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Difficulties of Emotional Regulation of Inpatient Residents with Substance Use Disorders in Bridges of Hope Rehabilitation Center: Basis for the Development of Psychological Counseling and Intervention Program

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Abstract
This study explores the emotional regulation difficulties experienced by inpatient residents with substance use disorders at the Bridges of Hope Rehabilitation Center. Addiction impacts brain centers responsible for pleasure and euphoria, often leading individuals to lose behavioral control and pursue substances despite damaging personal consequences. The research aims to assess emotional regulation using the Difficulties in Emotion Regulation Scale (DERS), which evaluates emotional awareness, acceptance, clarity, and behavioral responses under distress. The study involved 20 participants, equally divided between males and females aged 18 and above. Findings, analyzed through SPSS 26.0, revealed moderate levels of emotional regulation difficulties across six DERS subscales: non-acceptance of emotional responses (Mean = 10.500, SD = 5.916), difficulty engaging in goal-directed behavior (Mean = 12.649, SD = 5.356), impulse control difficulties (Mean = 10.563, SD = 4.404), lack of emotional awareness (Mean = 12.729, SD = 4.460), limited access to emotion regulation strategies (Mean = 15.383, SD = 6.424), and lack of emotional clarity (Mean = 9.547, SD = 3.274). These results highlight the need for targeted intervention programs that prioritize emotional regulation as a preventive strategy in addiction treatment. The study underscores the importance of developing counseling approaches tailored to improving emotional control, which can aid in long-term recovery and reintegration.

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Introduction

Substance addiction to illegal drugs and other prohibited stimulants is rampant in society, nowadays, and is considered a physical, psychological, social, and moral disease. Substance use disorders (SUD), often known as addictions, are a concerned category of drug use disorders that have numerous negative physical, social, and economic implications. They are also a significant cause of disability globally. SUD patients make up a comparatively small percentage of occasional drug users, with a lifetime prevalence of 35.3% in the general population. Still, they also represent the most common and costly mental health conditions (Substance Abuse and Mental Health Services Administration, 2011). According to the National Survey on Drug Use and Health (NSDUH), illegal drugs are those that are not prescribed for medical use such as marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, and prescription medications (Bush *et al*., 2015) [4]. Adolescence is frequently the starting point for drug use, and research indicates that substance usage can be related to cigarette and alcohol use during this time

(Farhadinasab *et al*., 2008). Substance-abusing individuals are suffering from long-term destructive pharmacological effects not only on physical health but are at higher risk than nonusers for mental health problems, including depression, conduct problems, personality disorders, suicidal thoughts, attempted suicide, and suicide. Moreover, people with addiction lose control over their actions as they crave and seek out drugs, alcohol, or other substances no matter what the cost as the impact on brain centers is pleasure and euphoria in a high state, even at the risk of damaging their social circles such as friendships, hurting family, or losing jobs. It causes deficiencies in psychological and mental functions such as problem-solving, abstract thinking, change of strategy, and emotional regulation.

The alarming widespread methamphetamine crisis, particularly in the Southeast Asian region with approximately 1000 tons in 2018, which was five times higher than that of 2013 (United Nations Office on Drugs and Crime, 2020). One of the affected countries in this region is the Philippines, where drug use has become a major public health concern National statistics indicated a prevalence rate of illegal drug use in 2.3% of the population in 2015, or the equivalent of 1.8 million people in the 10–69 years age range (Dangerous Drug Board, Philippines, 2015).

Bridges of Hope Rehabilitation Center actively uses the Eclectic Therapeutic Community approach to deliver a comprehensive treatment program as they are committed in creating a suitable environment for people not just to combat addiction but to get into the underlying causes of it–their acquired behaviors, distorted pattern of thinking, and ways of dealing with life (Bridges of Hope, 2020).

To determine the difficulties in the emotional regulation of inpatient residents of Bridges of Hope Rehabilitation Center, the Difficulties in Emotion Regulation Scale (DERS) will be used to identify the areas for growth in how the subjects respond to their emotions as it measures an integrative conceptualization of emotion regulation as involving not just the modulation of emotional arousal, but also the awareness, understanding, and acceptance of emotions, and the ability to act in desired ways regardless of emotional state (NovoPsych, 2023) [16]. According to Gratz and Roemer (2004), the Difficulties with Emotion Regulation Scale is one of the most well-known and often cited measures of emotion dysregulation. It has been used extensively to help facilitate understanding of the connections between emotion dysregulation and psychiatric symptoms, other emotion-related constructs, and treatment progress. The methods through which people control which emotions they feel, when they experience them, and how they express them have been referred to as emotion regulation (Rottenberg and Gross 2003, p. 229). Gratz and Roemer (2004) elaborated on this concept by examining the elements required for effective emotion regulation, such as self-awareness and acceptance of one's feelings, the capacity to modify emotions in line with objectives, and the capacity to maintain behavioral control in the face of negative emotions. They defined emotion dysregulation as the lack of any of these skills. Researchers in clinical psychology have used this multidimensional approach to comprehend how individuals differ in specific emotion regulation impairments as well as overall emotion regulation capacity (Donahue *et al*. 2014).

The data gathered in the Difficulties in Emotion Regulation Scale (DERS), will be the basis for developing psychological and intervention programs for inpatient residents with substance use disorder in Bridges of Hope Rehabilitation Center, as the key objective of this study.

Background of Study

Emotion regulation can be defined as the physiological, behavioral, and cognitive process that enables individuals to modulate an emotion or set of emotions as it increases typically across the lifespan (APA, 2024; Khakbaz *et al*, 2016) [8]. According to Eisenberg and Morris (Ersche *et al*, 2012) [7], emotion regulation includes the initiation, maintenance, regulation, and alteration of intensity or duration of internal emotional states, emotion-related motivations, and physical processes that often serve to achieve one's goals. According to Mullin *et al*. (2007) [14], emotion regulation includes changes that are associated with activated emotions. It is, therefore, not strange that disturbances in emotions and their regulation can lead to sadness and even mental trauma (Khakbaz *et al*. 2016) [8]. Meanwhile, emotional disorders can be described by efforts to control or suppress negative and positive emotions as avoidance and suppression and hiding and ignoring, which could contribute to psychological morbidity (Campbell-Sills *et al*. 2007, Mullin 2007) [6, 14].

Alizadeh *et al*. (2022) [11] showed the result of a research evaluation on the effect of emotion regulation training on substance abusers with whom reactions are both high and low. Those with high reactivity displayed more negative emotions than those with low reactivity using positive emotions. Also, the result suggested that many factors such as reactivity, increased impulsivity, and negative emotions can be considered risk factors for substance abuse. Self-administration of drugs, such as cocaine, alcohol, methamphetamine, and marijuana, has been shown in human laboratory experiments to dramatically increase feelings of being "high" and having "good drug effects" (Hart, Ward *et al*., 2001). It has frequently been suggested that these advantages of drugs create positive reinforcement, which raises the probability of drug usage in the future (Kober, Turza, & Hart, 2009) [10]. Moreover, several drugs have been shown to reduce negative emotional states in addition to elevating positive ones. These include stimulants like cocaine and amphetamines, alcohol, and anxiolytic medications like Xanax and Valium, painkillers like heroin and morphine, and other synthetic prescription opiates like Vicodin), as well as anxiety, sadness, and depression. It has been consistently suggested that the negative reinforcement that results from drugs' ability to reduce negativity increases the likelihood of future drug usage (Koob & Lc Moal, 2008). Researchers recommended that the implementation of different emotion regulation training sessions must be given in varying age groups of substance abusers in treatment rehabilitation facilities to minimize the level of sensation seeking and impulsivity.

Majeed *et al*. (2022) [12] investigated psychological distress, emotional regulation, and demographic variables and their relationship with drug addiction. A statistically significant positive relationship between expressive suppression and anxiety in the patient population is indicated in the result of the study. It also showed that most of the participants belonged to a lower socioeconomic background and literacy rate had started taking drugs at a very young age, as low as ten years. The high unemployment rate of the present sample was observed as the duration of illness and polydrug abuse was more than ten years on average. According to Kober

(2014) [10], more study has come to light, supporting the idea that drug use and the emergence of substance use disorder are in fact associated with a child's lack of self-control. For instance, Moffitt *et al*. (2011) tracked 1,000 kids from birth to age 32. Participants' emotional lability, frustration tolerance, and persistence were among the self-control measures linked to emotion regulation that were evaluated when they were still children. According to the authors, as much as 30 years later, individual variations in self-control were strongly predictive of adult health outcomes, including substance use and dependency.

Research on substance use disorders (SUDs) has traditionally given a disproportionate focus on men. Men and women differ in a variety of biological, psychological, and social ways, which could have an impact on how SUDs develop, persist, and are treated (Greenfield *et al*., 2007) [13]. As a result, during the past 20 years, research on sex and gender in health has received more attention (Mazure & Jones, 2015) [7], and as a result, studies have started to highlight the main distinctions between SUDs in males and females (Becker & Koob, 2016). The prevalence of substance use disorders (SUDs) varies across national borders and is influenced by cultural norms and policies that affect substance availability and acceptability. Reducing gender role traditionality, as measured by factors like women's employment status and access to contraception, has been linked to a smaller male to female disparity in SUDs, according to data from the World Health Organization's World Mental Health Surveys (Seedat *et al*., 2009). Men are generally more likely than women to have access to substances, though there is considerable variance across cultures; this disparity in access seems to be largely responsible for the gender differences in the prevalence of substance use. More specifically, men and women have equal chances of using drugs when access is taken into account (Caris *et al*., 2009). Furthermore, while sex variations in a number of characteristics of substance use disorders (SUDs) have been documented, the significance of potential sex differences in side effects resulting from abuse substances or pharmaceuticals used to treat SUDs is not as well recognized (Agabio *et al*., 2016) [1].

An observation conducted on individuals with substance use disorder found that they have more difficulty in regulating their emotions and controlling impulsive behavior compared to individuals without substance use disorder. Additionally, there has been consistent evidence linking the related construct of trait impulsivity in childhood—the tendency to act without considering the consequences—to the development of substance use disorder in adolescence and adulthood (Ivanov *et al*., 2011) [9]. Stellern *et al*. (2023) [18] suggested that the assessment of emotion regulation in patients with addiction leads to a clearer understanding of treatment plans necessary for targeting the potential therapeutic intervention.

In the Philippines, they rely heavily on a therapeutic community model as the Department of Health is responsible for providing residential treatment for high-risk drug users, however, this model has not been thoroughly evaluated, and there is wide variability in practice. Furthermore, one meta-analysis did not identify any significant benefits for the rehabilitation of drug users using that model. Its major elements include group meetings, religious gatherings, physical exercise, and housekeeping activities. These elements are usually delivered for 6 months in an unstructured manner and their effectiveness remains unevaluated (Smith *et al*, 2006) [17].

According to the United Nations Office on Drugs and Crime (2016), most of the drug users in the Philippines have no access to effective treatment which severely affects their health and psychosocial well-being. It is also suggested that it is important to provide appropriate support to drug users while promoting the protection of and respect for human rights and the dignity of all individuals in the context of drug programs, strategies, and policies as the drug problem cannot be solved by punishment nor violence.

Statement of the Problem

The purpose of this study was to determine the inpatient residents with substance use disorder in Bridges of Hope Rehabilitation Center. Specifically, it seeks to answer the following questions:

1. What are the demographic profiles of the respondents in terms of:

1.1 Sex

a. Male
b. Female

1.3 Age

1.4 Marital Status

a. Single
b. Married
c. Widowed
d. Legally Separated

1.5 Religion

1.6 Educational Attainment

2. What is the level of each subscale of emotional regulation of respondents in terms of the following:

2.1 non-acceptance of emotional responses
2.2 Difficulty engaging in goal-directed behavior
2.3 Impulse control difficulties
2.4 Lack of emotional awareness
2.5 Limited access to emotion regulation strategies
2.6 Lack of emotional clarity

3. Based on the findings of the study, what specific psychological counseling and intervention program will be given to inpatient residents with substance use disorders in Bridges of Hope Rehabilitation Center?

Respondents, Methods, and Instruments

The participants were three to six-month inpatient residents with substance use disorders at Bridges of Hope Rehabilitation Center, Quezon City, Philippines. Difficulties in Emotion Regulation Scale (DERS) 36-item self-report scale was given to 20 inpatient residents, consisting of 10 males and 10 females.

The design sought to describe variables such as the subscale of emotional regulation (non-acceptance of emotional responses, difficulty engaging in goal-directed behavior, impulse control difficulties, lack of emotional awareness, limited access to emotion regulation strategies, and lack of emotional clarity), sex, age, marital status, religion, and educational attainment and examine whether there is a relationship between variables.

Methods and Procedures

The instrument used in this study was the Difficulties in Emotion Regulation Scale (DERS), a 36-item self-report scale. This tool can be especially useful in helping patients identify areas for growth in how they respond to their emotions, especially those with borderline personality

disorder, generalized anxiety disorder, or substance use disorder.

This scale measures an integrative conceptualization of emotion regulation as involving the modulation of emotional arousal, the awareness, understanding, and acceptance of emotions, and the ability to act in desired ways regardless of emotional state.

Research Design

An instrument measuring emotion dysregulation was conducted on 20 participants from Bridges of Hope Rehabilitation Center, Quezon City, Philippines, who were 18 years old and above, three (3) to six months (6) in inpatient care. The answers were analyzed using SPSS 26.0.

Results

Table 1: Frequency Distribution of Respondents as to Sex

Sex	Frequency	Percent (%)
Male	10	50
Female	10	50
Total	20	100

Based on the table, there is an equal distribution of sex within the sample. Both males and females comprise 50% of the total population. There are 10 males and 10 females, totaling 20 respondents. It is important to note that this sample might not represent the larger population.

Table 2: Frequency Distribution of Respondents as to Age Range

Age (years)	Frequency	Percent (%)
25	5	25
26	2	10
27	1	5
29	2	10
31	1	5
33	3	15
35	1	5
36	1	5
40	1	5
41	3	15
Total	20	100

Based on the table, the majority of the respondents are 25 years old, with 25% of the sample. The next highest category is age 33 and 41, with 15% of the sample while 10% of the sample is ages 26 and 29. The remaining categories have relatively lower frequencies, with just 5% of the sample. It is important to note that the table only includes 18 years old and above. This means that individuals outside this range are not included. Therefore, the percentage figures in the table only represent the proportion of the sample within this specific age range.

Table 3: Frequency Distribution of Respondents as to their Religious Affiliation

Religious Affiliation	Frequency	Percent (%)
Roman Catholic	11	55
Born Again Christian	4	20
Atheist	4	20
Islam	1	5
Total	20	100

Based on the table, most of the respondents are Roman Catholic, with 55% of the sample. The next highest category is respondents who are Born Again Christians and Atheists, with 20% of the sample. The remaining categories have relatively lower frequencies, with just 5% of the sample. It is important to note that this sample may not represent the larger population, and the proportion of each religious affiliation category could differ in another sample or the entire population.

Table 4: Frequency Distribution of Respondents as to their Educational Attainment

Highest Educational Attainment	Frequency	Percent (%)
College Graduate	7	35
College Undergraduate	6	30
Senior High School Graduate	5	25
Junior High School Graduate	2	10
Total	20	100

Table 4 shows the distribution of respondents by their educational attainment within the sample. The majority (35%) of the respondents were College Graduates, while 30% were College Undergraduates. The other 25% were Senior High School Graduates, while 10% were Junior High School Graduates. It is important to note that this sample may not represent the larger population, and the proportion of each educational attainment category could differ in another sample or the entire population.

Table 5: Frequency Distribution of Respondents as to their Marital Status

Marital Status	Frequency	Percent (%)
Single	13	65
Married	7	35
Total	20	100

Table 5 shows the distribution of respondents by their marital status within the sample. The majority of the respondents are single, with 65% of the sample, while the other 35% are married. It is important to note that this sample might not represent the larger population, and the proportion of each marital status could differ in another sample or the entire population.

Table 6: Mean and Standard Deviation of Emotional Regulation Subscales

Subscale	Mean	Std Deviation	Interpretation
Non-acceptance of emotional responses	10.500	5.916	Moderate
Difficulty engaging in goal-directed behavior	12.649	5.356	Moderate
Impulse control difficulties	10.563	4.404	Moderate
Lack of emotional awareness	12.729	4.460	Moderate
Limited access to emotion regulation strategies	15.383	6.424	Moderate
Lack of emotional clarity	9.547	3.274	Moderate

Table 6 shows the Mean, Standard Deviation, and Interpretation of the emotional regulation subscales in the study sample population. The results indicate that the inpatient residents with substance use disorders in Bridges of Hope Rehabilitation Center have moderate level of emotional

regulation in the subscales of non-acceptance of emotional responses (Mean of 10.500 with SD of 5.916), difficulty engaging in goal-directed behavior (Mean of 12.649 with SD of 5.356), impulse control difficulties (Mean of 10.563 with SD of 4.404), lack of emotional awareness (Mean of 12.729 with SD of 4.460), limited access to emotion regulation strategies (Mean of 15.383 with SD of 6.424) and lack of emotional clarity (Mean of 9.547 with SD of 3.274).

Conclusions

1. 20 respondents from the Bridges of Hope Rehabilitation Center in Quezon City who took part in this study
2. The respondents are equally distributed, comprising 10 males and 10 females
3. The Majority of the respondents are 25 years old (25%), Roman Catholic (55%), College Graduate (30%), and single (65%)
4. The respondents scored moderate in the subscale of non-acceptance of emotional responses with a mean of 10.500 and a standard deviation of 5.916
5. The respondents scored moderate in the subscale of difficulty engaging in goal-directed behavior with a mean of 12.649 and a standard deviation of 5.356
6. The respondents scored moderate in the subscale of impulse control difficulties, with a mean of 10.563 and a standard deviation of 4.404
7. The respondents scored moderate in the subscale of lack of emotional awareness with a mean of 12.729 and a standard deviation of 4.460
8. The respondents scored moderate in the subscale of limited access to emotion regulation strategies with a mean of 15.383 and a standard deviation of 6.424
9. The respondents scored moderate in the subscale of lack of emotional clarity, with a mean of 9.547 and a standard deviation of 3.274
10. The results indicate that the inpatient residents with substance use disorders in Bridges of Hope Rehabilitation Center have moderate level of emotional regulation in the subscales of non-acceptance of emotional responses, difficulty engaging in goal-directed behavior, impulse control difficulties, lack of emotional awareness, limited access to emotion regulation strategies and lack of emotional clarity.

Recommendations

1. There are lots of interventions that can be efficient to use in terms of emotional regulation of inpatients with substance use disorder since it may vary.
2. Since this study's participants were limited, it is suggested that the number be increased to get more reliable results and to represent the population.
3. There are lots of scales that are standardized and can measure the emotional regulation of patients with substance use disorder. Thus, future researchers may use them for valid results.
4. This study's results indicate a moderate level, suggesting that it needs to focus more on prevention as an intervention program.
5. In this study, the researchers did not specify what type of SUD that inpatient residents had. For future research, they must be specific in giving appropriate intervention programs for different kinds of SUD patients in rehabilitation centers to ensure the proper delivery of treatment plans to each patient.
6. This study utilized the Difficulties in Emotion Regulation Scale (DERS), a 36-item self-report scale that measures how patients with SUD respond to their emotions. It would be helpful if the tool used was specific to the type of SUD to generate a suitable counseling intervention plan.
7. Inclusivity of gender identity is strongly suggested as it influences human options, conditions, and experiences. Also, gaining a deeper understanding of gender patterns, dynamics, and biases can improve the accuracy and scope of the study.

Counseling Intervention

1. Counselors should apply the psychodynamic and humanistic approach in counseling intervention to deliver a more comprehensive program.
2. Counselors should integrate self-discovery and free will to achieve their full potential as human beings rather than concentrating on individual problems.
3. Counselors should focus on individual uniqueness and its relationship with the environment.
4. Counselors should focus on unresolved conflicts, patterns of emotions, thoughts, and beliefs that manifest in clients' present behaviors to gain self-understanding and self-realization.

Intervention Program

1. The researcher recommended that the inpatient residents have an Emotion-Based Prevention Program (EBP) that is composed of arts, music, meditation, and weekly religious activities to develop emotional knowledge, emotion regulation, and emotion utilization.
2. The researcher suggested that the inpatient residents undergo psychoeducation sessions that focus on emotional regulation to improve their emotional responses, clarity, strategies, and awareness, as well as their impulse control and goal-directed behavior.

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