### COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

Adult System of Care MHSA Implementation Unit **PEIOutcomes@dmh.lacounty.gov** 

### Purpose

- Emotional dysregulation is thought to be a central feature underlying many psychological difficulties and behavioral problems including deliberate self-harm
- The DERS has been shown to be a valid and reliable measure of emotional dysregulation
- The DERS can be used to track changes in a client's ability to selfregulate throughout the course of treatment

## **Administration**

- The DERS can be self-administered or administered over the phone as long as the client clearly understands the rating scale being utilized
- Clients are urged to complete every item on the DERS
- A DERS subscale should be considered invalid if more than one item is left blank. More than seven missing items invalidates the DERS total score.
- Valid but incomplete questionnaires may still be utilized by averaging the scores you have and substituting the average score for the missing item(s) on the DERS Total and each impacted sub-scale

DERS is available in English with an easy to use hand-scoring template through PEI Outcomes and Implementation



Revised December 28, 2016

# **DERS Quick Guide**

Difficulties in Emotional Regulation Scale

Can be administered to clients 18 years of age and older.

Is to be administered during the first, last session and at the sixth month mark of treatment in the following EBP.

DBT for PEI.

#### **Clinical Utility of the DERS**

- It is a brief (36 items) instrument that can easily be administered and scored
- Yields a total score (DERS) and six subscale scores that can help inform treatment
- Can be administered to adults (18+) with a 5.3 grade reading level
- Utilizes a simple hand-scoring template to derive DERS total score and subscale scores
- Offers clinicians and support staff the option of using a preprogrammed excel scoring template to help eliminate addition and score reversal errors

## **Scoring Information**

An elevated score on the DERS is not synonymous with a diagnosis of Borderline Personality Disorder or any other diagnosis. While, there are no official clinical cut-offs for the DERS, it can still be a powerful resource in helping to track changes in a client's ability to self-regulate over time.

Item Response	Score
Almost Never (0% to 10%)	1
Sometimes (11% to 35%)	2
About Half the Time (36% to 65%)	3
Most of the Time (66% to 90%)	4
Almost Always (91% to 100%)	5

The DERS total score ranges from 36-180. <u>NOTE</u>: Some items need to be reverse scored. Scale estimates are based on adjusted scores only.

Subscale	GUIDELINES FOR UNDERSTANDING SUBSCALES
Non-acceptance	Tendency to have a negative secondary or non accepting reaction to one's own distress
Goals	Difficulty in concentrating and/or accomplishing tasks when experiencing negative emotions
Impulse	Difficulty remaining in control of one's behavior when experiencing negative emotions
Awareness	Reflects a lack of awareness or inattention to emotional responses
Strategies	Reflects the belief that there is little one can do to regulate oneself once upset
Clarity	Reflects the extent to which an individual knows and is clear about his or her emotions