon's Signed Rank test was used to compare the median of the pre-test and post-test (refer to Table 4.6). The results showed that W = 10.000, p = 0.100. Therefore, H_2 was rejected. The anxiety of the post-test (*Median* = 5.000) is lower than the pre-test (*Median* = 7.500). 95% of the true population difference would fall within the confidence interval, further asserting that the difference was statistically significant. In addition, Rank-Biserial Correlation, r = 1.000, showed a very high effect size.

Table 4.6

Wilcoxon's Signed Rank Test of GAD-7

Measure 1		Measure 2	W	z	df	p	Hodges-Lehmann Estimate	95% CI for Hodges-Lehmann Estimate		Rank-Biserial Correlation	SE Rank-Biserial Correlation
								Lower	Upper		
GAD_Pre	-	GAD_Post	10.000	1.826		0.100	3.476	1.000	7.000	1.000	0.499

Note. Wilcoxon signed-rank test.

Table 4.7

Test of Normality (Shapiro-Wilk) of GAD-7

			W	p
GAD_Pre	-	GAD_Post	0.874	0.242

Note. Significant results suggest a deviation from normality.

H_3: DBT emotion regulation skill training has effects on emotion regulation skills among youth.

The assumptions for Wilcoxon's Signed Rank test, including independent observations and dependent data, were observed. The data for the pre-test of emotional dysfunction appeared to be normal as the *skewness* = 0.502 and *kurtosis* = -1.550, which are within ± 2.000. However, the emotionally dysfunctional post-test data appeared to be abnormal as the *skewness* = 0.612 and *kurtosis* = -2.167. Moreover, Wilcoxon's Signed Rank test was used to compare the median of the pre-test and post-test (refer to Table 4.8). The results showed that W = 12.000, p = 0.279. Therefore, H_3 was rejected. The emotional dysfunction of the post-test (*Median* = 23.000) is slightly lower than the pre-test (*Median* = 30.000). 95% of the true population difference would fall out of the confidence interval, further asserting that the difference was not statistically significant. Rank-Biserial Correlation, r = 0.6, showed that there was a moderate effect size.

Table 4.8

Wilcoxon's Signed Rank Test of DERs-16

							95% CI for Hodges-Lehmann Estimate			
Measure 1	**Measure 2**	**W**	**z**	**df**	**p**	**Hodges-Lehmann Estimate**	**Lower**	**Upper**	**Rank-Biserial Correlation**	**SE Rank-Biserial Correlation**
DERS_Pre -	DERS_Post	12.000	1.214		0.279	10.000	-7.000	27.000	0.600	0.458

Note. Wilcoxon signed-rank test.

Table 4.9

Test of Normality (Shapiro-Wilk) of DERs-16

		W	**p**
DERS_Pre	- DERS_Post	0.934	0.613

Note. Significant results suggest a deviation from normality.

Discussion and Conclusion

Discussion

Depression

The hypothesis was failed to reject by the research's results, which indicated there is a clinically significant effect of DBT emotion regulation skills training on participants' depression symptoms. Results showed that DBT emotion regulation skills training has a clinically significant effect on depressive symptoms, corresponding to previous studies (Bornovalova et al., 2012; Delaquis et al., 2021; Ramaiya et al., 2018). The total score of PHQ-9 in the post-test of the participants had a different level of reduction compared to the pre-test, and some of the reduction of the score had achieved the minimal clinically important difference (MCID). Also, the effect size of the result is very strong, meaning that the current research finding is practical significant (Vaske, 2002).

Furthermore, if looking at the result individually, there are 3 of the participants which are half of the number of participants achieved MCID, which reduced 5 or above point in their post-test score on PHQ-9. This indicates that the DBT emotion regulation skills training program helps some participants reduce their depressive symptoms clinically significantly. Also, the rest of the 3 of the participants have different reduction levels of total score in PHQ-9 from 1 point to 4 points.

Anxiety

The hypothesis was rejected by the research's results, which indicated that there was no clinically significant effect of DBT emotion regulation skills training on participants' anxiety symptoms. Results showed that DBT emotion regulation skills training did not have a clinically significant effect on anxiety symptoms, which was contrary to previous studies (Delaquis et al., 2021; Webb et al., 2016). Although the total score of the GAD-7 post-test of

most participants has a different level of reduction compared to the pre-test, overall, the reduction of the score does not achieve the minimal clinically important difference (MCID). One of the possible reasons is that participants are experiencing extra stress, leading to more anxiety from academics, including assignment submission, presentation and examination when participants fill out the post-test questionnaire.

If looking at the result individually, there are 2 of the were achieved MCID which reduced 4 or above point in their post-test score on GAD-7. This indicates that the DBT emotion regulation skills training program helps some of the participants to reduce their anxiety symptoms clinically significantly.

Moreover, the study on anxiety yielded a significant result, with a large effect size (r=1.000). However, due to the small sample size, the statistical power may have been low, which could have made it difficult to detect a significant difference between the pre-and post-test measures. Despite this, the large effect size suggests a clinically significant difference between the two tests; therefore, the finding remains relevant and important. However, it's important to note that a large effect size alone cannot guarantee clinical significance, and further investigation is required to determine if the finding is useful for implementation in clinical practice.

Emotion regulation skills

In terms of emotional dysfunction, the hypothesis that DBT emotion regulation skills training has an effect on emotion regulation skills among youth was rejected. The results showed that this training did not have a clinically significant impact on anxiety symptoms, which is in contrast to previous studies (Cavicchioli et al., 2019; Maffei et al., 2018; Ramaiya et al., 2018; Valentine et al., 2020; Wilks et al., 2017). Despite the moderate effect size observed in the results, the non-significant finding may be due to the low sample size and

limited statistical power. Despite these limitations, the findings still hold relevance in the context of the research question and the population being studied. Future studies could address these limitations by employing larger sample sizes and more refined methodologies to confirm or expand upon the findings presented in this research thesis.

If look at the results individually, we can see that one participant had a significant reduction in emotion dysregulation, going from a score of 48 to 21 on the DERs-16 post-test. Additionally, there were varying degrees of reduction in the post-test scores of participants on the DERs-16 scale, ranging from 15 to 1. These results suggest that the DBT emotion regulation skills training program has different effects on emotion regulation skills in different individuals.

Implications

Theoretical Implications

The theoretical framework of this study focuses on DBT's biosocial theory, which explains the origins and persistence of symptoms. The "bio" aspect of the theory focuses on biological vulnerabilities for emotion dysregulation, including high sensitivity to emotional stimuli, impulsivity, physical health conditions, and tendencies towards negative affectivity. The "social" aspect of the theory relates to environmental factors, including life stage transitions, loss of significant individuals, abusive experiences, and failures in various areas of life.

Several factors contribute to difficulties in regulating emotions, including a lack of understanding in identifying and expressing emotions, unhealthy interpretations of incidents, misconceptions about emotions, unhealthy thought patterns, difficulty controlling impulsive behaviours during emotional states, inability to reduce the intensity of strong emotions, vulnerable physical, mental, and emotional states, feelings of helplessness and anxiety when

dealing with emotions, and the inability to recognize one's own values. These factors act as perpetuating factors that hinder an individual's ability to regulate their emotions since they are unaware that these factors and issues prolong emotional dysregulation. Additionally, individuals may not grasp the biosocial concept in DBT, which highlights how internal and external factors significantly contribute to their emotional and symptomatic experiences, such as depression, anxiety, and emotion dysregulation.

The DBT emotion regulation skills training program includes a variety of techniques, such as a model for describing emotions, fact-checking, using opposite actions to alter emotional responses, and problem-solving skills. Additionally, the program includes the ABC PLEASE technique and mindfulness training, which aim to reduce factors that perpetuate emotional difficulties, such as vulnerability in the emotional mind, physical health, and mental health. The emotion description model helps individuals understand how their emotions arise and become more aware of negative thoughts and interpretations that may intensify negative emotions, leading to difficulties in emotional regulation. The fact-checking technique enables participants to evaluate whether their interpretation of emotions is suitable and effective, allowing them to determine which emotional regulation skill covered in the upcoming session of the program to apply. The opposite action technique helps clients alter unhelpful actions triggered by negative or high-intensity emotions to actions that decrease the intensity of emotions or shift them to other emotions that are beneficial in the given situation. Furthermore, problem-solving skills help participants tackle problematic situations that lead to negative or high-intensity emotions by examining the goals and advantages and disadvantages of the situation. Finally, the ABC PLEASE technique assists participants in developing healthy conditions to handle negative or high-intensity emotions that can cause difficulties in emotional regulation by generating positive emotions, living according to

personal values, gaining a sense of control, using coping ahead techniques, and utilizing PLEASE skills to maintain good physical health.

The findings of this study indicate that the components and techniques included in the DBT emotion regulation skills training program were effective in significantly reducing anxiety symptoms but were unable to reduce emotion regulation skills and depressive symptoms among the participants in a clinically significant way.

Moreover, certain techniques covered in the DBT emotion regulation skills training programme, such as checking the facts, problem-solving, and ABC PLEASE, incorporate mindfulness concepts and require some level of mindfulness practice. However, this study only focused on the emotion regulation skills component and did not include the mindfulness training that was covered in the previous chapter of the DBT skills training programme. This could be a limitation, as individual who lack a basic understanding of mindfulness may find it difficult to apply the skills taught in this training.

Practical Implications

The findings of this research have contributed significantly to the field of anxiety reduction among young Malaysians. The study has demonstrated the effectiveness of a DBT emotion regulation skills training program, which can be used as a reference for future research. These future studies can investigate the program's efficacy in reducing depressive symptoms and improving emotion regulation skills among Malaysians.

According to the study's results, the DBT emotion regulation skills training program has been proven effective in reducing anxiety symptoms by approximately 45%. This indicates that counsellors and psychologists can use this program as a treatment option for clients with anxiety. The DBT emotion regulation skills training program is very user-friendly for counsellors or professionals since it is entirely based on a manual, and handouts

are provided. However, professionals should consider modifying the program to address participants who may lack an understanding of mindfulness. This lack of understanding could potentially hinder the program's effectiveness.

For future studies, researchers and professionals could consider introducing a brief introduction to mindfulness practices related to the skills covered in the DBT emotion regulation skills training program. By doing so, participants can gain a better understanding of mindfulness and potentially enhance the program's effectiveness.

Limitations

In this study, the DBT emotion regulation skills training program was implemented based on the guidance provided in the DBT Skills Training Manual Handbook, Second Edition by Linehan (2014). However, as this manual was not developed for use in Malaysia, the cultural aspect of the intervention was identified as a limitation of the study. Although previous research has shown the effectiveness of the program in reducing depression symptoms and improving emotion regulation skills in other countries, cultural differences in beliefs and values may mean that some of the techniques are not applicable or relevant in the Malaysian context. Therefore, it is essential to customize interventions to be culturally sensitive and appropriate. Mental health professionals should be culturally competent, recognize cultural differences, and be able to adapt interventions accordingly to ensure the effectiveness of the treatment

The present study had limitations in that no follow-up session or data collection was conducted. This absence of follow-up means that the long-term effects of the intervention cannot be detected, and the impact of periodic incidents such as exams, assignments, presentations, accidents, and physical illnesses cannot be assessed. Thus, it is unclear whether the DBT emotion regulation skills training program helps participants reduce their depressive

and anxiety symptoms and improve their emotion regulation skills over the long term. Additionally, the research design is another limitation of the study. Yin (2012) stated that single case studies have relatively weak evidence-based research designs compared to other designs such as cross-sectional or longitudinal research studies. Therefore, the findings of this study may not be compelling enough to draw strong conclusions.

Furthermore, it is important to note that the sample of this study only consisted of participants from the ethnic Chinese population in Malaysia. Malaysia is a culturally diverse country with four major ethnic groups: Bumiputera or 'sons of the soil' (69.6%), ethnic Chinese (22.6%), ethnic Indian (6.8%), and ethnic 'others' (1.0%) (UZIR MAHIDIN, 2021). As a result, the findings of this study cannot be generalized to the entire Malaysian youth population. In addition, the gender distribution in the sample is unequal, with only one male participant compared to five female participants. Therefore, caution should be exercised when interpreting the findings, as they may not be representative of the entire Malaysian youth population.

The educational background of the participants may have affected the effectiveness of the DBT emotion regulation skills training program. Some of the participants were students who were studying for a Bachelor of Guidance and Counseling, which means they had pre-existing knowledge of mindfulness. This prior exposure could act as an external factor that could potentially affect the program's effectiveness, and researchers should consider making it an exclusive criterion. This limitation of the study could make it less reliable due to the participants' educational backgrounds.

Recommendations

To ensure that the findings are applicable to the broader Malaysian population, future research should expand the sample size to include individuals from various ethnic groups,

such as Bumiputera and Indians. When dealing with different ethnic groups, it is crucial to consider cultural differences and ensure that researchers are culturally sensitive and aware of them. Furthermore, the sample size should be increased to include individuals of various genders, ages, educational levels, and social backgrounds. This will enable a more comprehensive understanding of the effectiveness of the DBT emotion regulation skills training programme in the Malaysian population. Additionally, future studies should exclude participants with a mental health or psychology-related educational background to eliminate the influence of their prior knowledge.

This study suggested conducting follow-up data collection as a means of reference for future research. Dunlap et al. (1996) recommends follow-up data collection to determine the long-term effects of counselling interventions and to identify potential obstacles to treatment and strategies to overcome them. It also helps to assess whether the intervention has a lasting impact on the individual's well-being and any negative effects that may emerge over time. Thus, to determine the long-term effects of DBT emotion regulation skills training program in the context of Malaysia, it is highly recommended to conduct follow-up sessions and data collection.

Finally, this study recommends that future research in Malaysia should consider using different research designs to obtain a higher level of evidence on this topic. A randomized controlled trial with a one-year follow-up could provide more compelling data compared to this study.

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Appendix

Appendix A

Action Plan of UAPC3093 Project Paper II

Supervisee Ching Wai Yan

Supervisor Mr.Pheh Khai Shuen

Task Description	Date	Supervisee's Signature	Supervisor's Signature	Supervisor's Remarks	Next Appointment Date/Time
Methodology Submit Chapter 3: Methodology Amend Chapter 3: Methodology	29/3/2023	[signature]			
Results & Findings Submit Chapter 4: Results Amend Chapter 4: Results	5/4/2023	[signature]			
Discussion & Conclusion Submit Chapter 5: Discussion Amend Chapter 5: Discussion	12/4/2023	[signature]			
Abstract	19/4/2023	[signature]			
Turnitin Submission	17/4/2023	[signature]		Generate similarity rate from Turnitin.com	
Amendment					
Submission of final draft				Submission of hardcopy and documents	
Oral Presentation					

Notes:
1. **Deadline for submission cannot be changed, mark deduction is as per faculty standard.**
2. **Supervisees are to take the active role to make appointments with their supervisors.**
3. **Both supervisors and supervisees should keep a copy of this action plan.**
4. **This Action Plan should be attached as an appendix in Project Paper 2.**

Appendix B

Originality Report

FYP 2

ORIGINALITY REPORT

13%	11%	5%	8%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

#	Source	Type	%
1	vdoc.pub	Internet Source	2%
2	eprints.utar.edu.my	Internet Source	1%
3	docksci.com	Internet Source	1%
4	www.triangleareadbt.com	Internet Source	1%
5	uploads-ssl.webflow.com	Internet Source	1%
6	Submitted to University of Greenwich	Student Paper	1%
7	mro.massey.ac.nz	Internet Source	1%
8	Submitted to Troy University	Student Paper	1%
9	Submitted to University of Southern California	Student Paper	<1%

10	repositorio.iscte-iul.pt Internet Source	<1 %
11	Submitted to Bond University Student Paper	<1 %
12	Mihai Felea, Irina Albăstroiu, Răzvan Dina. "The Use of Cloud Computing Applications for Learning A Survey among Romanian Students", Walter de Gruyter GmbH, 2019 Publication	<1 %
13	www.ncbi.nlm.nih.gov Internet Source	<1 %
14	Submitted to The University of Wolverhampton Student Paper	<1 %
15	dspace2.creighton.edu Internet Source	<1 %
16	Submitted to Pennsylvania State System of Higher Education Student Paper	<1 %
17	Submitted to Universiti Tunku Abdul Rahman Student Paper	<1 %
18	Ellen K. Pasquale, Michael A. Manzano, David R. Strong, Dawn M. Eichen, Marian Tanofsky-Kraff, Kerri N. Boutelle. "Psychometric properties of the Eating in the Absence of Hunger Questionnaire in treatment-seeking	<1 %

adults with overweight and obesity", Appetite, 2023
Publication

19	Bruna H.P. Fabrin, Denise Beatriz Ferrari, Jose Danieel Leite, Amanda Zingara Roza, Bren Dabela Luna. "Effect of Vaccination on Risk of Exposure to Airborne Infectious Disease During the Boarding Process in a Commercial Aircraft Using Agent-Based Simulation", 2022 Winter Simulation Conference (WSC), 2022 Publication	<1 %
20	John Joseph Coté, Denise Côté-Arsenault, Jonathan E. Handelzalts, Amy S. Badura-Brack et al. "Effects of 3D-Printed Models and 3D Printed Pictures on Maternal– and Paternal–Fetal Attachment, Anxiety, and Depression", Journal of Obstetric, Gynecologic & Neonatal Nursing, 2023 Publication	<1 %
21	Submitted to University of Chichester Student Paper	<1 %
22	Ben Hicks, Kate Gridley, Josie Dixon, Kate Baxter et al. "Using digital technologies to facilitate social inclusion during the COVID‐19 pandemic: Experiences of co‐resident and non‐co‐resident family carers of people with dementia from DETERMIND‐C19.",	<1 %

International Journal of Geriatric Psychiatry, 2023
Publication

23	Sutao Song, Shimeng Zhao, Zeyuan Gao, Mingli Lu, Mingxian Zhang, Shihao Gao, Yuanjie Zheng. "Influence of affective verbal context on emotional facial expression perception of social anxiety", International Journal of Psychophysiology, 2022 Publication	<1 %
24	etds.lib.ncku.edu.tw Internet Source	<1 %
25	www.researchgate.net Internet Source	<1 %
26	Esmaeil Mousavi Asl, Youkhabeh Mohammadian, Banafsheh Gharraee, Sajad Khanjani, Abdolreza Pazouki. "Assessment of the Emotional Reactivity Through the Positive and Negative Emotions: The Psychometric Properties of the Persian Version of the Perth Emotional Reactivity Scale", Iranian Journal of Psychiatry and Behavioral Sciences, 2020 Publication	<1 %
27	Submitted to Middle East Technical University Student Paper	<1 %
28	peerj.com Internet Source	<1 %

Appendix C

Supervisor's Commment Turnitin Report

Universiti Tunku Abdul Rahman			
Form Title : Supervisor's Comments on Originality Report Generated by Turnitin for Submission of Final Year Project Report (for Undergraduate Programmes)			
Form Number: FM-IAD-005	Rev No.: 0	Effective Date: 01/10/2023	Page No.: 1of 1

FACULTY OF ART AND SOCIAL SCIENCE

Full Name(s) of Candidate(s)	Ching Wai Yan
ID Number(s)	19AAB06319
Programme / Course	UAPC 3093 Project 2
Title of Final Year Project	Effects of DBT Emotional Regulation Skills Training Program on Depressive Symptoms, Anxiety Symptoms and Emotion Regulation Skills among Malaysian Youth

Similarity	**Supervisor's Comments (Compulsory if parameters of originality exceeds the limits approved by UTAR)**
Overall similarity index:13% **Similarity by source** Internet Sources:11% Publications:5% Student Papers:8%	
Number of individual sources listed of more than 3% similarity: 0	
Parameters of originality required and limits approved by UTAR are as follows: **(i) Overall similarity index is 20% and below, and** **(ii) Matching of individual sources listed must be less than 3% each, and** **(iii) Matching texts in continuous block must not exceed 8 words** ***Note: Parameters (i) – (ii) shall exclude quotes, bibliography and text matches which are less than 8 words.***	

Note Supervisor/Candidate(s) is/are required to provide softcopy of full set of the originality report toFaculty/Institute

Based on the above results, I hereby declare that I am satisfied with the originality of the FinalYear Project Report submitted by my student(s) as named above.

Signature of Supervisor	Signature of Co-Supervisor
Name:	Name:
Date:	Date:

Appendix D

IAD Form

Universiti Tunku Abdul Rahman			
Form Title : **Sample of Submission Sheet for FYP/Dissertation/Thesis**			
Form Number : **FM-IAD-004**	Rev No: **0**	Effective Date: **21 June 2011**	Page No: **1 of 1**

FACULTY OF ARTS AND SOCIAL SCIENCE
UNIVERSITI TUNKU ABDUL RAHMAN

Date: ____21/4/2023____________

SUBMISSION OF FINAL YEAR PROJECT

It is hereby certified that ___Ching Wai Yan______ (ID No.: __1906319__) has completed this final year project titled "__Single Group Quasi-experimental Study: Effects of DBT Emotional Regulation Skills Training Program on Depressive Symptoms, Anxiety Symptoms and Emotion Regulation Skills among Malaysian Youth___________________" under the supervision of ______ Mr.Pheh Khai Shuen________ (Supervisor) from the Department of Psychology and counselling, Faculty of Arts and Social Science.

I understand that University will upload softcopy of my final year project in pdf format into UTAR Institutional Repository, which may be made accessible to UTAR community and public.

Yours truly,

____
Name: Ching Wai Yan

Appendix E

UNIVERSITI TUNKU ABDUL RAHMAN

FACULTY OF ARTS AND SOCIAL SCIENCE

DEPARTMENT OF PSYCHOLOGY AND COUNSELLING

UAPC3093 PROJECT PAPER II

Quantitative Research Project Evaluation Form

TURNITIN: ***'In assessing this work you are agreeing that it has been submitted to the University-recognised originality checking service which is Turnitin. The report generated by Turnitin is used as evidence to show that the students' final report contains the similarity level below 20%.'***

Project Title: Single Group Quasi-Experimental Study: Effects of DBT Emotional Regulation Skills Training Program on Depressive Symptoms, Anxiety Symptoms and Emotion Regulation Skills among Malaysian Youth	
Supervisor: Mr.Pheh Khai Shuen	
Student's Name: Ching Wai Yan	Student's ID 1906319

INSTRUCTIONS:

Please score each descriptor based on the scale provided below:

1. Please award 0 mark for no attempt.
2. Please mark only **3(A)** or **3(B)** for **Proposed Methodology**.
3. For criteria **7**:

Please retrieve the marks from "**Oral Presentation Evaluation Form**".

1. **ABSTRACT (5%)**	**Max Score**	**Score**
a. State the main hypotheses/research objectives.	5%	
b. Describe the methodology: • Research design • Sampling method and sample size • Location of study • Instruments/apparatus/outcome measures (if applicable) • Data gathering procedures	5%	
c. Describe the characteristics of participants.	5%	
d. Highlight the outcomes of the study or intervention, target behaviour and outcomes.	5%	
e. Conclusions, implications, and applications.	5%	
Sum	25%	/25%
Subtotal (Sum/5)	5%	/5%
Remark:		

2. **(A) METHODOLOGY (25%)**	**Max Score**	**Score**
a. Research design/framework: • For experiment, report experimental manipulation, participant flow, treatment fidelity, baseline data, adverse events and side effects, assignment method and implementation, masking (if applicable). • For non-experiment, describe the design of the study and data used.	5%	
b. Sampling procedures: • Justification of sampling method/technique used. • Description of location of study. • Procedures of ethical clearance approval.	5%	
c. Sample size, power, and precision: • Justification of sample size. • Achieved actual sample size and response rate. • Power analysis or other methods (if applicable).	5%	
d. Data collection procedures: • Inclusion and exclusion criteria. • Procedures of obtaining consent. • Description of data collection procedures. • Provide dates defining the periods of recruitment or repeated measures and follow-up. • Agreement and payment (if any).	5%	
e. Instruments/questionnaire used: • Description of instruments • Scoring system • Meaning of scores • Reliability and validity	5%	

Subtotal	25%	/25%
Remark:		
2. (B) METHODOLOGY – SINGLE-CASE EXPERIMENT (25%)	**Max Score**	**Score**
a. Research design/framework: • Identify the design, phase and phase sequence, and/or phase change criteria. • Describe procedural changes that occurred during the investigation after the start of the study (if applicable). • Describe the method of randomization and elements of study that were randomized (if applicable). • Describe binding or masking was used (if appliable).	5%	
b. Participants AND Context AND Approval: • Describe the method of recruitment. • State the inclusion and exclusion criteria. • Describe the characteristics of setting and location of study. • Procedures of ethical clearance approval. • Procedures of obtaining consent.	5%	
c. Measures and materials used: • Operationally define all target behaviours and outcome measures. • Reliability and validity. • Justify the selection of measures and materials. • Describe the materials.	5%	
d. Interventions: • Describe the intervention and control condition in each phase. • Describe the method of delivering the intervention. • Describe evaluation of procedural fidelity in each phase.	5%	
e. Data analysis plan: • Describe and justify all methods used to analyze data.	5%	
Subtotal	25%	/25%
Remark:		

3. RESULTS (20%)	**Max Score**	**Score**
a. Descriptive statistics/Sequence completed: • Demographic characteristics • Topic-specific characteristics	5%	

• For single-case study, report the sequence completed by each participant, trial for each session for each case, dropout and reason if applicable, adverse events if applicable		
b. Data diagnostic and missing data (if applicable): • Frequency and percentages of missing data (compulsory). • Methods employed for addressing missing data. • Criteria for post data-collection exclusion of participants. • Criteria for imputation of missing data. • Defining and processing of statistical outliers. • Data transformation. • Analyses of data distributions.	5%	
c. Appropriate data analysis for each hypothesis or research objective.	5%	
d. Accurate interpretation of statistical analyses: • Accurate report and interpretation of confidence intervals or statistical significance. • Accurate report of *p* values and minimally sufficient sets of statistics (e.g., *dfs*, *MS*, *MS error*). • Accurate report and interpretation of effect sizes. • Report any problems with statistical assumptions.	5%	
Subtotal	20%	/20%
Remark:		

4. DISCUSSION AND CONCLUSION (20%)	**Max Score**	**Score**
a. Discussion of findings: • Provide statement of support or nonsupport for all hypotheses. • Analyze similar and/or dissimilar results. • Justifications for statistical results in the context of study.	5%	
b. Implication of the study: • Theoretical implication for future research. • Practical implication for programs and policies.	5%	
c. Relevant limitations of the study.	5%	
d. Recommendations for future research.	5%	
Subtotal	20%	/20%
Remark:		

5. LANGUAGE AND ORGANIZATION (5%)	**Max Score**	**Score**
a. Language proficiency	3%	
b. Content organization	1%	

	Max Score	Score
c. Complete documentation (e.g., action plan, originality report)	1%	
Subtotal	5%	/5%
Remark:		
6. APA STYLE AND REFERENCING (5%)	**Max Score**	**Score**
a. 7th Edition APA Style	5%	/5%
Remark:		
***ORAL PRESENTATION (20%)**	**Score**	
Subtotal	/20%	
Remark:		
PENALTY	**Max Score**	**Score**
Maximum of 10 marks for LATE SUBMISSION, or POOR CONSULTATION ATTENDANCE with supervisor.	10%	
****FINAL MARK/TOTAL**	/100%	

*****Overall Comments:**

____

____

____

____

____

Signature: ________________________ **Date: ___________________**

Notes:

1. **Subtotal**: The sum of scores for each assessment criterion
2. **FINAL MARK/TOTAL**: The summation of all subtotal score
3. Plagiarism is **NOT ACCEPTABLE**. Parameters of originality required and limits approved by UTAR are as follows:
   (i) **Overall similarity index is 20% or below**, and
   (ii) **Matching of individual sources listed must be less than 3%** each, and
   (iii) Matching texts in continuous block must **not exceed 8 words**

   Note: Parameters (i) – (ii) shall exclude quotes, references and text matches which are less than 8 words.

Any works violate the above originality requirements will NOT be accepted. Students have to redo the report and meet the requirements in **SEVEN (7)** days.

*The marks of "Oral Presentation" are to be retrieved from **"Oral Presentation Evaluation Form".**

**It is compulsory for the supervisor/examiner to give the overall comments for the research projects with A- and above or F grading.

Appendix F

HOLD. CALM.

Trying to regulate your emotion?

7 sessions of Emotion Regulation Skills Training (under supervision)

Only open for limited number of participant
First come first serve

Details

- 7 weeks of design emotion regulation skills training.
- Every Monday and Thursday, 8 pm - 10 pm
- Free of Charge

Train Giver

Ching Wai Yan
Undergraduate Student from Guidance & Counselling Universiti Tunku Abdul Rahman
Email: Weiyin863@1utar.my
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Supervisor

Mr.Pheh Kai Shuen
Head of Programme and Clinical Psychologist at the Department of Psychology and Counselling Universiti Tunku Abdul Rahman
Email: Phehks@utar.edu.my

Criteria

- Malaysian
- Ages between 18 -24
- Able to understand and communicate in English or Mandarin

Importance Note

An interview about mental health condition will be assess after the pre-registration.

Registration QR code

https://m5.gs/Nzk5Z1

Appendix G

UNIVERSITI TUNKU ABDUL RAHMAN
FACULTY OF ARTS AND SOCIAL SCIENCE
DEPARTMENT OF PSYCHOLOGY AND COUNSELLING
BACHELOR OF SOCIAL SCIENCE (HONS) GUIDANCE AND COUNSELLING

1. Confidentiality

Anything said between any two or more group members at any time is part of the group and is confidential. I understand that everything said in group is confidential. I agree to keep secret the names of other members of the group and what is said in the group. I agree to keep secret anything which occurs between or among group members. I understand that there is an exception to this confidentiality which applies to the group leader. If the group leader believes that someone is in danger, the leader has a professional obligation to take direct action in order to keep everyone safe.

2. Privacy (The Stop Rule)

No group member is ever required to answer any question, to participate in any activity, or to tell anything. If I am asked questions or asked to participate in an activity which makes me feel uncomfortable, I understand that I have the right to pass, that is, the right to refuse. I agree that will never pressure other group members to participate in any discussion or activity after the member has passed or refused. I understand that the group leader is obliged to protect this right. I also understand that I will benefit more from group the more I am able to take risks in sharing and participating.

3. The foreseeable consequences of declining or withdrawing

There will be no adverse consequences of declining or withdrawing from this research as the participation is voluntary.

4. Any prospective research benefits

The participants will receive professional guidance and learn several skills to work more effectively on the individual, group, organizational, or community level.The counsellor will guide and facilitate the client throughout the process.

5. Limits of confidentiality

The client's personal information will be kept private and confidential. The information obtained from the research will be used for the purpose ofknowledge and the learning process only.

6. Incentives for participation

No incentive or payment is involved in this research project. Participation in this research project is totally based on a voluntary basis.

Confidentiality agreement

Hereby I,______________________________(NAME) understand the terms and conditions stated above and agreed to participate in this research project as a consultee.

Your signature below shows that you agree to the terms and conditions.

________________________ ________________________

Participant Date

________________________ ________________________

Counsellor Date

Ching Wai Yan

Appendix H

Patient Health Questionnaire (PHQ-9)

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

ID #: ______________________ DATE:______________

Over the last *2 weeks*, how often have you been bothered by any of the following problems? *(use "✓" to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so figety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3
	add columns	+	+	

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL:

10. If you checked off *any problems*, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?	
Not difficult at all	______
Somewhat difficult	______
Very difficult	______
Extremely difficult	______

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A2663B 10-04-2005

PHQ-9 Patient Depression Questionnaire

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✔s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

Consider Major Depressive Disorder

- if there are at least 5 ✔s in the shaded section (one of which corresponds to Question #1 or #2)

Consider Other Depressive Disorder

- if there are 2-4 ✔s in the shaded section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.
Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✔s by column. For every ✔: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying **PHQ-9 Scoring Box** to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

Scoring: add up all checked boxes on PHQ-9

For every ✔ Not at all = 0; Several days = 1;
More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

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Appendix I

General Anxiety Disorder (GAD-7)

GAD-7 Anxiety

Over the last two weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3

Column totals ____ + ____ + ____ + ____ =

Total score ______

If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

Source: Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD-PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues. For research information, contact Dr. Spitzer at ris8@columbia.edu. PRIME-MD® is a trademark of Pfizer Inc. Copyright© 1999 Pfizer Inc. All rights reserved. Reproduced with permission

Scoring GAD-7 Anxiety Severity

This is calculated by assigning scores of 0, 1, 2, and 3 to the response categories, respectively, of “not at all,” “several days,” “more than half the days,” and “nearly every day.”
GAD-7 total score for the seven items ranges from 0 to 21.

0–4: minimal anxiety

5–9: mild anxiety

10–14: moderate anxiety

15–21: severe anxiety

Appendix J

Difficulties in Emotion Regulation Scale (DERS-16)

Difficulties in Emotion Regulation Scale - 16 item version (DERS-16)

Instructions:

Please indicate how often the following statements apply to you by selecting the appropriate option for each item.

		Almost Never	Sometimes	About half the time	Most of the time	Almost always
1	I have difficulty making sense out of my feelings	1	2	3	4	5
2	I am confused about how I feel	1	2	3	4	5
3	When I am upset, I have difficulty getting work done	1	2	3	4	5
4	When I am upset, I become out of control	1	2	3	4	5
5	When I am upset, I believe that I will remain that way for a long time	1	2	3	4	5
6	When I am upset, I believe that I'll end up feeling very depressed	1	2	3	4	5
7	When I am upset, I have difficulty focusing on other things	1	2	3	4	5
8	When I am upset, I feel out of control	1	2	3	4	5
9	When I am upset, I feel ashamed with myself for feeling that way	1	2	3	4	5
10	When I am upset, I feel like I am weak	1	2	3	4	5
11	When I am upset, I have difficulty controlling my behaviours	1	2	3	4	5
12	When I am upset, I believe that there is nothing I can do to make myself feel better	1	2	3	4	5
13	When I am upset, I become irritated with myself for feeling that way	1	2	3	4	5
14	When I am upset, I start to feel very bad about myself	1	2	3	4	5
15	When I am upset, I have difficulty thinking about anything else	1	2	3	4	5
16	When I am upset, my emotions feel overwhelming	1	2	3	4	5

Appendix K

Handout of DBT emotion regulation skills training Programme