



## RESEARCH EXPLANATION

Dear:

**Respondents Ms/Mrs/Mr**

In

SMA/SMK East Kalimantan Province

Peace be upon you, and Allah mercy and blessings.

I, the undersigned below:

Name : SITI KHOLIFAH (2020681714)  
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My Supervisor : Dr. Siti Khuzaimah Ahmad Sharoni  
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I will be conducting research in the field of nursing with the title "**The Effects Of Theory-Based Supportive Group Therapy On Self Efficacy And Emotion Regulation Among Adolescent With Mental Disorders In East Kalimantan: A Randomised Controlled Trial (RCT)**". Activities performed during the study: answering questions and participating in group therapy activities.

Recruitment characteristics of research respondents:

1. Adolescents aged between 15 and 17 years old.
2. Have regular access to smartphones
3. Able to understand Indonesian or English
4. Registered as student

The benefits of this research are that adolescents are mentally healthy and productive by increasing their knowledge of tasks and development in adolescence, self-efficacy and emotional regulation. Supportive group therapy stimulation in adolescents will be able to know their own abilities and be able to develop positively with the hope of becoming successful people in the future.

The information you provide is an invaluable aid in this research. All data contained in this research is kept confidential by the researcher and is only informed for research purposes with the permission of the respondent or the responsible party. If you subsequently withdraw from participating in this study, there will be no consequences/risks.

Thus this information, thank you for your participation.

**Best wishes  
Researcher**

**Siti Kholifah**



**WILLING STATEMENT  
AS A RESEARCH RESPONDENT**

I, the undersigned below,

Nama : \_\_\_\_\_

Number phone \_\_\_\_\_ :

States that :

1. I have received an explanation about the research entitled "**The Effect of Theory-Based Supportive Group Therapy on Self-Efficacy and Emotion Regulation in Adolescents with Mental Disorders in East Kalimantan: A Randomized Controlled Trial (RCT)**".
2. I understand the characteristics and scope of this research.
3. I have read and understand all the terms of participation in this research.
4. I am satisfied with the answers to my questions about this research.
5. I voluntarily agree to participate in this research and follow all programs and provide necessary information to researchers upon request.
6. I can withdraw from this study at any time without giving a reason.
7. I have received a copy of the Participant Information Form and Consent Form.
8. Regardless of the loss caused by the negligence and carelessness of the researcher, I hereby release and release UiTM and all researchers from any responsibility in connection with, arising from or related to my participation. I agree to indemnify them for any damages I may incur as a result of my participation.

With the above considerations, I hereby decide without coercion from any party to declare **WILLING** to participate as a respondent in this study.

Thus I make this statement truthfully.

\_\_\_\_\_, 2023

Name of Participant/Authorized representative in charge	Signature
Witness Name	Signature
Researcher Name	Signature
Siti Kholifah	

*\*The original copy is kept by the Main Researcher and one copy is handed over to the participant.*

## **INSTRUMENT**

**The Effects Of Theory-Based Supportive Group Therapy On Self Efficacy And Emotion Regulation Among Adolescent With Mental Disorders In East Kalimantan: A Randomised Controlled Trial (RCT)**

By  
**SITI KHOLIFAH**  
2020681714



## DEMOGRAPHIC DATA

1. Name : \_\_\_\_\_
2. Gender : Male  Female
3. Age : \_\_\_\_\_ Year
4. Caregiver :
  - a) Parent
  - b) Grandparents
  - c) Uncle/Aunt
  - d) Orphanage
5. Number of siblings \_\_\_\_\_ You are the child \_\_\_\_\_
6. Family Intact Divorced Mother/Father Deceased
7. Status Orphan Orphaned
8. Ethnicity/culture : Dayak  Bugis   
Jawa  Kutai   
Sunda  Batak   
Betawi  Madura   
Bali  Toraja   
Other \_\_\_\_\_
9. Friend to confide : Parents  Friends  Siblings
10. Physical health problems Yes  No   
If any What pain \_\_\_\_\_
11. When you get emotional what feelings come up  
Angry  Sad  Anxious  Fearful
12. Personality type  
Extrovert  Intrivert  Ambivert
13. Have you ever participated in youth group activities:  
Never Ever Name of activity \_\_\_\_\_
14. Talents/Skills you have \_\_\_\_\_



### A. DEPRESSION ANXIETY STRESS SCALE-21 (DASS-21)

Please read each statement and circle the number 0, 1, 2 or 3 which indicates how much it applies to you in the past week. There's no right or wrong answer.

The rating scale is as follows:

- 0 = Never : If you don't feel it at all  
 1 = Rarely : If you feel about more than once a month  
 2 = Sometimes : If you feel about once a month  
 3 = Often : If you feel about once a week

No.	Qurstionnaire	CHOICE			
		Never	Rarely	Sometimes	Often
1	I found it hard to wind down	0	1	2	3
2	I was aware of the dryness of my mouth.	0	1	2	3
3	I could not seem to experience any positive feelings at all.	0	1	2	3
4	I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5	I found it challenging to work up the initiative to do things.	0	1	2	3
6	I tended to overreact to situations.	0	1	2	3
7	I experienced trembling (e.g., in the hands)	0	1	2	3
8	I felt that I was using much nervous energy.	0	1	2	3
9	I was worried about situations in which I might panic and make a fool of myself.	0	1	2	3
10	I felt that I had nothing to look forward to	0	1	2	3
11	I found myself getting agitated.	0	1	2	3
12	I found it difficult to relax.	0	1	2	3
13	I felt down-hearted and blue.	0	1	2	3
14	I was intolerant of anything that kept me from getting on with what I was doing.	0	1	2	3
15	I felt I was close to panicking.	0	1	2	3
16	I was unable to become enthusiastic about anything.	0	1	2	3
17	I felt I was not worth much as a person.	0	1	2	3
18	I felt that I was rather touchy.	0	1	2	3
19	I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat)	0	1	2	3
20	I felt scared without any good reason.	0	1	2	3
21	I felt that life was meaningless.	0	1	2	3

(Lovibond & Lovibond, 1995)



### B. GENERAL SELF-EFFICACY SCALE (GSEF)

Give the following answers according to the conditions you are experiencing by placing a tick (√) in the available choice column.

Answer Choice Value

1 : Very untrue

2 : Not true

3 : Right

4 : Absolutely

No	QUESTIONNAIRE	CHOICE			
		Not at all true	Hardly true	Moderately true	Exactly true
1	I can always manage to solve complex problems if I try hard enough.				
2	If someone opposes me, I can find the means and ways to get what I want.				
3	It is easy for me to stick to my aims and accomplish them.				
4	I am confident that I can deal efficiently with unexpected events.				
5	Thanks to my resourcefulness, I know how to handle unforeseen situations.				
6	I can solve most problems if I invest the necessary effort.				
7	I can remain calm when facing difficulties because I can rely on my coping abilities.				
8	When confronted with a problem, I can usually find several solutions.				
9	If I am in trouble, I can usually think of a solution.				
10	I can usually handle whatever comes my way.				



### C. DIFFICULTIES EMOTION REGULATION SCALE (DERS-16)

Please indicate how often the following statement fits your condition by selecting one answer in the column of choices provided.

Answer Choice Value:

1. Rarely [0-10%]
2. Sometimes [11-35%]
3. About half the time [36-65%]
4. Most of the time [66-90%]
5. Almost always [91-100%]

No	QUESTIONNAIRE	CHOICE				
		Rarely	Someti mes	About half the time	Most of the time	Almost always
1	I have difficulty making sense of my feelings					
2	I am confused about how I feel.					
3	When I am upset, I have difficulty getting work done.					
4	When I am upset, I become out of control.					
5	When I am upset, I believe that I will remain that way for a long time.					
6	When I am upset, I believe that I will end up feeling very depressed.					
7	When I am upset, I have difficulty focusing on other things.					
8	When I am upset, I feel out of control.					
9	When I am upset, I feel ashamed of myself for feeling that way.					
10	When I am upset, I feel like I am weak					
11	When I am upset, I have difficulty controlling my behaviors.					
12	When I am upset, I believe that there is nothing I can do to make myself feel better.					
13	When I am upset, I become irritated with myself for feeling that way.					
14	When I am upset, I start to feel very bad about myself.					
15	When I am upset, I have difficulty thinking about anything else.					
16	When I am upset, my emotions feel overwhelming.					



### D. FUNCTIONS OF IDENTITY SCALE (FIS)

#### INSTRUCTIONS:

Give your opinion on the following statements according to your experience, by putting a tick (√) in the available choice column.

Answer choices:

- 1 = Never : If you don't feel it at all
- 2 = Seldom : If you feel about more than once a month
- 3 = Sometimes : If you feel about once a month
- 4 = Often : If you feel about once a week
- 5 = Always : If you feel it every day

No	QUESTIONNAIRE	CHOICE				
		Never	Seldom	Some Times	Often	Always
1	I am sure that I know myself.					
2	I feel a sense of peace with myself and my identity.					
3	I feel I have a consistent sense of self from one day to the next.					
4	My values and beliefs reflect who I am.					
5	My values and beliefs are consistent with my commitments in my life.					
6	My values and beliefs fit with the person I am.					
7	I have constructed my own goals for myself.					
8	I tend to set goals and then work towards making them happen.					
9	I am a goal-directed person.					
10	I have a good idea of what my future holds for me.					
11	I am clear about who I will be in the future.					
12	Thinking about my future gives me a sense of direction.					
13	When what I am doing is not working, I can find different approaches to meeting my goal(s).					
14	The decisions I make about how to behave and act are based on my personal choices.					
15	I am self-directed when I set my goals.					

Source of Identity function scale according to (Serafini, 2008)



## E. STRENGTHS AND DIFFICULTIES QUESTIONNAIRE (SDQ)

### FILLING INSTRUCTIONS.

Put a check mark ( ✓ ) for each answer that matches your choice. It would be very helpful for us if you give your answer according to what happened to you in the last six months.

Answer Choices:

1 = Not true

2 = Somewhat true

3 = True

No	QUESTIONNAIRE	CHOICE		
		Not true	Somewhat right	True
1	I try to be kind to others. I care about their feelings.			
2	I am agitated; I cannot be quiet the lama time.			
3	I often have headaches, stomachaches, or other kinds of pain.			
4	If I have toys or food, I usually share them with others.			
5	I became furious and often could not control my anger.			
6	I would rather be alone than be with people my age.			
7	I usually do what others are told.			
8	I feel anxious or worried about anything.			
9	I am always ready to help if anyone is hurt, disappointed, or sick.			
10	When I am anxious or anxious, my body often moves around without me knowing it.			
11	I have one good friend or more.			
12	I often fight with other people. I can force others to do what I want.			
13	I often feel unhappy, sad, or crying.			
14	Other people my age generally like me.			
15	My attention is easily distracted, and I find it hard to focus on anything.			
16	I feel nervous in new situations, and I quickly lose confidence.			
17	I am kind to kids younger than me.			
18	I am often accused of lying or cheating.			
19	I am often bullied or played with by other children or teenagers.			
20	I often offer to help others (parents, teachers, children)			
21	Before doing anything, I think first about the consequences.			
22	I pick up things that do not belong to me from home, school, or anywhere.			
23	It is easier for me to be friends with adults than with the people I will be.			
24	I am afraid of a lot. I am easily afraid.			
25	I finished the job I was doing. So I have a reasonable concern for anything.			



## F. ADOLESCENT DEVELOPMENT SCREENING

### FILLING INSTRUCTIONS

Answer **YES** or **NO** to the following questions according to the conditions you are experiencing by placing a tick (√) in the available choice column.

No.	QUESTION	CHOICE	
		YES	NOT
<b>Biological/physical development</b>			
<b>For Men</b>			
1.	I have had "wet dreams" (dreams accompanied by semen from the genitals)		
2.	Start growing hair around the pubic.		
3.	The voice becomes enlarged.		
<b>For women</b>			
1.	I have had periods/menstruation.		
2.	Hips get big		
3.	Breasts are getting big.		
<b>For men and women</b>			
4.	Weight and height increase		
5.	I accept the physical changes I have made.		
<b>Psychosexual Development</b>			
6.	I began to sing and imagine the opposite kind of friend.		
7.	I understand the consequences if people whom puberty have sexual intercourse with the opposite sex.		
<b>Moral development</b>			
8.	I understand the rules of society apply in my place of residence.		
9.	I follow the rules of society that apply to where I live.		
10.	I like to help others who are suffering.		
<b>Spiritual Development</b>			
11.	I have understood some of the religious rules I embrace.		
12.	I have practiced the norms/rules of worship following the religion I embrace.		
13.	I rarely break the norms/rules of religion that I embrace.		
<b>Pshichosocial Development</b>			
14.	I am hanging out with my peers.		
15.	I have a close friend of the opposite kind.		
16.	My relationship with my parents is diminishing.		
17.	I would instead do activities with friends than with my parents.		
<b>Development of Creativity</b>			
18.	I am excited to find a new experience.		
19.	I like to do challenging tasks.		
20.	When working on something, I do not give up on unyielding.		
21.	When I discuss with other friends/ people, I dare to express my opinions and beliefs.		
22.	I have always wanted to know everything I do not know.		
23.	I am confident in the ability I have.		
24.	I often think about the future.		
25.	I often fantasize about something.		



No.	QUESTION	CHOICE	
		YES	NOT
<b>Emotional Development</b>			
26	I have no difficulty adjusting to a new situation.		
27	If I want something, it can still be delayed.		
28	I am not easily angry if I am angry/offended.		
<b>Development of Special Talents</b>			
29	I am proud to have such a unique talent that stands out.		
30	I often train the talent I have.		
<b>Language Development</b>			
31	When I speak, I have no trouble speaking.		
32	I often talk to friends in slang.		

Provide a TRUE or FALSE answer to the following statement by providing a sign (√) in the available selection column.

No	QUESTION	CHOICE	
		True	False
<b>Cognitive Development</b>			
33	A stone weighing 1 kg and a piece of wood weighing 2 kg are dropped at the same height; Stone will fall first to the surface of the earth than wood.		
34	A child has diarrhea: after being asked whether he ate anything spicy, sour or unhygienic the day before. So the onset of diarrhea may be related to unhealthy eating.		
35	My parents are sick and need hospital treatment. On the way to the hospital, I saw a man whose wallet had fallen. Then I took my wallet and contents because I Needed It.		

Source (Ali & Asrori, 2018; Bahari, Keliat, & Gayatri, 2010)