# The Psychotherapy Practice of Dialectical Behavior Therapy Group Skills Training in Indonesia: An Indonesian Language Module Development

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***Abstract***

***Introduction****: There is an increasing number of suicides in Indonesia. A high risk of suicide is often associated with borderline personality disorder (BPD). To address this issue, dialectical behavior therapy (DBT) has been specifically designed for patients with frequent suicidal behavior and BPD. This study aims to develop DBT skills modules in Indonesian language for groups therapy and implement in clinical practice.*
***Methods****: This research was conducted in three stages. Stage 1 involved preparing the DBT skills module for 13 weeks, including the adding of TIPP (Temperature, Intense exercise, Paced Breathing, Paired Muscle Relaxation) distress tolerance skills and chain analysis. Stage 2 focused on module validation using face validity and content validity assessment conducted by two psychotherapy consultants. Stage 3 involved modules trials, both of whom had completed DBT training, practicing the prepared modules with two groups of 10 patients.*
***Result****: The face validity scores from the two experts for the DBT module on BPD in Indonesian was 3.188, indicating a high level of correctness. The content validity results from the two experts for the DBT module on BPD in Indonesian language were 84.06, indicating that almost everything was done correctly. After practicing DBT group skills training, two psychotherapists achieved a very good interrater score of 0.969 (p=0.003; 95% CI 0.746-0.997).*
***Conclusion****: Based on the face validity and content validity scores by the two experts, it was concluded that the DBT module for BPD in Indonesian language is suitable for use in clinical services.*

***Keywords:*** *Borderline personality disorder, Dialectical behavior therapy, Group psychotherapy.*

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## *Praktik Psikoterapi Mengenai Pelatihan Keterampilan Terapi Kelompok Perilaku Dialektika di Indonesia: Pengembangan Modul dalam Bahasa Indonesia*

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### *Abstrak*

***Pendahuluan**: Kasus bunuh diri dilaporkan semakin meningkat di Indonesia. Risiko bunuh diri seringkali dikaitkan dengan gangguan kepribadian ambang (borderline personality disorder/BPD). Oleh sebab itu, terapi perilaku dialektika atau dialectical behavior therapy (DBT) dirancang untuk pasien dengan perilaku bunuh diri yang sering ditemui pada kasus BPD. Studi ini bertujuan untuk mengembangkan modul keterampilan DBT dalam Bahasa Indonesia secara berkelompok dan menerapkannya dalam praktik klinis.*

***Metode**: Penelitian ini dilakukan dalam tiga tahap. Tahap 1 melibatkan persiapan modul keterampilan DBT selama 13 minggu, disertai penambahan keterampilan toleransi tekanan TIPP (Temperature, Intense exercise, Paced Breathing, Paired Muscle Relaxation) dan analisis rantai. Tahap 2 berfokus pada validasi modul melalui penilaian validitas wajah dan validitas konten yang dilakukan oleh dua orang konsultan psikoterapi. Tahap 3 melibatkan uji coba modul oleh dua orang terapis yang telah menyelesaikan pelatihan DBT, kemudian mempraktikkan modul yang telah disiapkan pada dua kelompok yang terdiri dari sepuluh pasien.*

***Hasil**: Skor validitas wajah dari kedua ahli untuk modul DBT pada BPD dalam Bahasa Indonesia adalah 3,188, menunjukkan tingkat kebenaran yang tinggi. Hasil validitas konten dari dua ahli untuk modul DBT dalam Bahasa Indonesia adalah 84,06, yang berarti semua penilaian telah dilakukan dengan benar. Pada praktik keterampilan DBT berkelompok, dua psikoterapis mencapai skor interrater yang sangat baik, yakni 0,969 (p=0,003; IK95% 0,746-0,997).*

***Kesimpulan**: Berdasarkan skor validitas wajah dan konten dari dua ahli, dapat disimpulkan bahwa modul DBT untuk BPD dalam bahasa Indonesia dapat digunakan dalam pelayanan klinis.*

***Kata kunci:** Gangguan kepribadian ambang, Terapi perilaku dialektis, Psikoterapi kelompok.*

## Introduction

Borderline Personality Disorder (BPD) often exhibit a pervasive pattern of unstable interpersonal relationships, self-image, affective, and impulsive behavior that emerges in adolescence and persists in a variety of contexts.[1,2] The prevalence of BPD in the community is 1%[3] and carries a significantly high risk of suicide, including suicidal and self-harming behavior, resulting in 10% of individuals with this disorders dying by suicide.[4] Approximately 50% of patients with BPD present to the emergency department during acute crisis periods, and almost 5% to 10% ultimately commit suicide.[5] While research in Indonesia lack exact data on BPD, there has been an increase in suicide cases according to the self-examination data from the Association of Indonesian Psychiatrists. In this data, 85.1% of respondents reported encountering suicide cases, and 36% of them were either engaged

in or preparing to end their lives.[6] Research by Liem A, et al[7] stated that 39.3% of respondents in Indonesia committed self-harm and had suicidal ideas during the Coronavirus Disease 2019 (COVID-19) pandemic.

The recommended therapy for BPD, based on evidence-based medicine, is psychotherapy. In 2020, the Cochrane review on psychological therapies for people with BPD was updated. The 2020 review supports the primary role of psychotherapies in BPD treatment, specifically in achieving a clinically relevant reduction in BPD symptom severity.[8] Dialectical Behavior Therapy (DBT) is a comprehensive program specifically designed for patients with BPD who exhibit frequent suicidal behavior.[9] DBT is one of the psychotherapies that has been proven effective for patients with BPD. It includes four components: individual therapy, group skills training, telephone coaching in case of crisis, and the therapist being part of a consultation team.[10]

Practicing DBT therapy groups for BPD in community settings comes with its own set of challenges. This is especially true considering that individuals often engage in self-medication without adequate family support, making it difficult to maintain consistent attendance at therapy sessions for patients with BPD.[11] DBT psychotherapy employs a multimodal approach, which includes weekly individual therapy sessions, weekly group skills training sessions, telephone coaching sessions, and team consultation meetings for therapists.[12] Previous studies have shown that group DBT skill training alone may be more effective compared to the standard DBT approach with a multimodal structure.[12,13] The DBT skills training group encompasses four training modules that address the skills deficits associated with BPD. The first module focuses on mindfulness skills on ways, teaching strategic ways to deploy attention control. The second module covers emotion regulation skills, enabling patients to identify and influence emotions affected by the environment. The third addresses interpersonal effectiveness skills, helping patients learn how to respond effectively to interpersonal demands and conflicts. The finale module, distress tolerance skills, guides patients in identifying crisis situations and experiencing strong negative emotions while inhibiting behaviors that can exacerbate the situations.[14]

In Indonesia, the practice of DBT psychotherapy is still rarely used, even though it is known that DBT is a type of psychotherapy that has good effectiveness, especially in suicide incidents which are usually associated with people with borderline personality disorder. Therefore, the author aims to develop Indonesian language DBT module for BPD to enhance DBT practices in Indonesia.

## Methods

This research was conducted in three stages.

Stage 1: Designing the Group Skills Training DBT Psychotherapy Module

This study aimed to compile 13 DBT sessions module in Indonesian language adapted from the DBT sessions by Soler[15] and Neacsiu[16] research, then adapted to the conditions of patients with impulsivity, one of which was self-harm behavior which was quite high so that distress tolerance TIPP skills were added along with chain analysis to make patients understand the emotions and behaviors that were evoked. All of the sessions were conducted covering 2 weeks of mindfulness skills, 4 weeks of distress tolerance skills, 4 weeks of emotion regulation skills, and 3 weeks of interpersonal effectiveness skills. The modules, worksheets, and procedure manuals for the 13 DBT sessions were translated from English to Indonesian, and back-translated.

Stage 2: Module Validation

In the next stage, the module was validated with face and content validations by two psychotherapy consultants to suit the conditions in Indonesia.
Face validity includes guiding rapport, and explaining materials and worksheets during group therapy sessions. Content validity is defined as ensuring that the module is comprehensive, and relevant and represents the objectives of the module.[17] This can be done by consulting experts in the field of psychotherapy who can provide information, evidence, judgments, and assessments.[18] The content validity of the consultation results of two psychotherapy consultants includes language and an outline of the material provided each week and its eligibility.

Stage 3: Module Trials and Interrater 2 Therapist

The DBT Module on BPD in Indonesian was implemented by 2 DBT therapists who had attended the DBT skills training conducted by Behavioral Tech., Linehan Training Company. These two therapists conducted group psychotherapy on the 2 DBT groups al-

ternately, each group consist of 5 patients with BPD. Furthermore, the interrater between the two therapists was performed by two experts to ensure the consistency in providing psychotherapy treatment in the DBT skills group. There are five assessment points in the therapist-to-therapist interrater, namely DBT interview skills, professionalism, patient care management skills, ability to provide DBT psychotherapy, and organizing or efficiency of therapy.

This study has ethical clearance approval No. 976/EC/KEPK-RSDK/2021.

(p=0.003, 95%CI 0.746-0.997) that indicating a very strong level of connection with an interpretation of weighted kappa is 100%.

We also conducted Clinical Global Impressions (CGI) scale for ten patients before and after the therapy. The results of the study are shown in Figure 1, where 5 patients experienced significantly better outcomes, 4 patients experienced little change, and one patient felt that there had been no change after one session of DBT skill group psychotherapy.

**Table 1. Face Validity of The DBT Psychotherapy Module in BPD**

| Assesment Aspects | Expert 1 | Expert 2 |
|---|---|---|
| 1. Professionalism | | |
| a. Building *rapport* | 4 | 3 |
| b. Interview Technique | 3.29 | 3.14 |
| c. Defining, and clarifying the client’s chief complaint/ | 3.5 | 4 |
| d. Therapy contract | 4 | 3 |
| 2. The DBT group manual on BPD | 3 | 3 |
| 3. DBT Group Worksheet on BPD | 3 | 4 |
| Mean Total | 3.33 | 3.08 |
| | 3.188 | |

*Interpretation : 0 = no data; 1 = a small part done right; 2 = some done right; 3 = mostly done right; 4 = almost everything done right*

*BPD, borderline personality disorder; DBT, dialectical behavior therapy.*

## Results

### Designing and Validation of the Group Skills Training DBT Psychotherapy Module

The score of face validity results of the two experts for the DBT module on BPD in Indonesian language were 3.188, indicating that it was done correctly (Table 1). The maximum face validity score was 4, which means that it was mostly done correctly. On the other hand, the maximum content validity score is 100, and the results of the content validity of the two experts for the DBT module on BPD in Indonesian was 84.06, which was meeting the criteria of 75-100, indicating that it was done correctly (Table 2).

### Trials of Modules and Interrater Test of Two Therapists

The score of the two experts for therapist 1 was 84.5 and for therapist 2 was 86. This score indicated that the two therapists had equal abilities in providing group psychotherapy skills for DBT (Table 3). The coefficient analysis between classes was 0.969

## Discussion

Patients with BPD often experience intense emotions coupled with physical sensations that lead to specific action tendencies. Therefore, in DBT psychotherapy distress tolerance skills are discussed. These skills, such as TIPP skills (Tip your face into ice cold water, Intense Exercise, Paced Breathing, and Paired Muscle Relaxation), aid patients in reducing their physiological responses by engaging in activities like temperature changes, exercise, controlled breathing, and muscle relaxation. The inclusion of TIPP skills in this module is expected to assist patients in developing a "distress tolerance skills chain" in high-distress situations, helping to prevent nonadaptive action tendencies such as self-harm, assault, or excessive alcohol consumption, which can exacerbate the situation.[14] This study emphasizes the importance of including TIPP distress tolerance skills, as it is crucial for patients to comprehend the objective of DBT, which is to mindfully accept heightened emotional intensities without judgment, while simultaneously practicing techniques to mitigate these intensities using distress tolerance skills.

**Table 2. Content Validity of the DBT Psychotherapy Module in BPD**

| Assessment Material | Assessment Aspects | Expert 1 | Expert 2 |
|---|---|---|---|
| Language | Complying with the enhanced spelling of the Indonesian language | 85 | 80 |
| Manual Outline | The manual is a therapist's guide in carrying out the application of Dialectical Behavior group psychotherapy, especially for BPD | 85 | 80 |
| Week 1 | Mindfulness: Wise mind | 80 | 85 |
| Week 2 | Mindfulness Skill: What skills and general principles of supportive psychotherapy | 80 | 85 |
| Week 3 | Distress tolerance: TIPP (Tip the temperature, Intense exercise, Paced Breathing, Paired Muscle Relaxation) | 80 | 85 |
| Week 4 | Distress tolerance: ACCEPTS (Activities, Contributing, Comparisons, Emotions, Pushing Away, Thoughts) | 80 | 85 |
| Week 5 | Distress tolerance: Radical acceptance | 80 | 85 |
| Week 6 | Distress tolerance: Willingness | 80 | 85 |
| Week 7 | Emotion regulation: Goal | 85 | 85 |
| Week 8 | Emotion regulation: Positive emotion | 80 | 85 |
| Week 9 | Emotion regulation: Current emotion | 80 | 85 |
| Week 10 | Emotion regulation: The opposite actions | 80 | 85 |
| Week 11 | Interpersonal effectiveness: DEAR MAN (Describe, Express, Assert, Reinforce, (Stay) Mindful, Appear Confident, Negotiate) | 80 | 85 |
| Week 12 | Interpersonal effectiveness: Relationship | 85 | 85 |
| Week 13 | Interpersonal effectiveness: Coin game | 85 | 85 |
| Manual Eligibility | The eligibility of the manual as a therapist guide in the application of Dialectical Behavior group psychotherapy, especially for BPD | 80 | 80 |
| Total | Mean 84.06 | 84.06 | 84.06 |

*Interpretation: <25% = only a small part is done correctly; 25-49% = some done correctly; 50-74% = mostly done right; 75-100% = almost everything done right*

*BPD, borderline personality disorder.*

In a study by McKimmy, et al.,[19] a modification of the DBT skill program was used to meet the needs of Latinx caregivers. The program was called *Escuela de Madres y Padres* or School for Mothers and Fathers (EMP), and it was modified to meet the needs of children in school time facing a variety of stressors relevant to children with immigrant status experiencing discrimination and language problems. The EMP program was associated with high satisfaction rates, adequate feasibility, significant decreases in perceived stress, significant increases in emotion regulation, and significant increases in mindfulness in parenting.[19]

Similar to this, study by Ramaiya, et al.[20] modified DBT for the middle-to-low income country and the unique characteristics of the Nepalese populace. This study highlighted significant barriers to DBT-N skills implementation with clients and offered four recommendations for comparable interventions utilized in other middle-low income settings. Future work exploring DBT-N's effectiveness, transdiagnostic potential, underlying ethnopsychological mechanisms of disorder, and relation to essential public health services is needed to expand its role in Nepal.[20] Studies that have already been conducted in a few nations indicate that there may be benefits to adapting DBT practices to local conditions and cultural norms as well as the languages of all the nations that will use DBT.

Haft's systematic review identified 18 articles focusing on adaptations of DBT in both western and non-western countries. The review concluded that culturally adapted DBT was generally well-received. However, it remained uncertain whether cultrurally adapted DBT was superior to non-culturally adapted DBT. Out of the 18 studies, 16 (89%) incorporated at least one quantitative measure as an outcome, with nine studies providing sufficient quantitative data to compute effect sizes. Among studies utilizing between-group designs (k=4), the 19 effect sizes (ds) ranged

**Table 3. Group Skills Training DBT Psychotherapy Interrater***

| No. | Assessment Aspects | Rating Criteria | T1 | T2 |
|---|---|---|---|---|
| 1. | DBT interview skills (*History taking*) | 1) Developed *rapport*<br>2) Ask effectively and efficiently<br>3) Systematic interview<br>4) Getting signs and symptoms | 86.5 | 85 |
| 2. | Professionalism | 1) Respect the patient<br>2) Show empathy and compassion<br>3) Creating trust<br>4) Help to make the patient comfortable<br>5) Pay attention to legal aspects<br>6) Be aware of your own limitations | 79.5 | 79.5 |
| 3. | Ability to manage patients | 1) Planning comprehensive therapy in the biological, psychological and sociocultural domains<br>2) Able to choose rational management according to the diagnosis of the disease<br>3) Be able to explain the reasons for choosing pharmacological, social and economic therapy | 79.5 | 79.5 |
| 4. | Ability to give DBT | 1) Explain the reason/ basic basis for DBT examination and psychotherpyto the patient<br>2) Ask for approval of medical action if necessary from the patient/family (*informed consent*)<br>3) Provide education about the management, prevention and psychothep of DBT related to the disease<br>4) Be able to determine the specific form of DBT psychotherapy according to the patient's condition | 86 | 87.5 |
| 5. | Organization / Efficiency | 1) Be able to choose the right source of information to get signs and symptoms<br>2) Be able to determine priorities in conducting interviews<br>3) Able to adjust to a predetermined time<br>4) Able to optimize the time to formulate data in the form of systematic formulation | 85.25 | 87.25 |
| | Total | The difference of both therapist value is not more than 10 points. The ability of both therapists in providing psychotherapy DBT are equivalent | 84.5 | 86 |

** Intraclass correlation coefficient (ICC) between T1 and T2 was 0.969 (p=0.003, 95%CI 0.746-0.997).*
*DBT, dialectical behavior therapy; T1, therapist 1; T2, therapist 2.*

from −0.56 to 1.82. For studies employing within-group designs and having calculated effect sizes (k=5), the 19 effect sizes (dav) ranged from −0.55 to 4.49. Given the diversity in outcome measures and study designs, it was not feasible to pool effect sizes quantitatively across all studies.[21]

The DBT skill module in Indonesian language has been developed and validated by two psychotherapists. Face validity assessment yielded a score of 3.188 out of a maximum of 4, indicating strong validation. Additionally, content validity assessment resulted in a score of 84.06, affirming that this DBT skills module is suitable for clinical application in Indonesia for treatment of patients with BPD.

This module introduces a chain of DBT analysis focused on emotions and triggers, utimately leading to specific behavioral consequences. Its objective is to gain a comprehensive understanding of problematic behavior, including a hierarchy of potentially concerning behavioral issuess such as self-harm and impulsive behavior. However, it's important to acknowledge that this study has limitations, including a small sample size and only two psychotherapists being involved.

## Conclusion

This research represents a preliminary study on the development of a DBT psychotherapy skills module in Indonesian language for patients with BPD. This module encompassess mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness components. It is deemed acceptable and straightforward to implement.

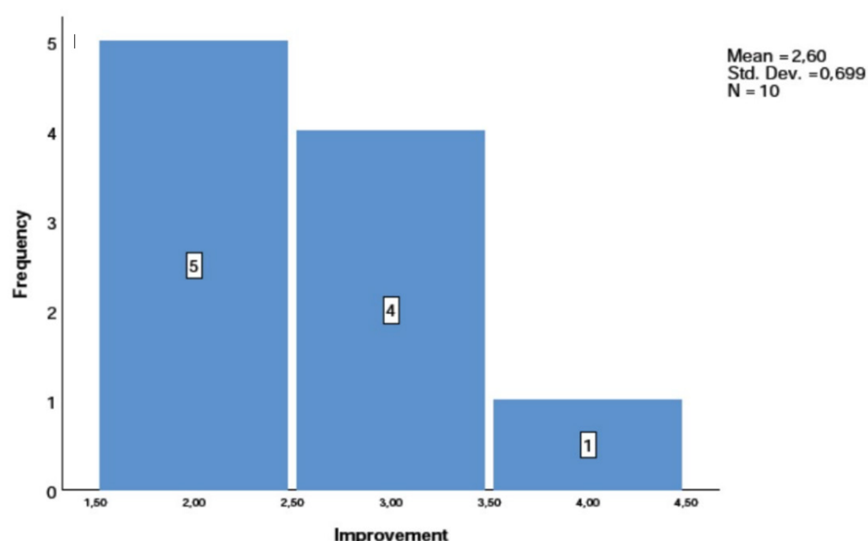


**Figure 1. The Patient's CGI Improvement After One Session of DBT Skill Group**

## Conflict of Interest

We have no conflicts of interest to disclose.

## Author Contributions

NDW, WM, AS, H, HWS, DT.: conception of the study, design, statistics. GAM, PRL, NDW: module development. DS, PRL,AS module validation. NDW, RS, KNDS, DA, AAD: Modul practice. NDW Manuscript writing, WM, AS, H final approval.

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