

Adaptation of the Difficulties in Emotion Regulation Scale for Peruvian Adolescents

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Abstract

Various brief versions of the DERS have emerged in South American countries over the past few decades. However, the number of factors from the original version has been reduced, and there is a lack of instruments adapted for adolescent populations. This characteristic raises questions regarding the application of the DERS in Peru. From this perspective, this psychometric, non-experimental, cross-sectional study was conducted with a sample of 518 secondary school students from a public institution in Lima, Peru, using non-probability convenience sampling. The average age of the participants was 14.5 years ($SD = 1.65$). The exclusion criteria were intellectual developmental disorders, neurodevelopmental disorders, and/or sensory disabilities. The results demonstrated a 21-item model grouped into four factors representing emotional dysregulation–Emotional self-criticism ($\omega = .86$), emotional awareness ($\omega = .77$), difficulty engaging ($\omega = .81$), and loss of emotional control ($\omega = .80$)—suitable for clinical and educational use in professional practice.

Keywords: DERS-21, emotional dysregulation, psychometric validation, adolescents, mental health.

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Adaptación de la Escala de Dificultades de la Regulación Emocional en adolescentes de Perú

Resumen

En las últimas décadas surgieron diversas versiones breves de la escala DERS en países sudamericanos. No obstante, se detecta una disminución del número de factores en la versión original y la falta de instrumentos adaptados al público adolescente. Esta característica suscita algunos interrogantes sobre la aplicación del DERS en el contexto peruano. Bajo esta perspectiva, se procede a realizar el presente estudio de tipo psicométrico, no experimental, de corte transversal, con una muestra de 518 estudiantes de secundaria de una institución pública de la ciudad de Lima (Perú) mediante un muestreo no probabilístico por conveniencia. La edad media de los participantes fue de 14.5 años ($DE = 1.65$). Los criterios de exclusión fueron: trastorno del desarrollo intelectual, trastornos del neurodesarrollo y/o discapacidad sensorial. Los resultados arrojaron un modelo de cuatro factores: Autocrítica emocional ($\omega = .86$), conciencia emocional ($\omega = .77$), dificultad en funcionamiento ($\omega = .81$), pérdida de control emocional ($\omega = .80$); cuya estructura interna mantiene estabilidad y confiabilidad en los 21 ítems para su uso clínico y educativo en la actividad profesional.

Palabras clave: DERS-21, Desregulación emocional, Adaptación psicométrica, Adolescentes, Salud mental.

Between 10% and 20% of adolescents aged 10–19 years experience emotional disorders that are neither identified nor appropriately treated, with anxiety and depression being the most frequent causes affecting their development (World Health Organization, [WHO], 2021). These issues often remain unnoticed because they are believed to be part of the natural changes associated with this stage of life. In this context, emotional dysregulation becomes a relevant phenomenon to explore because of its implications and association with various mental health problems such as anxiety, depression, self-harm, suicide risk, and borderline traits (Cai et al., 2021; Mirkovic et al., 2021; Norozpour et al., 2021). Therefore, studying emotional dysregulation should be a priority in psychological research, as the neurobiological and social changes occurring during this stage increase vulnerability to emotional problems (WHO, 2021). Its association with risky behaviors and mental health disorders makes it a key construct for clinical interventions. Adequately validated measurement tools allow for the identification of the most relevant indicators in patients, thus facilitating effective psychological intervention.

One instrument that has demonstrated appropriate internal consistency and structural validity in international studies is the Difficulties in Emotion Regulation Scale (DERS), which assesses individuals' perceived difficulty in emotion regulation (Gratz & Roemer, 2004). Unlike other countries, psychometric studies on the DERS are scarce in Peru. An initial report on the validity of the full scale and its brief versions demonstrated sufficient validity evidence based on its internal structure for both the oblique and bifactor models of the 18- and 20-item scales (Blancas-Guillen et al., 2024). Nevertheless, this and similar studies have been conducted with university student samples, highlighting the lack of research on DERS in adolescent populations. Given the statistics presented above, this gap is particularly relevant for intervention purposes.

Therefore, given its relevance in Peru, there is a need for an instrument adapted and validated in accordance with the norms of the adolescent population aged 10 to 18 years in Lima city, enabling its use in clinical and educational settings to detect and guide timely interventions for emotional regulation difficulties. The present study aims to adapt and validate the internal structure of the DERS Scale into a Brief version (DERS-21) within a sample of Peruvian adolescents, establishing, (1) validity evidence based on content, (2) validity based on the scale's internal structure, (3) evaluating the reliability of the scale, (4) setting the factorial invariance of the scale by sex, and (5) and establishing normative data for identifying cases of emotional dysregulation using the DERS.

Considering the regional literature findings on DERS adaptations, the following hypotheses are: (H1) the DERS factorial structure in Peruvian adolescents between 10 and 18 years old fits better with a four-factor correlated multidimensional model in differing to the six-factor structure, original scale. (H2) The final DERS-21 Scale version demonstrates a high level of reliability for all the factors. (H3) The four-factor structure achieves factorial invariance across sex. This study obtained scale DERS-21 and identified four factors: Emotional Self-Criticism, Emotional Awareness, Difficulty Engaging, and Loss of Emotional Control.

Method

Participants

A sample of 518 high school students from a public institution was recruited using a non-probabilistic convenience sampling method. The participants' average age was 14.5 years ($SD = 1.65$). The gender distribution was as follows: 45.9% male, 48.5% female, and 5.6% did not specify. Notably, 15.3% of the total sample reported a prior diagnosis related to emotional problems. For the exploratory analyses of the Difficulties in Emotion Regulation Scale (DERS), a random subsample of 233 students was selected. The detailed demographic characteristics of this subsample are presented in Table 1.

Table 1. Socio-demographic data

	Overall	EFA Sub-sample
N	518	233
Age	14.5 ± 1.65	14.5 ± 1.62
Sex		
Male	238 (45.9%)	111 (57.6%)
Female	251 (48.5%)	111 (57.6%)
Prefer not to say	29 (5.6%)	11 (4.7%)
Diagnosis of emotional problems		
No	439 (84.7%)	191 (82.0%)
Yes	79 (15.3%)	42 (18.0%)

Instrument

The Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004) was designed to assess perceived difficulties in managing emotions. This scale has 36 items grouped into six dimensions: Nonacceptance, Impulsivity, Strategies, Goals, Awareness, and Emotional Clarity. Responses were rated on a 5-point Likert scale ranging from 1 (almost never) to 5 (almost always). The DERS was translated and adapted for the target population, ensuring linguistic and cultural relevance for this study.

Procedure

The project received approval for the use of the instrument by its adapter. Collaborations were established with a public high school in the Los Olivos district of Lima, Peru. The school administration granted the necessary permissions for instrument administration, which was conducted in April 2024. The survey included sociodemographic data and the DERS, which was improved through expert evaluations. Data collection involved assistance from a survey administrator and the school's teaching staff. All participants provided informed assent to participate in the research, which did not cause adverse effects as it only involved a self-report survey without compromising emotional or mental well-being.

Data Analysis

The analysis began with Exploratory Factor Analysis (EFA) using a specific subsample. The data's suitability was assessed using the Kaiser-Meyer-Olkin (KMO) test and Bartlett's test of

sphericity. KMO values above 0.80 and statistical significance ($p < 0.05$) for Bartlett's test were deemed acceptable. The number of factors to extract was determined based on the percentage of cumulative variance, aiming for a substantial explanation of the data variability.

Before Confirmatory Factor Analysis (CFA), univariate normality was evaluated using skewness ($g1 \pm 3$) and kurtosis ($g2 \pm 10$) coefficients as criteria (Kline, 2016). Floor and ceiling effects were also examined, with response frequencies above 15% in the extreme options considered problematic (McHorney & Tarlov, 1995). Given the ordinal nature of the data, a polychoric correlation matrix was used to better capture the relationships between the variables. CFA was conducted to validate the factorial structure obtained from the EFA. Due to the ordinal data nature and the presence of floor effects, the WLSMV estimator was used. The model fit criteria included χ^2 , CFI > 0.90 , TLI > 0.90 , and RMSEA < 0.08 (Browne & Cudeck, 1992; Xia & Yang, 2019). Factor loadings were examined, with a threshold of 0.40 established to ensure the items' representativeness of the latent construct. Reliability was assessed using the omega coefficient, with values above 0.70 expected (Viladrich et al., 2017).

Next, factorial invariance by sex was analyzed. Restricted models were evaluated using the same CFA criteria, with invariance indicators being differences in CFI ($\Delta CFI < 0.01$) and RMSEA ($\Delta RMSEA < 0.05$) between increasingly restrictive models (Rutkowski & Svetina, 2017).

Finally, normative scales were developed using the percentiles. These normative data facilitate the practical application of the instrument in clinical and research contexts, enabling the categorization of individuals based on the intensity of the measured latent factor.

Results

Content Analysis

The instrument underwent linguistic adaptation to target an adolescent audience. Subsequently, six expert judges evaluated the items based on their relevance, coherence, and clarity. Of the initial 36 items, 34 met all three evaluation criteria. The Aiken's V coefficient values ranged from 0.72 to 1.00, providing evidence of content validity.

The final adapted version of the DERS comprises 34 items designed to assess various aspects of emotional dysregulation among adolescents. This version maintained the core structure of the original scale while incorporating linguistic and conceptual adjustments to ensure its suitability and comprehensibility for the target population. To quantify the level of agreement among the judges and provide evidence of content validity, Aiken's V coefficient was calculated for each item. The values obtained ranged from 0.72 to 1.00, exceeding the minimum acceptable threshold of 0.70, as proposed by Aiken (1985). The final adapted version of the DERS consisted of 34 items designed to assess various aspects of emotional dysregulation in adolescents. This modified version retains the essential structure of the original scale, with linguistic and conceptual adjustments to ensure its suitability and comprehensibility for the target population.

Exploratory Factor Analysis

An EFA was conducted using a subsample of 233 students. The polychoric correlation matrix revealed associations ranging from null to moderate, ensuring item independence. Univariate normality was confirmed as the skewness and kurtosis coefficients fell within the expected ranges (see Supplementary Materials).

Sample adequacy was confirmed with a KMO test score of 0.9 ($p < .001$), indicating excellent suitability for factor analysis. Initially, a six-factor structure consistent with the original DERS was proposed. However, this model displayed weak factor loadings and an inadequate distribution of items across factors. Consequently, a four-factor exploratory model was adopted, explaining 41% of the total variance (see Supplementary Materials for a detailed factor structure).

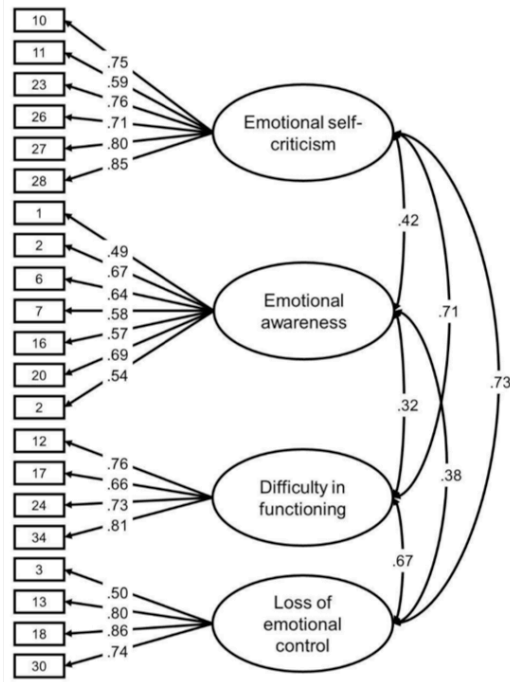
In the EFA, a priori rules were applied for purification: only items with a primary loading $\geq .40$ in their target factor and without cross-loadings $> .30$ were retained; additionally, a minimum of three indicators per factor was required. When conceptually redundant indicators (two items that essentially measured the same content) appeared within the same factor, priority was given to the one with better psychometric performance and greater semantic clarity, to optimize parsimony without losing construct coverage. The combination of these criteria led, in a predefined manner, to a reduction to 25 items and the configuration of four conceptually interpretable factors (explaining variance = 44%).

Confirmatory Factor Analysis and Invariance Testing

A CFA validated the factor structure derived from the EFA. Table 2 presents the fit indices for the evaluated models. The initial model showed acceptable fit indices, which were further optimized using modification indices (MI) while maintaining theoretical coherence. During the CFA, the a priori retention criteria (standardized loadings $\geq .40$ on the intended factor) were maintained, and modifications suggested by the MI were incorporated only when they were theoretically justified. Items that did not reach the loading threshold or that were redundant within their factor were removed to preserve content validity and prevent local dependency. This decision was consistent with the conceptual rationale established in the exploratory phase, ensuring that each factor retained at least 3 conceptually distinct and psychometrically adequate indicators. As a result, four items (9, 15, 19, and 25) were removed due to cross-loadings and weak correspondence with their latent constructs. The refined 21-item version (Model 5) exhibited an improved overall fit (CFI = .95; TLI = .94; RMSEA = .06), confirming the robustness and stability of the oblique four-factor structure. Factor loadings ranged from .49 (item 1) to .86 (item 18), demonstrating strong and consistent relationships between the items and their respective latent factors (Figure 1).

Factorial invariance testing was carried out using a multi-group CFA. Two groups were compared: male ($n = 238$) and female ($n = 251$) participants. The analysis followed a hierarchical approach starting with a configural model that freely estimated parameters across groups, confirming that the same four-factor configuration was appropriate for both sexes. Subsequently, a metric model was tested by constraining factor loadings to equality, which showed minimal differences in model fit ($\Delta CFI = .007$; $\Delta RMSEA = .005$), supporting the equivalence

Figure 1. Model 5 DERS 21 items



of loadings across groups. Finally, a scalar model with equality constraints on both loadings and intercepts was examined; however, this model did not achieve adequate fit ($\Delta CFI = .014$; $\Delta RMSEA = .004$) and attempts to establish partial scalar invariance were unsuccessful. These findings indicate that the DERS-21 demonstrates configural and metric invariance across sexes, but not scalar invariance, suggesting comparable factor structures and relationships between items and factors, while some differences in item intercepts remain (Table 2).

DERS-21 Normative Data

After validating the DERS-21 for secondary school adolescents, normative data were established for interpreting scores across the four identified factors: Emotional Self-Criticism, Emotional Awareness, Difficulty Engaging, and Emotional Loss of Control (Table 3). Percentiles were calculated from the total scores for each dimension using the full sample of 518 students. The invariance analysis demonstrated metric equivalence across subgroups, supporting the comparability of scores across the demographic groups. These normative data provide a solid foundation for clinical and research applications, enhancing the scale's utility in evaluating and interpreting emotional dysregulation in adolescents.

Table 3. Normative DERS-21

	Emotional self-criticism	Emotional awareness	Difficulty in functioning	Loss of emotional control
M	15,7	20,1	12,5	9,88
DE	6,42	5,73	4,34	4,1
Min	6	7	4	4
Max	30	35	20	20
Pc1	6	9	4	4
Pc10	8	13	7	5
Pc15	-	14	8	-
Pc20	9	15	-	6
Pc25	10	16	9	-
Pc30	11	17	10	7
Pc35	12	18	-	8
Pc40	13	19	11	-
Pc45	14	-	12	9
Pc50	15	20	-	-
Pc55	16	21	13	10
Pc60	17	22	14	11
Pc65	18	23	-	-
Pc70	19	-	15	12
Pc75	20	24	16	13
Pc80	22	25	-	14
Pc85	23	26	18	15
Pc90	25	28	-	16
Pc95	28	29	20	17
Pc99	30	33	-	20

Discussion

Emotional regulation processes are essential for personal development in response to individual and environmental needs (Ortiz, 2016). This study adapted the DERS for Peruvian adolescents, enabling its use in clinical and educational settings for the early detection, monitoring, and treatment of at-risk adolescents (De la Rosa-Gómez et al., 2021).

The adapted DERS resulted in a four-factor, 21-item oblique model assessing Emotional Self-Criticism, Emotional Awareness, Difficulty Engaging, and Emotional Loss of Control. Metric invariance supports unbiased measurement across genders, while reliability remained stable across the tested models. Unlike the two-factor models reported in Colombian and Mexican studies, the Peruvian DERS-21 demonstrates stability in terms of content, structure, and consistency.

Table 2. Factorial Analysis Confirmatory and Factorial Invariance

Models	Chi	df	p	CFI	TLI	RMSEA	90% CI	ΔCFI	$\Delta RMSEA$	F1 ω	F2 ω	F3 ω	F4 ω
M1	994.4	269	.000	.91	.90	.07	.07 - .07			.88	.79	.81	.80
M2	869.9	246	.000	.92	.92	.07	.07 - .08			.88	.79	.81	.80
M3	776.3	224	.000	.93	.92	.07	.06 - .07			.88	.78	.81	.80
M4	644.5	203	.000	.94	.94	.07	.06 - .07			.88	.77	.81	.80
M5	544.6	183	.000	.95	.94	.06	.06 - .07			.86	.77	.81	.80
Configural	671.6	366	.000	.95	.94	.06	.05 - .07						
Metric	646.2	383	.000	.96	.95	.05	.05 - .06	.007	.005	-	-	-	-
Scalar	790.1	442	.000	.94	.95	.06	.05 - .06	.014	.004	-	-	-	-

M1: no modification; M2: without item 25; M3: without item 9 and 25; M4: without item 9, 19 and 25; M5: without item 9, 15, 19 and 25. The partial scalar model was tested but the result was the same.

The identified four-factor structure offers a parsimonious and clinically meaningful representation of emotional dysregulation in this adolescent population. The factor Emotional Self-Criticism primarily captures punitive reactions towards one's own emotions, encompassing items related to judging and blaming oneself when experiencing negative affect (derived from the original Nonacceptance dimension). Emotional Awareness reflects the clarity and attention given to emotional states (retaining core items from Awareness and Clarity). The difficulty-engaging factor groups items related to the inability to focus or perform goal-directed behavior when distressed (from the original Goals and Strategies subscales). Finally, Loss of Emotional Control assesses the perceived intensity and impulsive reaction to emotional experience (derived from Impulsivity). This re-grouping suggests that, in Peruvian adolescents, difficulties in emotional regulation condense into these four major, theoretically coherent domains.

Compared to other studies, the DERS scale for adolescents was translated from the original scale following a contextual approach, which prioritizes the sociocultural context in the experience, expression, and regulation of various emotions (Bolívar-Ramírez et al., 2022). Consequently, in the initial analysis, the items exhibited similarities in semantic and pragmatic structures, leading to a subsequent study to assess the feasibility and internal consistency of each item in the native language, as reflected in the factorial analysis (Michellini & Godoy, 2022).

Based on Classical Test Theory (CTT), validity and reliability are essential requirements for instrument adaptation (Mikulic, 2007). The use of the omega coefficient is notable for its stability in calculating the factor loadings. In this context, an adapted scale with a correlation for each dimension was developed, ensuring a multidimensional value in the absence of correlated errors (Vizioli & Pagano, 2022).

Despite the Scale seeming to be simplified into 21 items in comparison to the original 34 items, this trade-off for parsimony is supported by the goal of achieving a more stable and psychometrically structure. The retained 21 items maintained coverage across the core functions of emotional dysregulation, emphasizing the non-acceptance and impulsive responses, which are the main indicators of clinical distress in adolescents. Therefore, the DERS-21 represents an optimized balance between clinical interpretability and model fit stability in this context.

In the Latin American context, evidence on the structure of the DERS manifests heterogeneity, reflecting variations in both population demographics (e.g., adolescents versus adults, schoolchildren versus university students) and decisions concerning adaptation and analytical approaches. In Colombia, solutions have been reported that preserve the instrument's multidimensionality with partial reconfigurations of classic domains (e.g., Awareness and Clarity), as well as adjustments for differential item functioning (Muñoz-Martínez et al., 2016). In Mexico, the dimensional examination of a short version (DERS-15) in university students demonstrated the efficacy of reduced models, substantiating that parsimony can enhance metric precision in specific populations (De la Rosa-Gómez et al., 2021). In Peru, a recent study with university students found evidence of validity for abbreviated versions (18 and 20 items) under oblique and bifactor solutions. This finding highlights the structure's sensitivity to item truncation

and the estimation method with ordinal data (Blancas-Guillen et al., 2024). In the Chilean adult population, norms have been proposed for the Spanish version (DERS-E; Guzmán-González et al., 2020), emphasizing applied use rather than exact replication of the original factorial arrangement. In addition, studies have demonstrated that invariance and fit are contingent upon the degree of model simplification and the quality of linguistic adaptation, even among Spanish adolescents outside the region (Gómez-Simón et al., 2014). Taken together, these findings suggest that, in Spanish-speaking adolescent populations, configurations with fewer factors or regrouped factors (e.g., collapsing awareness/clarity or goals/strategies components) may offer a more stable compromise between content validity and overall fit. In this vein, our oblique model with four factors and 21 items aligns with the regional trend toward parsimonious and clinically interpretable solutions for screening and decision-making in school settings. This alignment maintains the functional differentiation between emotional self-criticism, emotional awareness, difficulty in functioning, and loss of emotional control.

Establishment of normative data for the Difficulties in Emotion Regulation Scale (DERS) is essential for clinical psychology practice, particularly among adolescents. This allows for a precise and comparative assessment of emotion regulation difficulties in this population. Having specific norms enables clinicians to objectively identify behaviors or emotional responses that fall outside the expected normative range, facilitating the early detection of emotional disorders such as anxiety, depression, and difficulties in stress management (Sánchez-García et al., 2021). Furthermore, these normative data serve as a solid reference for evaluating the effectiveness of psychological interventions, enabling tailored treatment to each adolescent's needs. In this regard, the DERS norms not only enhance diagnostic accuracy but also optimize therapeutic monitoring, significantly contributing to the effectiveness of the clinical interventions. (Alvarado-Zurita & Rodas, 2024)

Limitations

This study presents several limitations that should be considered when interpreting the findings. (1) First, the EFA was conducted on a relatively small subsample ($n = 233$) with uneven gender distribution, which may limit the stability of the exploratory structure. Therefore, it's necessary to establish a similar number across all groups to obtain a more accurate analysis of each group and to design specific mental health programs. (2) The use of a non-probabilistic convenience sampling design restricts the generalizability of the results and may introduce sampling bias. (3) The data were collected from a single educational institution in Metropolitan Lima, so the established local norms are context-specific and should be interpreted with caution in other regions or sociocultural contexts. (4) The study relied exclusively on self-report measures, without including external or clinical criteria (e.g., diagnostic interviews or validated psychopathological indicators) that would provide evidence of criterion-related validity. (5) Finally, only a small percentage of participants reported previous emotional or neurodevelopmental diagnoses, which limits the representativeness of adolescents with clinically significant difficulties. Future research should address these limitations

by incorporating probabilistic or stratified sampling, expanding data collection to different regions of Peru, and including clinical indicators or convergent measures to strengthen the external validity and diagnostic applicability of the DERS-21.

In conclusion, the DERS-21 maintains the essential structure of the original scale, with linguistic and conceptual adjustments to ensure comprehension by the target population. Factor analysis of the DERS-21 demonstrated improved structure and internal consistency, as evidenced by minimal variations in the reliability coefficients.

The validation of the DERS-21 scale in adolescents in secondary schools in Lima established normative data for interpreting scores on the four identified factors: Emotional Self-Criticism, Emotional Awareness, Difficulty Engaging, and Loss of Emotional Control.

This approach leads to a more accurate contextually informed interpretation of individual scores relative to the reference population. Furthermore, it provides a solid basis for the assessment and understanding of emotional dysregulation in secondary school adolescents, improving the clinical and research utility of the adapted version of the DERS-21.

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Conflict of interest

The authors report no conflicts of interest.

References

- Aiken, L. R. (1985). Three coefficients for analyzing the reliability and validity of ratings. *Educational and Psychological Measurement*, 45(1), 131–142. <https://doi.org/10.1177/0013164485451012>
- Alvarado-Zurita, P. D., & Rodas, J. A. (2024). Estrategias de regulación emocional cognitiva: Diferencias de género en Ecuador. *Liberabit*, 30(1), 1–15. <https://doi.org/10.24265/liberabit.2024.v30n1.727>
- Blancas-Guillén, J., Arroyo-Pizarro, P., Quintana, E., Tupa-Belizario, R. S., & Valencia, P. D. (2024). Escala de dificultades en la regulación emocional: Análisis psicométrico de sus versiones breves en universitarios peruanos. *Revista Argentina de Ciencias del Comportamiento*, 16(2), 60–73. <https://doi.org/10.32348/1852.4206.v16.n2.36158>
- Bolívar-Ramírez, M., Ríos-Cruz, S. G., & Avendaño, B. L. (2022). Regulación emocional en adolescentes: Importancia e influencia del contexto. *Apuntes de Bioética*, 5(2), 131–145. <https://doi.org/10.35383/apuntes.v5i2.796>
- Browne, M. W., & Cudeck, R. (1992). Alternative ways of assessing model fit. *Sociological Methods & Research*, 21(2), 230–258. <https://doi.org/10.1177/0049124192021002005>
- Cai, R., Hardan, A., Phillips, J., Frazier, T., & Uljarević, M. (2021). Brief report: Emotion regulation influences on internalizing and externalizing symptoms across the normative–clinical continuum. *Frontiers in Psychiatry*, 12, Article 693570. <https://doi.org/10.3389/fpsy.2021.693570>
- De la Rosa-Gómez, A., Hernández-Posadas, A., Valencia, P. D., & Guajardo-Garcini, D. A. (2021). Análisis dimensional de la Escala de Dificultades en la Regulación Emocional (DERS-15) en universitarios mexicanos. *Revista Evaluar*, 21(2), 80–97. <https://doi.org/10.35670/1667-4545.v21.n2.34401>
- Gómez-Simón, I., Penelo, E., & de la Osa, N. (2014). Factor structure and measurement invariance of the Difficulties in Emotion Regulation Scale (DERS) in Spanish adolescents. *Psicothema*, 26(3), 401–408. <https://doi.org/10.7334/psicothema2013.324>
- Guzmán-González, M., Mendoza-Llanos, R., Garrido-Rojas, L., Barrientos, J., & Urzúa, A. (2020). Propuesta de valores de referencia para la Escala de Dificultades de Regulación Emocional (DERS-E) en población adulta chilena. *Revista Médica de Chile*, 148(5), 644–652. <https://doi.org/10.4067/S0034-98872020000500644>
- Gratz, K. L., & Roemer, L. (2004). Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the Difficulties in Emotion Regulation Scale. *Journal of Psychopathology and Behavioral Assessment*, 26(1), 41–54. <https://doi.org/10.1023/B:JOBA.0000007455.08539.94>
- Kline, R. B. (2016). *Principles and practice of structural equation modeling* (4th ed.). Guilford Press.
- Michelin, Y., & Godoy, J. C. (2022). Análisis factorial confirmatorio de la Escala de Dificultades en la Regulación Emocional Estado en una muestra argentina. *Revista Costarricense de Psicología*, 41(1), 23–42. <https://doi.org/10.22544/rcps.v41i01.02>
- McHorney, C. A., & Tarlov, A. R. (1995). Individual-patient monitoring in clinical practice: Are available health status surveys adequate? *Quality of Life Research*, 4(4), 293–307. <https://doi.org/10.1007/BF01593882>
- Mikulic, I. M. (2007). *Construcción y adaptación de pruebas psicológicas* [Manuscrito no publicado]. Facultad de Psicología, Universidad de Buenos Aires.
- Mirkovic, B., Delvenne, V., Robin, M., Pham-Scottez, A., Corcos, M., & Speranza, M. (2021). Borderline personality disorder and adolescent suicide attempt: The mediating role of emotional dysregulation. *BMC Psychiatry*, 21, Article 336. <https://doi.org/10.1186/s12888-021-03377-x>
- Muñoz-Martínez, A. M., Vargas, R. M., & Hoyos-González, J. S. (2016). Escala de dificultades en regulación emocional (DERS): Análisis factorial en una muestra colombiana. *Acta Colombiana de Psicología*, 19(1), 225–236. <https://doi.org/10.14718/ACP.2016.19.1.10>
- Norouzpour, M., AghaMohammadi, S., Taherifar, Z., Zeinodini, Z., Farahani, H. S., Mousavi, N., Rostami, H. G., & Keshtkar, A. (2021). *The prevalence of non-suicidal self-injury (NSSI): Protocol for a systematic review and meta-analysis*. Research Square. <https://doi.org/10.21203/rs.3.rs-750342/v1>
- Ortiz, P. (2016). *El sistema de la personalidad* (2.ª ed.). Universidad de Ciencias y Humanidades.
- Sánchez-García, M., De la Rosa-Cáceres, A., Stasik-O'Brien, S., Mancheco-Barba, J. J., Lozano, O. M., & Díaz-Batanero, C. (2021). Norms according to age and gender for the Spanish version of the Inventory of Depression and Anxiety Symptoms (IDAS-II). *Frontiers in Psychology*, 12, Article 748025. <https://doi.org/10.3389/fpsyg.2021.748025>
- Rutkowski, L., & Svetina, D. (2017). Multidimensional measurement invariance in an international context: Fit measures performance with many groups. *Journal of Cross-Cultural Psychology*, 48(7), 991–1008. <https://doi.org/10.1177/0022022117717028>
- Viladrich, C., Angulo-Brunet, A., & Doval, E. (2017). A journey around alpha and omega to estimate internal consistency reliability. *Anales de Psicología*, 33(3), 755–782. <https://doi.org/10.6018/analesps.33.3.268401>

Vizioli, N., & Pagano, A. (2022). De alfa a omega: Estimación de la confiabilidad ordinal. Una guía práctica. *Revista Costarricense de Psicología*, 41(2), 119–136. <https://doi.org/10.22544/rcps.v41i02.02>

World Health Organization. (2021, November 17). *Adolescent mental health*. <https://www.who.int/es/news-room/fact-sheets/detail/adolescent-mental-health>

Xia, Y., & Yang, Y. (2019). RMSEA, CFI, and TLI in structural equation modeling with ordered categorical data: The story they tell depends on the estimation methods. *Behavior Research Methods*, 51(1), 409–428. <https://doi.org/10.3758/s13428-018-1055-2>

Supplementary Material

A1. DERS Final Version for Lima-Peru

Factor	Original Numbering	Items	New Numbering
Autocrítica emocional	10	Cuando estoy disgustado (ya sea enojado, triste, ansioso, etc.), me molesto conmigo mismo por sentirme de esa manera.	1
	11	Cuando estoy disgustado (ya sea enojado, triste, ansioso, etc.), me siento avergonzado por sentirme de ese modo.	2
	23	Cuando estoy disgustado (ya sea enojado, triste, ansioso, etc.), me siento culpable por sentirme de esa manera.	3
	26	Cuando estoy disgustado (ya sea enojado, triste, ansioso, etc.), creo que no hay nada que pueda hacer para sentirme mejor.	4
	27	Cuando estoy disgustado (ya sea enojado, triste, ansioso, etc.), me quedo fastidiado conmigo mismo por sentirme de esa manera.	5
	28	Cuando estoy disgustado (ya sea enojado, triste, ansioso, etc.), empiezo a sentirme muy mal conmigo mismo.	6
Conciencia emocional	1	Tengo claro lo que siento (ya sea enojo, tristeza, etc.) cuando ocurre algo.	7
	2	Presto atención a cómo me siento.	8
	7	Me importa lo que vengo sintiendo.	9
	8	Me siento confundido sobre cómo me siento cuando pasa algo.	10
	16	Cuando estoy disgustado (ya sea enojado, triste, ansioso, etc.), creo que mis sentimientos son válidos e importantes.	11
	20	Cuando estoy disgustado (ya sea enojado, triste, ansioso, etc.), sé que puedo encontrar la forma de sentirme mejor después.	12
Dificultad en funcionamiento	22	Cuando estoy disgustado (ya sea enojado, triste, ansioso, etc.), creo que puedo mantener el control de mi comportamiento.	13
	12	Cuando estoy disgustado (ya sea enojado, triste, ansioso, etc.), tengo dificultades para culminar mis deberes.	14
	17	Cuando estoy disgustado (ya sea enojado, triste, ansioso, etc.), tengo dificultad para enfocar mi atención en otras cosas.	15
	24	Cuando estoy disgustado (ya sea enojado, triste, ansioso, etc.), tengo dificultades para concentrarme en mis deberes.	16
Pérdida de control emocional	34	Cuando estoy disgustado (ya sea enojado, triste, ansioso, etc.), mis emociones me abruman y no me dejan pensar.	17
	3	Experimento mis emociones como agobiante y fuera de control.	18
	13	Cuando estoy disgustado (ya sea enojado, triste, ansioso, etc.), pierdo el control.	19
	18	Cuando estoy disgustado (ya sea enojado, triste, ansioso, etc.) me siento como si no tuviera el control.	20
	30	Cuando estoy disgustado (ya sea enojado, triste, ansioso, etc.), me dejo llevar por ese sentimiento.	21