



Dialectical Behavior Therapy Technique on the Psychological Well-Being of Adolescents from Broken Home Families

Denofal^{1*}, Mudafiatun Isriyah^{2*}, Nasruliyah Hikmatul Maghfiroh^{3*}

^{1,2,3}Universitas PGRI Argopuro Jember, Indonesia

*Corresponding author's email:

denofal.denofal98@gmail.com ; ieiezcla@mail.unipar.ac.id ; nasruliyahhikmatulmaghfiroh85@gmail.com

ARTICLE INFO

Received: June 6, 2025

Revised: July 5, 2025

Accepted: July 31, 2025

This is an open access article under the [CC-BY-SA](https://creativecommons.org/licenses/by-sa/4.0/) license.



Keywords:

DBT, Broken Home, Psychological Well-Being, Adolescents.

ABSTRACT

Adolescents from broken home families are vulnerable to psychological well-being disturbances, such as feelings of worthlessness, difficulties in managing emotions, and impaired social relationships. This condition requires appropriate intervention to help individuals achieve emotional balance and improve their social adaptation. This study aims to develop and examine the effectiveness of a Dialectical Behavior Therapy (DBT) module in enhancing the psychological well-being of adolescents from broken home families within the *madrasah* educational environment. The research approach used was Research and Development (R&D) with the ADDIE model, focusing on the development of an instructional product in the form of a counseling service module. The research subjects consisted of six adolescents who were identified as victims of broken home families of an initial assessment. The Dialectical Behavior Therapy (DBT) module was developed through the stages of planning, preparation, expert validation, and limited trial. The results of the study show that the implementation of the Dialectical Behavior Therapy (DBT) module significantly improves aspects of self-awareness, emotional regulation, interpersonal relationships, and the ability to cope with stress. In conclusion, the developed Dialectical Behavior Therapy (DBT) module proves to be effective and feasible as an intervention tool to enhance the psychological well-being of adolescents from broken home families. This module is expected to serve as a practical alternative for psychological support within the *madrasah* educational environment.

Introduction

Every child desires a complete and happy family. However, not all children are able to experience this, as some live in families filled with commotion, conflict, disputes, and a lack of harmony and unity. Such a family condition is referred to as an incomplete family. The causes of an incomplete family may vary, such as one or both parents lacking responsibility for maintaining family unity, the occurrence of divorce, or the death of one or both parents. Heryanto (2016) explains that the main factor leading to an incomplete family is the loss of

parental function and role in nurturing the family, which subsequently gives rise to conflict or problems.

Conflicts within a family also often end in separation and parental divorce. This condition has negative effects on children. Several studies have stated that children who experience parental divorce tend to lack life satisfaction, have weak self-control, and do not experience happiness (Amato & Sobolewski, 2001).

The condition experienced by children from broken families results in different forms of self-adjustment for each child in facing problems and stressors encountered in their lives. According to Lazarus and Folkman (Smet, 1994), coping is the way an individual deals with situations that become sources of problems or pressure. In addition, coping refers to efforts made to reduce or manage stressful situations by enhancing personal resources (Kariv & Heiman, 2005). The success of an individual in effectively managing stressful situations enables the negative impact of problems and stressors to be reduced to the maximum extent.

Carver, Scheier, and Weintraub (1989) classify coping into two dimensions: adaptive and maladaptive. Rippetoe and Rogers (1987) explain that adaptive coping supports integrative functioning, growth, and goal attainment (Rubbyana, 2017). In contrast, maladaptive coping may hinder growth, reduce autonomy, disrupt integrative functioning, and tend to dominate the environment. Carver, Scheier, and Weintraub (1989) also state that maladaptive coping is less effective in dealing with stressors and may lead to further problems. The relationship between stressors, coping strategies, and difficulties is explained by Safaria (2016), stating that adaptive coping strategies can reduce stress, while maladaptive coping strategies may increase stress. Therefore, the importance of adaptive coping strategies becomes the focus of the present study.

Dialectical Behavior Therapy (DBT) is a type of therapy rooted in cognitive behavioral therapy. DBT is capable of helping individuals who experience highly intense emotions. This therapy can be used to treat problems related to borderline personality disorder, such as repeated self-injury, suicidal behavior, the use of drugs or alcohol to regulate emotions, issues related to eating disorders, and unstable interpersonal relationships. Dialectical Behavior Therapy emphasizes a balance between acceptance and change techniques, in which, after individuals accept their emotions and themselves, the therapist will suggest several considerations for changing behaviors that are harmful or unnecessary (Katsakou, 2014).

According to Carver et al. (1989), the Dialectical Behavior Therapy (DBT) technique can address several adolescent behaviors, such as denial of certain situations or stressors, the use of alcohol or certain drugs to escape from problems, reliance on emotional social support, surrendering (pessimism), a tendency to release negative emotions when the environment is unsupportive, and self-blame expressed through self-harming behavior. Kothgassner, O. D., et. al (2021) explain that the DBT technique significantly influences adolescents as a preventive measure against self-harm. Therefore, providing counseling services using Dialectical Behavior Therapy (DBT) is highly recommended to reduce such behaviors among adolescents on a broader scale. Dialectical Behavior Therapy (DBT) can serve as a counseling service program that addresses both cognitive-behavioral and psychosocial aspects of adolescents (DeCou, C. R., et. al., 2019).

According to Ifdil et al. (2020), the Dialectical Behavior Therapy (DBT) technique can be applied in situations where there is disharmony between parents, which causes the family condition to become a broken home and leads to undesirable consequences for the adolescent. Adolescents will experience psychological effects from living in a broken home, such as feelings of anger, fear, pressure, and guilt. This results in a decline in their psychological well-being due to the failure to fulfill the roles and responsibilities they carry. As adolescents, it is necessary to achieve good psychological well-being in order to successfully accomplish their developmental tasks.

Another relevant study by Nuryono and Syafitri (2020) states that the Dialectical Behavior Therapy (DBT) technique can be used to address Post-Traumatic Stress Disorder (PTSD) during the COVID-19 pandemic. The use of DBT is considered highly effective in helping individuals improve emotional regulation. This is particularly relevant for individuals with PTSD. DBT is an effective approach for individuals experiencing PTSD. Numerous studies have reported that DBT is effective in reducing negative emotions and addressing emotional dysregulation. Through DBT, PTSD survivors have the opportunity to rediscover the value of life and live more happily.

This phenomenon was identified by the researcher in the school environment, namely at MA Al-Qodiri Jember, an Islamic boarding-based school that accommodates students with diverse characteristics from various family backgrounds, ranging from harmonious families to broken home families. The findings from the initial observation showed that some students still used inappropriate or harsh language and even appeared to bully their peers. Some students tended to withdraw from social interaction with their surroundings, as well as students who demonstrated poor behavior in terms of dressing untidily and acting inconsiderately toward their environment, which then influenced other students. Upon further investigation, it was found that these students came from less harmonious and broken family backgrounds.

The results of interviews conducted during the initial observation with several problematic students and the accompanying guidance and counseling (Indonesian: *Bimbingan Konseling*; BK) teacher indicated that most of the students showed inappropriate behavior as a result of being influenced by their peers. These peers were students from broken home families who had significant difficulty in controlling intense emotions and often sought attention from teachers and other classmates. The guidance and counseling teacher had previously provided counseling services to these students; however, the intervention had not yet produced a deterrent effect, and the students continued to repeat the same behaviors in the future. The phenomenon at one private school within the *madrasah* system, namely MA Al-Qodiri in Jember Regency, attracted the researcher's attention to explore the issue more deeply by attempting to apply the Dialectical Behavior Therapy (DBT) technique to help improve students' attitudes and mental states in a more positive direction. Furthermore, the guidance and counseling teacher at the school had never conducted counseling services using the Dialectical Behavior Therapy (DBT) technique. The author aims to contribute to the field of education by enhancing the psychological well-being of students from broken home families in the *madrasah* environment through the application of the DBT technique, with the goal of providing a comprehensive and high-quality counseling resource for teachers.

Methods

This study adopted the Research and Development (R&D) approach as its research type. Sugiyono (2009) explains that Research and Development is a research method used to produce a specific product and to test the effectiveness of that product. The object of this research is the change or progress achieved by individuals, such as students, teachers, school principals, and other educational units, with the aim of identifying individual development within a specific time frame (Rusdi, M., 2018).

The research design for product development in this study aimed to create an instructional medium, in the form of a module, that discussed Dialectical Behavior Therapy (DBT) techniques as a support for counseling services in the *madrasah* education environment. The product development used the ADDIE Model. The ADDIE Model is a product development framework that consists of five stages, namely Analysis, Design, Development, Implementation, and Evaluation (Astuti et al., 2017).

The research and development procedure for this counseling service module was adjusted to the model selected by the researcher, namely the ADDIE development model. The development steps are as follows:

a) Analysis

The analysis stage is the initial phase of a research process, conducted to determine what needs to be done. At this stage, the researcher analyzes the learning problems being encountered, identifies the research needs, and performs task analysis. The activities carried out in this stage include:

1. Needs Analysis

This analysis can be observed from the situational analysis. Conducting a needs analysis is the process of examining the situation and condition of the research site, namely SMP IIBS AR Rahman Indonesia, in order to identify the existing problems and the obstacles that are present in that environment.

2. Student Analysis

This process is a step to identify and understand the characteristics of the students who will be the subjects of the research, so that their characteristics can be aligned with the product to be developed. This is carried out to ensure that the module being developed is highly relevant to the students' actual situation and characteristics.

3. Task Analysis

This stage is carried out to identify the tasks that students are expected to fulfill within their lifespan; thus, the researcher can develop a product that supports the achievement of those developmental tasks.

b) Design

The design stage is the planning phase in which the researcher develops a service plan, selects service instruments as assessment tools, and designs exercises and content to be delivered. This must be done systematically in order to develop and evaluate the planned strategies to achieve the predetermined objectives.

The process of initiating the design stage begins with a task analysis or inventory, through which the researcher defines the instructional outcomes and reorganizes the components into an instructional sequence.

The final outcome of this stage is a design that can serve as a guide for designers and ensure that no component of the instructional process is overlooked. Several elements that must be prepared during the design stage include:

1. Identifying development resources, such as appropriate reference materials or the necessary development media;
2. Planning the instructional content to be presented in the module; and
3. Determining the objectives of developing the counseling service module.

c) Development

The development stage involves producing a tangible product based on the previously constructed design. In this stage, the researcher builds and develops the product using various supporting media, including both software and hardware. The following are the development steps and activities carried out by the researcher:

1. Writing the module format, such as determining the module title, setting the final objective of the module, identifying specific competencies that support the final objective, developing an outline to clarify or distinguish the module presentation, and composing the instructional material to be included in the module.
2. Developing assessment instruments and questionnaires.
3. Developing test items to measure the effectiveness of the module.
4. Product validation, which is carried out by experts or validators, such as academic experts at the university.
5. Revision, conducted according to the suggestions provided by the validators to address any deficiencies in the product.
6. Small-scale trial, which is conducted before implementing the developed module on the research subjects. The aim is to validate the module based on student reactions and feedback.
7. Revision, performed based on the findings from the small-scale trial, followed by necessary improvements.

d) Implementation

Implementation is the phase during which the developed product is practically applied by the researcher, following the completion of prior stages. In this phase, the researcher implements the research product to the research subjects as a trial medium to assess the product's feasibility. Thus, this stage allows the researcher to evaluate further improvement and refinement of the product.

e) Evaluation

The final step in the ADDIE model is evaluation, in which assessments are conducted on the developed product to improve and refine aspects that are considered less effective or incomplete. This evaluation phase is highly important, as it has a significant influence on determining the quality and effectiveness of the product being developed. The evaluation must be carried out comprehensively, covering product usage, the model of the developed product, and the extent of the impact produced by the product.

The population of the study consisted of all students in Grades X, XI, and XII. The sample included students whose psychological well-being was disrupted due to coming from broken home family environments. This research was conducted at a private school within the *madrasah* system located in Jember Regency.

The selection of the research site was based on the specific issues the researcher aimed to investigate. The study was conducted in the odd semester of the 2024/2025 academic year. The data analyzed in this study included quantitative data obtained from the results of material and media expert validation questionnaires, as well as qualitative data in the form of responses from validators, teachers, and students collected through questionnaires related to the instructional media. The following were the data analysis techniques used to examine both types of data:

1. Analysis of Validation Questionnaire Data

The data obtained from the instructional media validation questionnaires, completed by the material and media expert validators, were analyzed using descriptive quantitative methods. This questionnaire data analysis was used to determine and describe the effectiveness of the Dialectical Behavior Therapy (DBT) module product.

2. Analysis of Student Response Trials

The data obtained from the student response trials, both in small and large groups, were analyzed using the Likert scale. The use of the Likert scale in analyzing the results of the student response trials was conducted to measure the students' opinions or perceptions of the instructional media.

Findings

This research and development project has successfully produced a counseling service product in the form of a module. This module is expected to become a reference for most teachers responsible for guidance and counseling, particularly in addressing the problems faced by adolescent students in school environments, especially those from broken home backgrounds. The module developed by the researcher has undergone the validation phase. The validation phase involved two key parties: a media expert and a content expert. The media expert, in this context, refers to an individual with expertise in evaluating the appropriateness of the product design and the feasibility of the design layout. Meanwhile, the content expert validator refers to an individual with expertise in the relevant field based on their educational background, particularly in assessing content feasibility, the relevance of the learning material for adolescents from broken home backgrounds, and the accuracy of the Dialectical Behavior Therapy (DBT) concepts presented in the module. This process became an initial step to ensure that the content of the module truly reflects the psychological needs of adolescents who experience emotional distress due to the disruption of family integrity.

Based on the overall Content Validity Index (CVI) calculation, an average score of 3.68 was obtained, equivalent to 92%, significantly exceeding the commonly accepted minimum threshold of 0.80 in development research. This indicates that the DBT content in the module has met the general criteria for content validity. Moreover, each subcomponent, such as mindfulness exercises, emotional regulation skills, stress tolerance, and the enhancement of interpersonal abilities, achieved CVI scores ranging from 0.88 to 0.95. Therefore, it can be concluded that each section of the material demonstrates strong relevance and scientific accountability.

Although the content validation score was already high, the experts provided several suggestions to enhance the users' understanding of the module. One of the main recommendations was to add more realistic case examples and practical illustrations for each DBT skill. For example, it was considered necessary to include case studies involving typical family conflict situations experienced by adolescents from broken home backgrounds, as well as concrete steps for applying mindfulness techniques in everyday situations. With more detailed examples, the learning process is expected to become more

applicable and help participants internalize DBT concepts more effectively. Based on the feedback from the content expert, the module was revised by adding four real-life case studies that reflect the emotional dynamics of adolescents from broken home backgrounds. Additionally, the module was enriched with more in-depth self-reflection exercises and a summary table of emotion regulation techniques presented in a systematic manner. Visual elements, such as flowcharts illustrating DBT practices, were also included to help adolescents better understand each stage of the training. These changes are expected to enhance material comprehension and facilitate the independent application of DBT skills among adolescents.

The focus of the module design assessment includes the clarity of the module structure, text readability, visual layout, font selection, and the use of color schemes that support the learning process. This validation is essential to ensure that the module is not only rich in content but also visually appealing and easy to navigate for adolescents as the target of the intervention. The results of the design validation show that the module obtained an overall Content Validity Index (CVI) score of 0.88 or 88%. The visual appearance aspect received an average score of 3.50 (equivalent to 87.5%), while the clarity of the module structure, including the sequence of chapters, subchapters, and user instructions, received an average score of 3.60 (equivalent to 90%). These figures indicate that the module design is sufficiently appropriate, although there is still room for improvement to make it more responsive to the learning needs of adolescents.

The design experts provided several important suggestions, such as simplifying the page layout to create better consistency, adjusting paragraph spacing and margins to avoid a cramped appearance, and adding visual icons at the beginning of each subchapter to facilitate reader orientation. In addition, it was recommended to include simple illustrations related to each DBT concept to make the module more engaging and less monotonous. The design was revised by improving these elements, making the module more user-friendly. After the module was revised and deemed feasible by the validation team, it was implemented with 20 students from broken home backgrounds at a private school within the *madrasah* education system in Jember Regency. The selection of intervention participants was based on an initial assessment that identified both family background and psychological well-being levels. A total of 65% of the students were found to be experiencing moderate to high levels of stress, thereby meeting the criteria for intervention. This selection process was essential to ensure that the implementation outcomes accurately reflected the module's effect on a group that genuinely required support.

Changes in psychological well-being were measured using the short version of the Psychological Well-Being Scale (PWBS), which had been modified to align with the adolescent context. A maximum score of 100% indicates an optimal level of psychological well-being. Measurements were conducted at two time points: a pre-test before the intervention and a post-test after eight weeks of implementation. This quantitative data was essential for objectively evaluating the effectiveness of the DBT module.

The pre-test results showed that the average psychological well-being score of the participants was 48%. Specifically, 10 students (50%) fell within the score range of 40–49%, 7 students (35%) within the range of 30–39%, and 3 students (15%) scored below 30%. These data indicate that most adolescents were at a low to moderate level of psychological well-being before receiving the DBT intervention, highlighting the urgent need for intervention to reduce stress levels and enhance their quality of life. After the implementation of the DBT intervention for eight weeks, the average post-test score reached 79%. In more detail, 12 students (60%) obtained scores above 80%, 6 students (30%) were in the range of 70–79%, and 2 students (10%) scored between 60–69%. Thus, there was an average score increase of 31 points, representing a relative improvement of 65% compared to the pre-test scores. These results indicate that the DBT module had a significant positive impact on the psychological well-being of the adolescents.

A more in-depth analysis revealed that each component of DBT experienced a significant percentage increase. For instance, the emotional regulation aspect rose from an average of 45% in the pre-test to 82% in the post-test; the mindfulness aspect increased from 50% to 80%; interpersonal skills improved from 47% to 78%; and stress tolerance rose from 44% to 76%. These changes strongly indicate that the module successfully transformed adolescents' abilities in emotional management, enhanced self-awareness, and improved their social interactions.

The significant increase in the emotional regulation aspect, which rose by 37 points or 82% relatively, indicates that adolescents from broken home backgrounds became more capable of recognizing negative emotions and applying strategies to transform them into more adaptive responses. In the mindfulness aspect, an increase of 30 points or 60% suggests that their awareness of the present moment and acceptance of emotional experiences became stronger. This helps them cope with difficult situations without becoming trapped in negative thoughts.

Similarly, in the interpersonal aspect, the increase from 47% to 78% indicates that adolescents become more capable of establishing more effective communication, expressing emotional needs appropriately, and building more positive relationships with peers and family members. Finally, the increase in the stress tolerance aspect from 44% to 76% indicates that adolescents become more resilient under pressure, are able to seek alternative solutions when facing problems, and are less likely to give up when encountering internal or external conflicts.

Discussions

The results of the study revealed that the developed module had been validated and that the content had been proven to be relevant to the application of Dialectical Behavior Therapy (DBT) in enhancing the psychological well-being of adolescents from broken home backgrounds in the *madrasah* educational environment. Overall, the results of this study demonstrated that the Dialectical Behavior Therapy (DBT) module developed was effective in improving the psychological well-being of adolescents affected by broken home

conditions at Madrasah Aliyah Al-Qodiri Jember. These findings support the application of DBT as a practical and relevant intervention approach within the *madrasah* educational context. The module, which has been validated in terms of both content and design, can become a ready-to-use psychological support tool for guidance and counseling practitioners, teachers, and school psychologists. It is expected to provide a long-term positive impact on the emotional and social development of adolescents within the educational environment.

The implementation of the Dialectical Behavior Therapy (DBT) module among a group of students from broken home families received a positive response, as indicated by behavioral improvements such as increased enthusiasm in daily activities and learning, as well as a reduction in impulsive or self-destructive behaviors. The findings obtained by the researcher are consistent with those of Nuryono, W., & Syafitri, Er (2020), who explained that the Dialectical Behavior Therapy (DBT) technique can be used to address Post-Traumatic Stress Disorder (PTSD) during the COVID-19 pandemic and is considered highly effective in improving individuals' emotional regulation. This also applies to individuals with PTSD. Dialectical Behavior Therapy (DBT) is an effective intervention for individuals suffering from PTSD. Numerous studies have stated that DBT is effective in reducing negative emotions and addressing problems related to emotional dysregulation. Through Dialectical Behavior Therapy (DBT), PTSD survivors are given the opportunity to appreciate their lives and live more happily.

Another related study that focused on improving psychological well-being was conducted by Sasmita, N.O., and Afriyenti, L.U. (2019), which explained that Dialectical Behavior Therapy (DBT) could also enhance the resilience of tsunami survivors. However, empathy was found to have no significant influence on the survivors' resilience. The findings of this study can be utilized as part of a psychological therapy implementation plan, particularly about Cognitive Behavioral Therapy and Dialectical Behavior Therapy, to help individuals accept traumatic events and recover from what they have experienced. The results of this study also need to be further explored, particularly regarding resilience in adults, by examining other variables such as mindfulness, gratitude, and forgiveness, so that future studies may become more comprehensive and serve as a reference for individuals in navigating life after a disaster. In addition, Dialectical Behavior Therapy (DBT) has also been shown to reduce emotional dysregulation in mothers who perpetrate violence against their children (Habibah, R., & Sumaryanti, I.U., 2023).

Based on the results of previous studies, the use of Dialectical Behavior Therapy (DBT) techniques is very effective in improving a person's mental or psychological disorders, one of which is adolescents who are victims of a broken home. This Dialectical Behavior Therapy (DBT) technique is very rarely or has not yet been discussed in depth regarding psychological improvement for broken home victims in the school environment, so the researcher focuses on developing a module that can later be used by counselors or guidance and counseling teachers to address problems that tend to be serious related to

mental health which may have an impact on students' readiness and learning outcomes at school.

Conclusion

The development of the module, which is designed and tested on 20 broken home students at a private school within the *madrasah* education system in Jember Regency, demonstrates a positive impact on improving their psychological well-being. The average pre-test score of 48% increases to 79% in the post-test. This module undergoes a validation process by content experts and design experts, yielding highly satisfactory results, with a material feasibility score of 92% and a design feasibility score of 88%. The revisions made based on expert feedback make this module not only feasible in terms of content but also engaging and easy for students to understand. Each component of DBT, such as emotion regulation, mindfulness, interpersonal skills, and stress tolerance, shows consistent improvement. This indicates that the systematic and structured implementation of Dialectical Behavior Therapy (DBT) can assist adolescent students in managing emotions, coping with pressure, and building healthy social relationships. Therefore, this Dialectical Behavior Therapy (DBT) module is feasible to be used as a psychological intervention tool within the *madrasah* environment to support the mental and emotional development of students.

Bibliography

- Albert E. 2008. Cognitive Restructuring Of The Disputing Of Irrational Beliefs. ED William T. o'Donohue & Jane E. Fisher, Cognitive Behavior Therapy (Applying Empirically Supported Techniques In Your Practice) (New Jersey: John Wiley & Sons).
- Arikunto, S. 2010. Prosedur Penelitian Suatu Pendekatan Praktik. Jakarta: Rineka Cipta.
- Arini, W., & Lovisia, E. 2019. Respon Siswa Terhadap Alat Pirolisis Sampah Plastik Sebagai Media Pembelajaran Berbasis Lingkungan di SMP Musi Rawas. Jurnal Thabiea, 2(2), 95-104.
- Asep S. M, dan Agus A. S. 2003. Metode Penelitian Dakwah Bandung : Pustaka Setia.
- Bradley T. E. 2015. 40 Teknik yang Harus Diketahui Setiap Konselor .Yogyakarta: Pustaka Belajar.
- Christina, D., & Irwanto, I. 2019. Peran Pendekatan Konseling Berbasis *Dialectical Behavior Therapy* (DBT) Dalam Mendukung Pemulihan Trauma Pada Wanita Yang Pernah Mengalami Kdrt. Jurnal Muara Ilmu Sosial, Humaniora, dan Seni , 3 (1), 116-122.
- Christine W. dan Aileen M. 2013. Cognitive Behavior Therapy. Jakarta: Indeks
- John M. 2006. Pengantar Konseling: Teori dan Studi Kasus, Edisi Ketiga Cet. 1 Jakarta: Kencana.
- DeCou, C. R., Comtois, K. A., & Landes, S. J. (2019). Dialectical behavior therapy is effective for the treatment of suicidal behavior: A meta-analysis. *Behavior therapy*, 50(1), 60-72.
- Dimeff, L., Rizvi, S.L., Brown, M., & Linehan, MM. 2000. Terapi perilaku dialektis untuk penyalahgunaan zat: Aplikasi percontohan untuk wanita pecandu metamfetamin dengan gangguan kepribadian ambang. Praktik Kognitif dan Perilaku , 7 (4), 457-468.
- Garaika, & Darmanah. 2019. Metodologi Penelitian. Lampung Selatan: CV. Hira Tech.
- Habibah, R., & Sumaryanti, IU. 2023. Pengaruh *Skills Group Dialectical Behavior Therapy* terhadap Penurunan Disregulasi Emosi Ibu. Jurnal Riset Psikologi , 3 (1)

- Hardani, H. A., Ustiawaty, J., Istiqomah, R. R., Fardani, R. A., Sykmana, D. J., & Auliya, N. H. 2020. Buku Metode Penelitian Kualitatif & Kuantitatif. Yogyakarta: CV. Pustaka Ilmu Group.
- Hidayati, NO, Badori, A., Zalfa, A., Augusto, C., Saufika, G., Salafi, KA, ... & Fauziah, SR. 2021. Efek *Dialectical Behavior Therapy* bagi Pasien dengan Perilaku Kekerasan dan Resiko Bunuh Diri: Studi Literatur. *Jurnal Ilmu Keperawatan Jiwa* , 4 (1), 99-106.
- Ibnu Malik, M., & Nurjannah, N. 2022. Terapi Dialektika Perilaku (DBT) Berbasis Spiritual. *Jurnal Pendidikan dan Konseling (JPDK)* , 4 (6), 9074-9082.
- Ildil, I., Sari, I. P., & Putri, V. N. (2020). Psychological well-being remaja dari keluarga broken home. *SCHOULID: Indonesian Journal of School Counseling*, 5(1), 35.
- Irawan, MR 2023. Tinjauan Gangguan Kepribadian Ambang pada Remaja. *Jurnal Kedokteran Lombok* , 2 (1), 25-33.
- Karami, J., Momeni, K., & Ahmadian, A. 2024. Efektivitas Terapi Perilaku Dialektis dalam Mengurangi Iritabilitas dan Agresi pada Remaja dengan Gangguan Disregulasi Suasana Hati Disruptif.
- Kasandra, O. 2003. Pendekatan Cognitive Behavior dalam Psikoterapi, Jakarta: Kreatif Media Jakarta.
- Kothgassner, O. D., Goreis, A., Robinson, K., Huscsava, M. M., Schmahl, C., & Plener, P. L. (2021). Efficacy of dialectical behavior therapy for adolescent self-harm and suicidal ideation: a systematic review and meta-analysis. *Psychological medicine*, 51(7), 1057-1067.
- Muruganantham, G. 2015. Developing of E-content package by using ADDIE model. *International Journal of Applied Research*, 1(3), 52-54. www.allresearchjournal.com
- Ni P. D. P. 2019. Pengaruh *Cognitive Behavioral Therapy* (CBT) Terhadap *Post Traumatic Stress Disorder* (PTSD) pada Pasien Post Kecelakaan Lalu Lintas di RSUP Sanglah Denpasar, *Jurnal studi Ilmu Keperawatan Fakultas Kedokteran Universitas Udayana*, Vol.3 No.2 , Mei-Agustus.
- Nuryono, W., & Syafitri, ER. 2020. Terapi perilaku dialektis (DBT) sebagai upaya mengatasi gangguan stres pasca trauma (PTSD) selama masa pandemi covid-19. *Sistem Jurnal Terbuka PD ABKIN JATIM* , 1 (1), 467-476.
- Pardo, ES, Rivas, AF, Barnier, PO, Mirabent, MB, Lizeaga, IK, Cosgaya, AD, ... & Torres, MAG. 2020. Penelitian kualitatif remaja dengan masalah perilaku tentang pengalaman mereka dalam kelompok pelatihan keterampilan terapi perilaku dialektis. *BMC Psychiatry*, 20, 1-10.
- Pertiwi, LC, & Yudianto, A. 2023. Efektivitas Terapi Perilaku Dialektis (DBT) dalam Meningkatkan Regulasi Emosi: Studi Meta-Analisis. *Intuisi: Jurnal Psikologi Ilmiah*. 15 (2), 71-80.
- Rika D. dan Puti A. N, Pengaruh Konseling Kognitif Perilaku Dengan Teknik Restruturisasi Kognitif Terhadap Harga Diri Peserta Didik Kelas VIII Di MTS N 2 (Bandar Lampung, Vol 3, Edisi 2. IAIN Raden Intang Lampung).
- Rufaida, S. A., Wardani, I. Y., & Panjaitan, R. U. 2021. Dukungan sosial teman sebaya dan masalah kesehatan jiwa pada remaja. *Jurnal Ilmu Keperawatan Jiwa*, 4(1), 175-184.
- Rusdi, Muhammad. 2018. Penelitian Desain dan Pengembangan Kependidikan. Pt. Rajagrafindo Persada (124).
- Sasmita, NO, & Afriyenti, LU. 2019. Ketahanan Tsunami Pascabencana. *INSAN Jurnal Psikologi dan Kesehatan Mental* , 4 (2), 94.

- Setia, A. 2019. *Cognitive Behavior Therapy : Teori dan Aplikasi*, Muhammadiyah Surakarta: University Press.
- Sodak, YR, & Hardori, J. 2021. *Dinamika Psikologis Luka Batin Dan Sakit Fisik Pada Perempuan: Studi Multidimensi Dalam Konteks Kekerasan Domestik*. Matheo: Jurnal Teologi/Kependetaan , 11 (1), 29-50.
- Soedjono D. 1997. *Narkotika dan Remaja*, Bandung:Alumni Soetrisno H, 1980, *Metodologi Research* , Jilid 1 Yogyakarta :ANDI. Sudarsono. 1991. *Kenakalan Remaja*, Jakarta: Rineka Cipta Sugiyono, 2014.
- Sugiyono. (2009). *Metode Penelitian Pendidikan Pendekatan Kuantitatif, Kualitatif, dan R&D*. Bandung: Alfabeta.
- Sumadi S. 1995, *Metodologi Penelitian* Jakarta: PT. Raja Grafindo Persada. Yahya Ad, Egalia.2019. *Pengaruh Konseling Kognitif Behavior Therapy (CBT)*.
- Trisanti, AS, & Efendi, A. 2023. *Dominasi Pikiran Bawah Sadar dalam Novel Obsessive Loves karya Shireihou*. Jurnal Linguistik, Sastra, dan Terjemahan Internasional , 6 (5), 78- 87.
- Wilks, Cr, & Linehan, Mm. 2019. *Praktik Terapi Perilaku Dialektis pada Pasien Multidiagnosis dan Pasien yang Memiliki Kecenderungan Bunuh Diri. Praktik berbasis bukti dalam tindakan: Menjembatani ilmu klinis dan intervensi* , 231.
- Zulfa, A., Fariska, F., Amrullah, A. M. K., & Aini, D. K. 2024. *Gambaran Mindfulness Mahasiswa Psikologi UIN Walisongo dalam Menjaga Kesehatan Mental*. Sehat Rakyat: Jurnal Kesehatan Masyarakat, 3(2), 73-85.