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A Review of the Difficulties in Emotion Regulation Scale 16 (DERS-16): Factor Structure, Reliability, Measurement Invariance, and Normative Data

The Difficulties in Emotion Regulation Scale 16 (DERS-16), created by Bjureberg et al. (2016), measures difficulties in emotion regulation across multiple domains. This technical review presents normative data from both community and clinical populations, along with percentile rankings and interpretive guidelines, to help clinicians better understand and utilise the assessment in practice.

[View the DERS-16 on NovoPsych.com.au](https://www.novopsych.com.au)

January 2025

Developer

The Difficulties in Emotion Regulation Scale 16 (DERS-16) was developed by Gratz & Roemer (2004):

Bjureberg, J., Ljótsson, B., Tull, M. T., Hedman, E., Sahlin, H., Lundh, L.-G., Bjärehed, J., DiLillo, D., Messman-Moore, T., Gumpert, C. H., & Gratz, K. L. (2016). Development and validation of a brief version of the Difficulties in Emotion Regulation Scale: The DERS-16. *Journal of Psychopathology and Behavioral Assessment*, 38(2), 284–296. <https://doi.org/10.1007/s10862-015-9514-x>

This document was developed by NovoPsych to review contemporary literature, describe original scoring methodologies, provide interpretation material, enhance normative data and provide qualitative descriptors.

Author Information

(not in authorship order)

Ben Buchanan DPsych

CEO, NovoPsych

*Adjunct Research Fellow, Monash University,
Melbourne, Australia*

David Hegarty PhD

Head of Psychometrics, NovoPsych

*Adjunct Professional Fellow, Southern Cross
University, Coffs Harbour, Australia*

Simon Baker PhD

Research Fellow, NovoPsych

Carla Smyth PhD

Research Fellow and Clinical Liaison, NovoPsych

Emerson Bartholomew MHealthPsych

Research Fellow and Psychometrician, NovoPsych

Correspondence

For inquiries about this document, contact:

Dr. David Hegarty

Email: david@novopsych.com

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Description

Deficits in emotion regulation have been identified as a transdiagnostic factor underlying various psychological conditions (Murray et al., 2024). The Difficulties in Emotion Regulation Scale 16 (DERS-16) is a 16-item self-report measure designed to briefly assess clinically-relevant difficulties in emotion regulation (Bjureberg et al., 2016).

Emotion regulation broadly refers to the intrinsic and extrinsic processes involved in monitoring, evaluating, and modulating emotional reactions in order to accomplish one's goals (Thompson, 1994). Inherent within this definition of emotion regulation is the idea that emotions are functional, providing information about our environment and motivating behaviours that may facilitate adaptation to situational demands (Izard & Ackerman, 2000). Conversely, difficulties in the awareness, understanding, or modulation of emotion may interfere with adaptation and contribute to a wide range of negative outcomes. A growing body of research offers support for the role of emotion regulation difficulties in multiple forms of psychopathology and maladaptive behaviours (Cichetti, Ackerman, & Izard, 1995; Gratz & Tull, 2010; Gross & Jazaieri, 2014; Sheppes, Suri, & Gross, 2015).

The DERS-16 is derived from the longer DERS-36 (Gratz and Roemer, 2004) and omits the 'Awareness' subscale, evaluating five key aspects of emotion regulation:

- **Nonacceptance of Emotional Responses:** assesses negative secondary emotional responses to one's negative emotions, or nonaccepting reactions to one's distress
- **Difficulties Engaging in Goal-Directed Behavior:** measures difficulties concentrating and accomplishing tasks when experiencing negative emotions
- **Impulse Control Difficulties:** looks at difficulties remaining in control of one's behavior when experiencing negative emotions
- **Limited Access to Emotion Regulation Strategies:** refers to the belief that there is little that can be done to regulate emotions effectively once an individual is upset.
- **Lack of Emotional Clarity:** focuses on the extent to which individuals know and are clear about the emotions they are experiencing

The DERS-16 can be particularly useful in helping patients identify areas for growth in how they respond to their emotions, or for formulation and treatment planning transdiagnostically where emotion regulation difficulties feature, such as in borderline personality disorder, generalised anxiety disorder or substance use disorder.

The 16-item scale has been shown to perform on-par to the full 36-item DERS, capturing a similar amount of variance in psychiatric symptoms (Hallion et al., 2018). Given its brevity while maintaining clinical validity, clinicians should consider using the DERS-16 in settings where assessment time is limited. Indeed, researchers have suggested its use in community and clinical assessment to reduce respondent burden and for outcome monitoring (Sörman et al., 2022).

Research findings have demonstrated that difficulties in emotion regulation as measured by the DERS-16 are related to a range of other clinically relevant psychological constructs assessed by measures such as the [AAQ](#), [ASI-3](#), [DASS](#), [AUDIT](#), and [FFMQ](#) among others. To briefly summarise these associations, higher DERS-16 scores are correlated with higher levels of psychological inflexibility, negative emotional intensity, anxiety sensitivity, emotional impulsivity, borderline personality traits, general distress (depression, anxiety, and stress), alcohol use problems, disordered eating and self-harm behaviours. Further, those with higher DERS-16 scores tend to show lower levels of mindful awareness, descriptive emotional abilities, and capacity to reduce negative emotions (Bjureberg et al., 2016; Skutch et al., 2019; Sörman et al., 2022).

Psychometric Properties

The DERS-16 demonstrates strong construct validity despite being significantly shorter than the DERS-36 and the removal of the emotional awareness subscale did not significantly diminish the scale's relationship to awareness-related constructs—suggesting the 16-item version captures this aspect to similar effect (Bjureberg et al.,

2016). Furthermore, the measure demonstrates temporal stability, with a 14-day test-retest reliability of $\rho = .85$ (Bjureberg et al., 2016).

The scale has strong internal consistency, with several investigations reporting high reliability for the total scale score: .90 (Lawlor et al., 2020), .92, .94 (Bjureberg et al., 2016) and .91 (Westerlund & Santtila, 2018). Indeed, the results of a NovoPsych (2025) analysis support these findings, with a PSI of .93 (person separation index; how reliably the scale distinguishes between individuals at different levels of emotional difficulty), in addition to a Cronbach's alpha and McDonald's omega of .94.

Several authors direct that the DERS-16 subscale scores should not be computed given the low number of items (Burton et al; Bjureberg et al). However, investigations of both community and clinical samples, found that subscale reliability ranged from acceptable to high .7-.9 (Lawlor et al., 2020; Westerlund & Santtila, 2018). In an analysis of NovoPsych (2025) data, excellent reliability values (alpha, omega) for each subscale were observed, ranging from .83-.88 (full details in table 2). Furthermore, seven CFA studies have replicated the 5-factor structure of the DERS-16, further supporting the use of subscales (Charak et al., 2019; Hallion et al., 2018; Lawlor et al 2020; Miguel et al., 2017; Shahabi et al., 2018; Westerlund & Santtila, 2018; Yiğit & Yiğit, 2017). It should also be noted that these CFA results do not invalidate the use of the total score—under a NovoPsych analysis, evidence of unidimensionality was observed via Smith's (2005) test. Therefore, we encourage the calculation of the DERS-16 subscale and total scores as they are valid, reliable and useful.

The DERS-16 has also demonstrated strong measurement invariance across different populations. Charak et al. (2019) found measurement invariance between adolescent and adult samples, indicating the scale functions similarly across these age groups. A NovoPsych (2025) analysis ($n=707$) of differential item functioning supports these findings. NovoPsych (2025) looked at measurement invariance across ages ranging from 18-83 and found no evidence of differential item functioning (or "item bias") by age. Bias testing was also conducted on gender and time taken to complete the assessment, with no bias being observed for these additional variables (NovoPsych, 2025).

Clinical norms have been reported from a sample of treatment-seeking adults ($n=707$) by NovoPsych (2025). The authors reported a mean total score of 45.88 ($SD = 15.05$). Table 1 provides further details, including subscale scores from this sample. Community norms are reported by Bjureberg et al. (2016) $n=482$ and Westerlund & Santtila (2018) $n=409$.

Severity categories were created based on the percentile ranges of the Clinical sample from NovoPsych (2025) and considering the community sample distribution from Bjureberg et al. (2016):

- Percentiles 1st-10th = "Very Low"
- Percentiles 11th-30th = "Low"
- Percentiles 31st-70th = "Average"
- Percentiles 71st-94th = "High"
- Percentiles 95th+ = "Very High"

For subscales, data is reported for both clinical (Lawlor et al., 2020; NovoPsych, 2025) and community (Westerlund & Santtila, 2018) samples, and are detailed in table 1.

Scoring & Interpretation

The total score ranges from 16-80 with higher scores indicating more difficulties with emotion regulation. Subscale raw scores have several ranges listed below:

- Non-acceptance (3 items: 9, 10, 13): The Nonacceptance of Emotional Responses subscale assesses negative secondary responses to negative emotions and non-accepting reactions to distress (range 3-15)
- Goals (3 items: 3, 7, 15): The Difficulties Engaging in Goal-Directed Behavior subscale measures difficulties concentrating and accomplishing tasks when experiencing negative emotions (range 3-15)
- Impulse (3 items: 4, 8, 11): The Impulse Control Difficulties subscale reflects difficulties remaining in control of behavior when experiencing negative emotions (range 3-15)
- Strategies (5 items: 5, 6, 12, 14, 16): The Limited Access to Emotional Regulation Strategies subscale assesses the belief that little can be done to regulate emotions effectively when upset (range 5-25)
- Clarity (2 items: 1, 2): The Lack of Emotional Clarity subscale reflects the degree to which individuals know and understand the emotions they experience (range 2-10)

On first administration, a stacked bar graph shows the total and each of the six subscale scores in clinical percentiles. Percentiles give context to a client's score, showing how they compare to their peers. For example, a percentile of 50 represents the typical level of difficulties with emotional regulation among treatment seeking adults. A horizontal comparison graph is also presented showing the respondent's score in comparison to the normative community and clinical samples.

When administered more than once, a line graph is presented for the raw total score with clinical percentile labels on the right. A second line graph is presented plotting each of the five subscales in clinical percentile terms.

Significant improvements or deterioration in the total score are indicated by shifts of half a standard deviation or greater (approximately 7.5 total score points or more) following the guidelines of the Minimally Important Difference (Turner et al., 2010).

Severity categories were created based on clinical percentiles from NovoPsych (2025) and in consideration of community percentiles derived from Bjureberg et al. (2016):

- Percentiles 1st-10th = "Very Low"
- Percentiles 11th-30th = "Low"
- Percentiles 31st-70th = "Average"
- Percentiles 71st-94th = "High"
- Percentiles 95th+ = "Very High"

Supporting Information

This section details the community and clinical norms for the DERS-16. By using the latest data, these norms enhance the interpretability of DERS-16 scores. Table 3 shows the percentiles for the community and clinical samples.

NovoPsych has computed clinical percentiles using data from treatment seeking adults from January to December 2024. For community percentiles, a mean and standard deviation was used to convert the DERS-16 total and subscale scores to percentiles as shown in Table 3, according to the following equation.

$$\text{Percentile} = 100 \times \Phi(x - M) / SD$$

Where:

- x is the score
- M is the mean
- SD is the standard deviation
- Φ is the standard normal cumulative distribution function

This equation first standardises the score to a z-score by subtracting the mean and dividing by the standard deviation, then converts the z-score to a percentile by applying the standard normal cumulative distribution function and multiplying by 100. The percentiles contextualise each score relative to typical scores among those in a clinical setting, offering a clear perspective on how the respondent's level of difficulties with emotional regulation compares to those of treatment seeking adults.

Table 1. DERS-16 means and standard deviations for community and clinical samples.

Study	Sample	N	Total Mean (SD)	Non-Acceptance	Goals	Impulse	Strategies	Clarity
NovoPsych (2025)	Clinical	707	45.88 (15.05)	8.65 (3.60)	10.45 (3.42)	7.26 (3.47)	13.96 (5.30)	5.55 (2.25)
Lawlor et al. (2020)	Clinical	125	39.30 (10.30)	8.20 (2.10)	7.50 (2.70)	6.50 (2.30)	12.00 (3.70)	5.10 (2.00)
Bjureberg et al. (2016)	Clinical	96	57.00 (13.05)	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Bjureberg et al. (2016)	Community	482	33.57 (13.14)	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Westerlund & S. (2018)	Community	409	27.10 (9.25)*	6.14 (2.79)	9.63 (3.83)	5.06 (2.29)	4.79 (2.32)*	3.58 (1.29)

Table 2. DERS-16 alpha reliability values for community and clinical samples.

Study	Sample	N	Alpha (Total)	Alpha (Non-Acceptance)	Alpha (Goals)	Alpha (Impulse)	Alpha (Strategies)	Alpha (Clarity)
NovoPsych (2025)	Clinical	707	.94	.83	.88	.88	.87	.88
Lawlor et al. (2020)	Clinical	125	.90	.80	.79	.84	.86	.75
Bjureberg et al. (2016)	Clinical	96	.92	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Bjureberg et al. (2016)	Community	482	.94	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Westerlund & S. (2018)	Community	409	.91*	.79	.87	.85	.84*	.70

*Removed item 14 and 16

Table 3. Percentile distributions of community and clinical samples.

Total Score		
Score	Community	Clinical
16	9	0
17	10	0.3
18	12	0.8
19	13	1
20	15	2
21	17	3
22	19	4
23	21	5
24	23	6
25	26	8
26	28	9
27	31	11
28	34	13
29	36	14
30	39	16
31	42	18
32	45	20
33	48	22
34	51	25
35	54	27
36	57	29
37	60	30
38	63	33
39	66	36
40	69	37
41	71	39
42	74	43



43	76	45
44	79	47
45	81	49
46	83	50
47	85	52
48	86	54
49	88	56
50	89	57
51	91	60
52	92	62
53	93	65
54	94	67
55	95	69
56	96	71
57	96	74
58	97	75
59	97.4	76
60	97.8	79
61	98	81
62	98.5	83
63	98.7	85
64	99	86
65	99.2	88
66	99.3	89
67	99.5	90
68	99.6	91
69	99.7	92
70	99.72	93
71	99.8	94
72	99.83	95
73	99.87	96
74	99.9	97



75	99.92	97.9
76	99.94	98
77	99.95	99
78	99.96	99.6
79	99.97	99.7
80	99.98	99.9

Table 3.1. Community and clinical percentiles for the **Non-Acceptance** subscale.

Non-Acceptance		
Score	Community	Clinical
3	13	1
4	22	7
5	34	15
6	48	24
7	62	35
8	75	41
9	85	51
10	92	59
11	96	67
12	98	74
13	99.2	83
14	99.4	88
15	99.6	93

Table 3.2. Community and clinical percentiles for the **Goals** subscale.

Goals		
Score	Community	Clinical
3	4	1
4	7	2
5	11	3
6	17	9
7	25	19
8	34	25
9	43	31
10	54	38
11	64	47
12	73	55
13	81	66
14	87	75
15	92	85

Table 3.2. Community and clinical percentiles for the **Impulse** subscale.

Impulse		
Score	Community	Clinical
3	18	1
4	32	15
5	49	26
6	66	37
7	80	50
8	90	60
9	96	69
10	98	76
11	99	80
12	99.2	86
13	99.4	89
14	99.6	92
15	99.8	95

Table 3.3. Community and clinical percentiles for the **Strategies** subscale.

Strategies		
Score	Community	Clinical
5	-	1
6	-	3
7	-	6
8	-	13
9	-	18
10	-	24
11	-	30
12	-	37
13	-	44
14	-	50
15	-	57
16	-	62
17	-	67
18	-	72
19	-	77
20	-	82
21	-	85
22	-	90
23	-	94
24	-	95
25	-	98

Table 3.4. Community and clinical percentiles for the **Strategies** subscale.

Clarity		
Score	Community	Clinical
2	11	1
3	33	8
4	63	18
5	86	41
6	97	53
7	98	67
8	99	74
9	99.2	89
10	99.4	95

Interpretive Text

The interpretive text for the DERS-16 follows a structured format that adapts based on the client's scores, comparative position, and change over time.

Very Low (1st-10th percentile):

The client's total score indicates very few difficulties with emotion regulation. They generally demonstrate strong ability to understand and manage emotions effectively, maintain goal-directed behavior when distressed, and readily utilise adaptive coping strategies. Their score is higher than XX% of individuals in clinical settings.

Low (11th-30th percentile):

The client's total score suggests minimal difficulties with emotion regulation. While some specific challenges may be present, these individuals generally report good emotional awareness and regulatory abilities. Their score is higher than XX% of individuals in clinical settings.

Average (31th-70th percentile):

The client's total score falls in the average range indicating a typical level of emotion regulation difficulties. Most individuals report some challenges with emotion regulation while maintaining generally adaptive functioning. Their score is higher than XX% of individuals in clinical settings.

High (71th-94th percentile):

The client's total score suggests difficulties with emotion regulation. They may experience frequent challenges understanding or managing emotions effectively, particularly during times of distress. Their score is higher than XX% of individuals in clinical settings.

Responses to the following items contributed to the client's high score:

<Three highest scored items >. i.e.,

1 I have difficulty making sense out of my feelings (Almost always)

2 I am confused about how I feel (Almost always)

4 When I am upset, I become out of control (Almost always)

Very High (95th+ percentile):

The client's score indicates substantial difficulties with emotion regulation. These individuals likely experience pervasive challenges across multiple domains of emotion regulation that may significantly impact their functioning. Their score is higher than XX% of individuals in clinical settings.

Responses to the following items contributed to the client's very high score:

<Top five highest scored items >

1 I have difficulty making sense out of my feelings (Almost always)

2 I am confused about how I feel (Almost always)

4 When I am upset, I become out of control (Almost always)

7 When I am upset, I have difficulty focusing on other things (Most of the time)

13 When I'm upset, I become irritated with myself for feeling that way (Most of the time)

Tracking score change over time.

Since the respondent was first assessed on [Date], their total difficulties in emotional regulation score has [not changed | not shown meaningful change (if change < 7.5) | increased | decreased] [, from the (initial range) to the (current range) range] OR if in the same range, [and has remained in the (current range) range] [if change > 0: (score change = X)]. A change of half a standard deviation (7.5) or more points is considered meaningful based on a minimally important difference calculation.

Example: Since the respondent was first assessed on 02 Jan 2025, their total difficulties in emotional regulation score has not shown meaningful change and has remained in the High range (score change = 3).

A note is also provided to inform users of the updated percentiles.

Note, the normative samples were updated on '<Date>' so percentile calculations before this date may vary from current percentiles on graphs.

To recalculate percentiles you can follow

<<https://novopsych.com.au/support/user-guide/percentiles-based-on-age-and-gender-how-to-re-norm-and-assessment/>>.

The text then describes any two highest subscales that score at or above the High range. The subscales are presented in order based on percentile value, with higher percentiles listed first. For each elevated subscale, the text includes:

- The specific subscale percentile comparison to community norms
- An explanation of what aspect of emotion dysregulation the subscale measures
- The specific items that received the highest ratings, highlighting the most problematic areas

This allows for quick identification of an individual's most significant emotion regulation challenges and informs clinical understanding.

Non-acceptance:

“The responses on the Non-acceptance subscale indicate strong negative secondary reactions to their own emotions, often feeling guilty, ashamed, embarrassed, or angry at themselves for experiencing negative emotions. Their score is on the XXst/nd/rd/th percentile when compared to a clinical adult sample. In therapy, this individual may benefit from psychoeducation about secondary emotions followed by self-compassion exercises. ACT-based acceptance strategies and trauma-informed approaches could help build emotional tolerance when appropriate.

*Items with the highest ratings were:
<Top **Two** highest scored items >”*

Goals:

“The responses on the Goals subscale indicate significant difficulty concentrating and completing necessary tasks when experiencing negative emotions, with emotions frequently derailing goal-directed behavior. Their score is on the XXst/nd/rd/th percentile when compared to a clinical adult sample. In therapy, this individual may benefit from learning implementation intention strategies (‘if-then’ planning) alongside basic executive functioning skills. A gradual approach of building distress tolerance during progressively challenging tasks might be helpful.

*Items with the highest ratings were:
<Top **Two** highest scored items >”*

Impulse:

“The responses on the Impulse subscale indicate substantial difficulty controlling behaviours when emotionally aroused, often engaging in impulsive or regrettable actions when upset. Their score is on the XXst/nd/rd/th percentile when compared to a clinical adult sample. In therapy, this individual may benefit from establishing basic self-care routines focussing on physical health (sleep, exercise, nutrition, and avoiding mood-altering substances) as a foundation for emotion regulation. Developing personalised ‘pause button’ strategies for use during emotional arousal could be valuable.

Items with the highest ratings were:
<Top **Two** highest scored items >”

Strategies:

“The responses on the Strategies subscale indicate limited access to strategies to manage emotions when upset and a strong belief that little can be done to feel better once distressed. Their score is on the XXst/nd/rd/th percentile when compared to a clinical adult sample. In therapy, this individual may benefit from a skills-focus to develop emotion regulation and coping strategies, such as relaxation techniques, grounding strategies or skills to adaptively discharge or dampen emotional states.

Items with the highest ratings were:
<Top **Two** highest scored items >”

Clarity:

“The responses on the Clarity subscale indicate significant confusion about emotions being experienced, with marked difficulty understanding or identifying specific feelings. Their score is on the XXst/nd/rd/th percentile when compared to a clinical adult sample. In therapy, this individual may benefit from psychoeducation about emotions, as well as structured emotional differentiation exercises that progress from basic to complex emotions. Narrative techniques might help develop a richer emotional vocabulary, supported by gentle emotional monitoring.

Items with the highest ratings were:
<Top **Two** highest scored items >”

Developer

Bjureberg, J., Ljótsson, B., Tull, M. T., Hedman, E., Sahlin, H., Lundh, L.-G., Bjärehed, J., DiLillo, D., Messman-Moore, T., Gumpert, C. H., & Gratz, K. L. (2016). Development and validation of a brief version of the Difficulties in Emotion Regulation Scale: The DERS-16. *Journal of Psychopathology and Behavioral Assessment*, 38(2), 284–296. <https://doi.org/10.1007/s10862-015-9514-x>

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Assessment Questions



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



Assessment powered by

NovoPsych



NovoPsych

Developer Reference:

Bjureberg, J., Ljótsson, B., Tull, M. T., Hedman, E., Sahlin, H., Lundh, L.-G., Bjärehed, J., DiLillo, D., Messman-Moore, T., Gumpert, C. H., & Gratz, K.L. (2016). Development and Validation of a Brief Version of the Difficulties in Emotion Regulation Scale: The DERS-16. *Journal of Psychopathology and Behavioral Assessment*, 1–13. <http://doi.org/10.1007/s10862-015-9514-x>

Administer Now

Sample Result

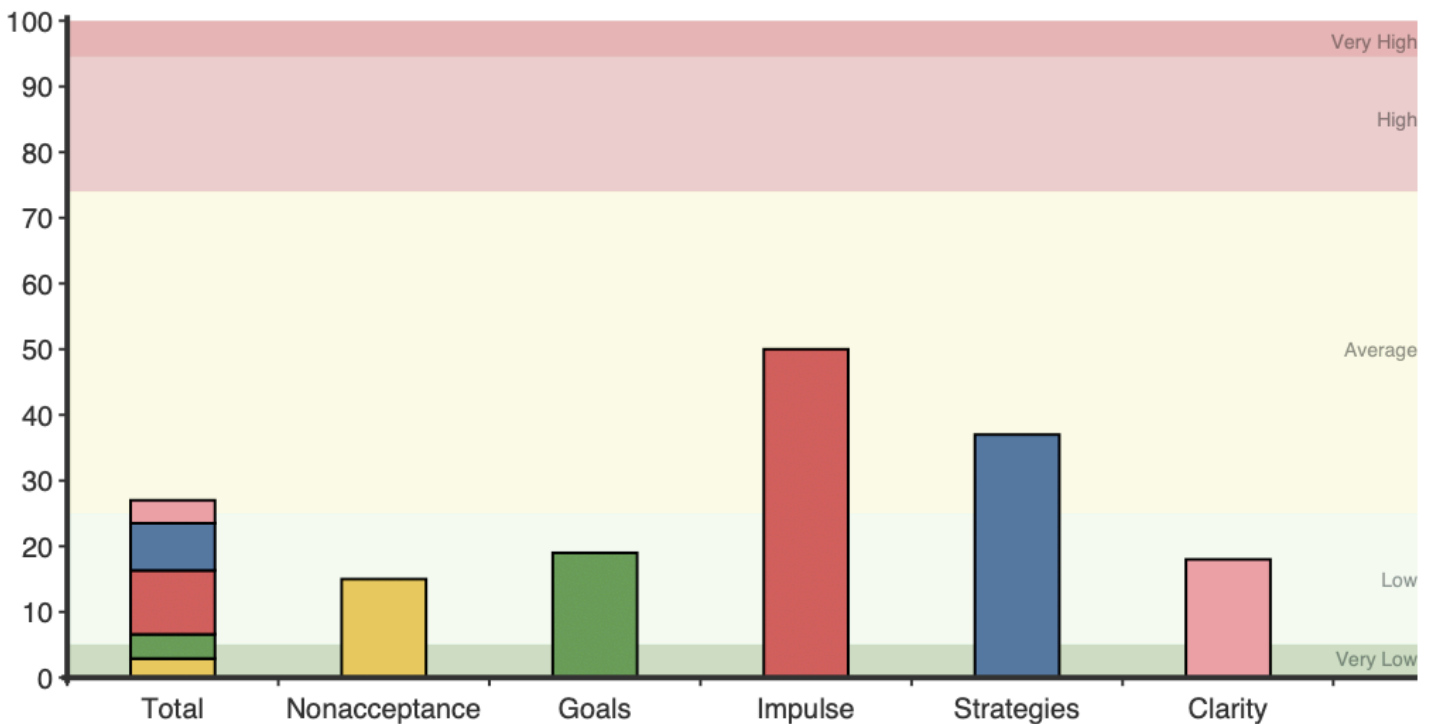
Difficulties in Emotion Regulation Scale - 16 item version (DERS-16)

<i>Client Name</i>	Generic Client	<i>Date administered</i>	4 Feb 2025
<i>Date of birth (age)</i>	1 Jan 1999 (26)	<i>Time taken</i>	12s
<i>Assessor</i>	Dr Emerson Bartholomew		

Results

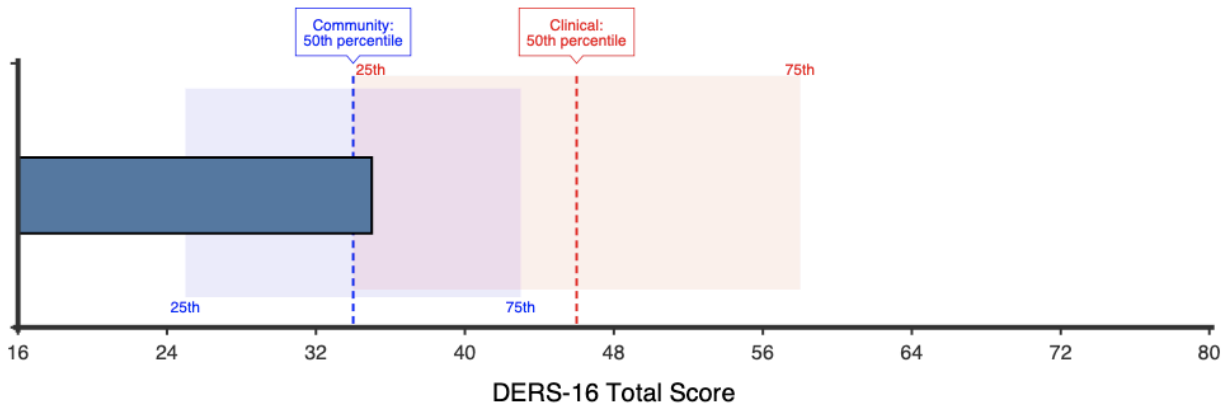
	Raw Score	Clinical percentile	Descriptor
Total	35	27	Low
Nonacceptance of emotional responses	5	15	Low
Difficulty engaging in goal-directed behaviour	7	19	Low
Impulse control difficulties	7	50	Average
Limited access to emotion regulation strategies	12	37	Average
Lack of emotional clarity	4	18	Low

DERS-16 Clinical Percentiles





DERS-16 Score Compared to Community and Clinical Populations



Interpretation

The client's total score suggests minimal difficulties with emotion regulation. While some challenges may be present, they generally report good emotional awareness and regulatory abilities. Their score is lower than 73% of individuals in clinical settings.

Additional Information

For comprehensive information on the DERS-16, [see here](#).

The total score ranges from 16-80 with higher scores indicating more difficulties with emotion regulation.

The normative percentile contextualises the respondent's score in comparison to a community sample of young adult women (Bjureberg et al., 2016). For example, a percentile of 50 would indicate that the client is having an average (and healthy) level of difficulties with emotion regulation. In contrast, a percentile of 90 means the client scored higher than 90 percent of the normative group and would be indicative of significant difficulties with emotion regulation.

The mean score for subscales are presented (from 1-5) to allow for a comparison of the subscale areas (given there are different numbers of questions within each subscale) where higher scores in the subscales is indicative of more difficulties in that area of emotion regulation.

Subscale scores:

1. Nonacceptance of emotional responses (items 9, 10, 13) - a tendency to have a negative secondary or non accepting reaction to one's own distress
2. Difficulty engaging in goal-directed behaviour (items 3, 7, 15) - difficulties in concentrating



Additional Information (cont.)

and/or accomplishing tasks when experiencing negative emotions

3. Impulse control difficulties (items 4, 8, 11) - difficulties remaining in control of one's behaviour when experiencing negative emotions

4. Limited access to emotion regulation strategies (items 5, 6, 12, 14, 16) - the belief that there is little one can do to regulate oneself once upset

5. Lack of emotional clarity (items 1, 2) - reflecting the extent to which an individual knows and is clear about their emotions

A graph is displayed after the initial assessment which shows the average score for the subscales which allows a comparison of relative strengths and weaknesses in the subscale areas. The dotted line on the graph is the total score average which allows for a determination of priority subscale areas that might need to be worked on in therapy (bars above the dotted line) and which aspects might be relative strengths (bars below the dotted line).

After multiple administrations of the DES-16, a graph is displayed to show the change of the normative percentile (total score) over time and also the change in subscales as shown by the mean subscale scores over time.

Client Responses

		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



Client Name	Generic Client
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Client Responses (cont.)

		Almost Never	Sometimes	About half the time	Most of the time	Almost always
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

