

Compilation and testing of an emotion regulation scale for Muslim drug-addicted clients

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Abstract: Every human being is endowed with emotions that can be well-controlled, as evidenced by the ability to regulate emotions. The gap relates to the understanding of emotional regulation in the context of drug addiction by addiction counselors, especially for Muslim clients who face emotional conflict, social pressure, and spiritual dynamics during the recovery process. Because the ability to regulate emotions in Muslim addicted clients actually impacts self-recovery, but its measurement hasn't yet been used with relevant assessments. Therefore, the purpose of this study was to develop and test the validity and reliability of the emotional regulation scale for Muslim drug-addicted clients undergoing rehabilitation. The study used a sequential explanatory design with a qualitative form content validity stage for construct development through theoretical review, validation by three experts (religion, psychology, and addiction counseling), and readability testing. Then, the quantitative stage was completed by testing the instrument on 49 rehabilitation clients to test construct validity and reliability. Data analysis used descriptive qualitative analysis and quantitative analysis using Aikan-V, product-moment, and Cronbach's alpha. Logical validity in content validity showed a CVI value of 0.917, indicating very high feasibility. All items correlated with the minimum limit (value>0.2329) were declared empirically valid. Reliability testing using the Rasch model with a Cronbach's alpha value of 0.71 and item reliability of 0.94, indicating good internal consistency. The results of the study confirmed that the regulation emotions scale is suitable for use as an assessment to support addiction counseling services.

Keywords: *Emotion Regulation, Muslim Addiction Clients, Reliability, Scale, Validity*

Abstrak: Setiap manusia dikaruniai emosi yang dapat dikendalikan dengan baik, sebagaimana dibuktikan oleh kemampuan untuk mengatur emosi. Kesenjangan tersebut berkaitan dengan pemahaman tentang pengaturan emosi dalam konteks kecanduan narkoba oleh konselor kecanduan, khususnya untuk klien Muslim yang menghadapi konflik emosional, tekanan sosial, dan dinamika spiritual selama proses pemulihan. Karena kemampuan mengatur emosi pada klien Muslim yang kecanduan sebenarnya berdampak pada pemulihan diri, namun pengukurannya belum digunakan dengan asesmen yang relevan. Oleh karena itu, tujuan penelitian ini adalah untuk mengembangkan dan menguji validitas dan reliabilitas skala pengaturan emosi untuk klien Muslim yang kecanduan narkoba yang menjalani rehabilitasi. Penelitian ini menggunakan desain penjelasan sekuensial dengan tahap validitas isi kualitatif untuk pengembangan konstruk melalui tinjauan teoritis, validasi oleh tiga ahli (agama, psikologi, dan konseling kecanduan), dan pengujian keterbacaan. Kemudian, tahap kuantitatif diselesaikan dengan menguji instrumen pada 49 klien rehabilitasi untuk menguji validitas dan reliabilitas konstruk. Analisis data menggunakan analisis kualitatif deskriptif dan analisis kuantitatif menggunakan Aikan-V, product-moment, dan Cronbach's alpha. Validitas logis dalam validitas isi menunjukkan nilai CVI sebesar 0,917, yang mengindikasikan kelayakan yang sangat tinggi. Semua item berkorelasi dengan batas minimum (nilai $>0,2329$) dinyatakan valid secara empiris. Pengujian reliabilitas menggunakan model Rasch dengan nilai alpha Cronbach sebesar 0,71 dan reliabilitas item sebesar 0,94, menunjukkan konsistensi internal yang baik. Hasil penelitian ini menegaskan bahwa skala regulasi emosi cocok digunakan sebagai asesmen untuk mendukung layanan konseling kecanduan.

Kata Kunci: *Regulasi Emosi, Klien Adiksi Muslim, Reliabilitas, Skala, Validitas*

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Introduction

The counseling profession for guidance and counseling graduates in Indonesia has evolved from a counsellor to an addiction counsellor, particularly in addressing the complex needs of individuals recovering from drug addiction. In the Indonesian context, addiction counseling isn't only a psychological intervention but also involves social and spiritual dimensions, especially for Muslim clients who constitute the majority of the population. Meanwhile, in Indonesia, it also helps Muslim drug survivors recover from addiction through counseling services involving various stakeholders (Supriyanto et al., 2021). This recovery process is a long journey that requires psychological, social, and spiritual restructuring, including addressing social stigma, the risk of relapse, reintegration difficulties, and comorbid mental health issues such as depression, anxiety, and trauma (Volkow et al., 2019). This is because there are three aspects of addicted clients in relapse: negative emotions, social pressure, and interpersonal conflict (Hand et

al., 2024; Ibrahim et al., 2012). In Iran, addiction counseling is seen as a profession that helps individuals recover from addiction, particularly drug addiction (Inanlou et al., 2020). Limited attention has been given to culturally and religiously grounded psychological mechanisms within the Indonesian setting.

One psychological construct believed to be a crucial foundation for recovery from drug addiction is emotional management. Every human being is endowed with both good and bad emotions (Lewis et al., 2010; Willroth et al., 2023). Emotions arise from a variety of feelings, including like and dislike, pleasure and pain, and judgments about good and bad (Frijda, 2000; Roseman, 2024). The role of family and the presence of psychological stress have been shown to impact the coping mechanisms of addicted clients in substance use disorder treatment (Wang, 2022). For Muslim drug addicts, developing emotional regulation is particularly relevant.

These recovery challenges indicate that addiction isn't merely a behavioral issue but is deeply rooted in emotional processes. One study showed that individuals with a history of substance abuse often use drugs as a maladaptive coping mechanism to deal with emotional distress, unresolved trauma, and internal conflict (Dimitrova-Georgieva, 2023; Khoury et al., 2010). Furthermore, a preliminary study conducted by addiction counselors found that clients with drug addiction also experience internal conflict, leading to emotional instability, irritability, and reactivity during and after rehabilitation. This conflict creates unstable emotions and impacts recovery. Individuals also tend to relapse due to unstable emotions, leading to a lack of confidence in recovering from substance abuse disorders during drug rehabilitation (Supriyanto & Hendiani, 2018). Emotional instability also stems from internal conflict and conflict with parents who may not accept them if they leave the drug rehabilitation program. In this context, emotional regulation becomes a central psychological mechanism that underlies successful recovery from substance use disorders.

Emotional regulation encompasses emotional sensitivity and emotional response, although each individual possesses distinct emotion-generating strategies (targets and functions of emotional regulation) and emotion-generating systems (attention, cognition, and bodily responses) (Koole, 2009; Liu & Berzenski, 2022). Some clients with emotional regulation have six aspects: situation, attention, appraisal, subjective experience, behavior, or physiology (Mauss et al., 2007). However, in the context of addiction recovery, not all components are equally salient. This study focuses on two key indicators: self-assessment of emotional thoughts and suppression of emotional expression. Two indicators of emotional regulation that can be applied in this dissertation are self-assessment indicators of emotional thoughts and suppression of emotional expression in individuals (Alhadi et al., 2019; Hofmann et al., 2016; Purwadi et al., 2020; Weiss et al., 2019).

Emotional regulation is a key component of recovery, but a theoretical gap arises from the lack of empirical studies describing the dynamics of emotional regulation in Muslim drug-addicted clients during rehabilitation. Furthermore, the factual gap is the lack of integration between the emotional state of Muslim addicted clients and emotion regulation theory to build a comprehensive understanding. This situation necessitates the development of emotion regulation measurement tools by addiction counselors to facilitate appropriate counseling services. This situation necessitates the development of emotion regulation measurement tools by addiction counselors to facilitate appropriate counseling services. A precise assessment by addiction counselors, tailored to the client's

specific problems, will lead to recommendations for relevant addiction counseling services (Cavaiola et al., 2021; Miller, 2020).

To address this gap, this study proposes the development of an emotional regulation scale specifically tailored for Muslim drug-addicted clients in Indonesia. The development of an emotional regulation scale as a foundation for addiction counselors, using a valid and reliable measurement tool specifically for Muslim drug addiction in Indonesia, is crucial. The emotional regulation scale serves as an accurate assessment tool, provides targeted intervention evaluation, and provides evidence-based development of Muslim addiction counseling services. Therefore, the purpose of this study was to develop and test a valid and reliable Muslim emotional regulation scale with a specific population of Muslim drug addicts in Indonesia. This includes item generation based on theoretical and empirical foundations, followed by psychometric evaluation through validity testing (content and construct validity) and reliability analysis. An adequate emotional regulation scale can be applied by practitioners and researchers to conduct needs assessments, design addiction counseling interventions, and monitor progress in recovery from drug addiction (Inanlou et al., 2020; Perkinson et al., 2022).

RESEARCH METHODS

Research Design

This study employed a mixed-methods approach with a sequential explanatory design (from qualitative data supplemented by quantitative data) (Bowen et al., 2017). This design supported the development of an emotion regulation scale for drug addiction clients and the testing of its validity and reliability. The development process began with concept and construct exploration, item development, and expert judgment. Then, the items of the emotion regulation scale were empirically tested to obtain psychometric analysis (validity and reliability) and the finalization of the emotion regulation scale.

Research Subjects

The study participants were three expert validators and drug addiction clients undergoing a rehabilitation program under the guidance of the National Narcotics Agency of the Special Region of Yogyakarta Province. Expert validators were selected using purposive sampling, considering their expertise in addiction counseling, spirituality, and psychology. Meanwhile, the subjects for the readability test were five addicted clients at the Nawacita PABM House and 49 drug-addicted clients at the Class IIA Yogyakarta Narcotics Penitentiary, all of whom used a random sampling technique.

Research Procedure

The first stage of the qualitative study involved an in-depth literature review on emotional regulation in addicted clients. The concept of emotional regulation, developed by Weiss, Darosh, Contractor, Schick, & Dixon-Gordon (2019), encompasses two aspects of emotional regulation: self-assessment of emotional thoughts and suppression of emotional expression. The second stage involved the development of an initial outline for the emotional regulation scale and the development of 13 items. This was followed by validation of the scale by three experts and a readability test by five drug-addicted clients as part of the content validity test using a face validity design.

The second stage of the quantitative study involved expert assessments, which were part of the content validity test, using a logic validity design using the Content Validity Index (CVI) calculation (Connelly, 2022). A pilot study of the emotional regulation scale was then conducted on 49 drug-addicted clients who met the inclusion criteria (not included in the main sample) as part of the construct validity test. The purpose of the pilot study was to test the validity and reliability of the emotional

regulation scale. The final stage was to finalize the emotional regulation scale outline and ensure that the scale items were in their final form, having undergone the development and testing process.

Data Analysis

Data analysis in this study was divided into two parts: qualitative and quantitative analysis. The qualitative analysis employed concepts from Miles & Huberman (1994) involving data reduction, data presentation, and conclusions drawn from the literature review, expert corrections (validators/face validity), and a readability test. The quantitative analysis used logic validity (Aikan-V), product-moment (construct validity), and Cronbach's alpha.

RESULT AND DISCUSSION

Result

The development of the emotional regulation scale consisted of five stages. The first qualitative stage was a literature review. The results of the literature review indicated that the emotional regulation scale was developed with two indicators: self-assessment of emotional thoughts and suppression of emotional expression (Weiss, Darosh, Contractor, Schick, & Dixon-Gordon, 2019). This emotional regulation scale focused on individuals with drug addiction undergoing drug rehabilitation or recovery from addiction counselors. The data analysis resulted in the creation of an emotional regulation scale grid with 13 items, all of which were unfavorable, as shown in Table 1.

Table 1. Emotional Regulation Scale Grid for Drug Addiction Clients

Indicator	Item	Total
	Unfavorabel	Item (Σ)
Self-assessment of emotional thoughts	2,3,4,5,6,7,8,9, 12	8
Suppression of emotional expression	1,6,10,11,13	5
Total	13	

The second qualitative stage is content validity testing. The content validity of the emotional regulation scale, first tested with face validity, was validated by three expert instrument validators in the fields of guidance and counseling, psychology, and religion. The resulting content improvement notes were then analyzed qualitatively. The improvement notes were summarized and included expert notes, as shown in Table 2.

Table 2. Notes on Improvements to the Emotional Regulation Scale by the Validator (Face Validity)

Validator Notes
Several statements in the emotional regulation scale items aren't yet operational/concrete, making it difficult for respondents to understand the meaning of the sentences.
The sentences aren't operational enough.
The sentences are too long.
The use of the word "I" is inconsistent.
Aspects of emotion regulation aren't yet fully evident.
The items in these statements aren't easily understood by clients.

Then, the second content validity test was conducted through logical validity. In addition to improving the content, the emotional regulation scale also received quantitative assessments from three validators, which were analyzed using the Aikan-v formula as part of the first stage of quantitative analysis. The results of the analysis show that (1) the suitability of the scale content with the objectives has a CVI value of 0.917 or is very suitable for use with a value of 4.667 (from a scale of 5) or a very good category, (2) the suitability of the items with aspects of emotional regulation in drug users undergoing rehabilitation programs has a CVI value of 0.917 or is very suitable for use with a value of 4.667 (from a scale of 5) or a very good category, (3) the completeness of the scale content has a CVI value of 0.917 or is very suitable for use with a value of 4.667 (from a scale of 5) or a very good category, (4) the suitability with good and correct Indonesian language rules has a CVI value of 0.917 or is very suitable for use with a value of 4.667 (from a scale of 5) or a very good category, and (5) the clarity of the language used has a CVI value of 0.75 or needs modification in grammar with a value of 4.00 (from a scale of 5) or a good category. Details of the results of logic validity are shown in Table 3.

Table 3. Logic Validity of the Emotion Regulation Scale by Validator

Rated aspect	CVI Value	CVI Interpretation	Average Score (1–5)	Category
The scale's content aligns with the objectives.	0.917	Very worth using	4.667	Very good
The items align with aspects of emotional regulation in drug users undergoing rehabilitation.	0.917	Very worth using	4.667	Very good
The scale's content is complete.	0.917	Very worth using	4.667	Very good
The scale's content aligns with language rules.	0.917	Very worth using	4.667	Very good
The language used is clear.	0.750	Need modification	4.000	Good

After being validated by experts through content validity processes (face validity and logic validity), which were declared highly appropriate and very good for measuring emotional regulation in drug survivors by the validator, a readability test was also conducted on five Muslim addiction clients at the Nawacita PABM House, Kalasan, Yogyakarta Special Region, as part of the final stage of qualitative analysis. The results of the readability test were the adjustment of the emotional regulation scale items to the individual's real conditions. The recommendation from this validation was that each item needed improvement to be adjusted to actual conditions.

The second quantitative phase involved a pilot study with 49 Muslim drug addicts. The analysis showed that all items in the emotional self-assessment indicator on the emotional regulation scale had a value >0.2329 . Furthermore, the significance value for all items was 0.000 (<0.05) with a standard error of 5%. Information regarding the validity results of the eight items in the emotional self-assessment indicator can be seen in Table 4. These findings confirm that all items in this aspect are valid, and data from these items will be used in data collection.

Table 4. Construct Validity of the Emotional Regulation Scale on the Self-Assessment Aspect of Emotional Thoughts

		Correlations									
No		2	3	4	5	6	7	8	9	12	RP
Item											
2	PC	1	.404**	.228	.332**	.248*	.038	.213	.229	.166	.593**
	Sig.		.002	.057	.010	.043	.398	.071	.057	.127	.000
	N	49	49	49	49	49	49	49	49	49	49
3	PC	.404**	1	.210	.343**	.256*	.179	-.010	.352**	.227	.587**
	Sig.	.002		.074	.008	.038	.110	.472	.007	.059	.000
	N	49	49	49	49	49	49	49	49	49	49
4	PC	.228	.210	1	.245*	.123	.218	.043	.065	.105	.407**
	Sig.	.057	.074		.045	.199	.066	.383	.328	.236	.002
	N	49	49	49	49	49	49	49	49	49	49
5	PC	.332**	.343**	.245*	1	.240*	.134	.066	.147	.281*	.568**
	Sig.	.010	.008	.045		.049	.179	.326	.157	.025	.000
	N	49	49	49	49	49	49	49	49	49	49
6	PC	.248*	.256*	.123	.240*	1	.057	.262*	.287*	.210	.514**
	Sig.	.043	.038	.199	.049		.349	.034	.023	.074	.000
	N	49	49	49	49	49	49	49	49	49	49
7	PC	.038	.179	.218	.134	.057	1	.119	.424**	.041	.463**
	Sig.	.398	.110	.066	.179	.349		.207	.001	.391	.000
	N	49	49	49	49	49	49	49	49	49	49
8	PC	.213	-.010	.043	.066	.262*	.119	1	.346**	.015	.471**
	Sig.	.071	.472	.383	.326	.034	.207		.008	.459	.000
	N	49	49	49	49	49	49	49	49	49	49
9	PC	.229	.352**	.065	.147	.287*	.424**	.346*	1	.226	.678**
	Sig.	.057	.007	.328	.157	.023	.001	.008		.059	.000
	N	49	49	49	49	49	49	49	49	49	49
1	PC	.166	.227	.105	.281*	.210	.041	.015	.226	1	.499**
2	Sig.	.127	.059	.236	.025	.074	.391	.459	.059		.000
	N	49	49	49	49	49	49	49	49	49	49
R	PC	.593**	.587**	.407*	.568**	.514**	.463**	.471*	.678**	.499**	1
E											
-	Sig.	.000	.000	.002	.000	.000	.000	.000	.000	.000	
P	N	49	49	49	49	49	49	49	49	49	49
D											

** . Correlation is significant at the 0.01 level (1-tailed).

*. Correlation is significant at the 0.05 level (1-tailed).

PC= Pearson Correlation

Meanwhile, the analysis results show that all statement items in the emotional expression indicator in the emotional regulation scale have a value > 0.2329. In addition, the significance value for all statement items is 0.000 (<0.05) with a standard error of 5%. Information related to the validity results of the five items in the emotional expression indicator can be seen in Table 5. These findings confirm that all items in the indicator are declared valid, and data from these items will be used in data collection.

This scale was then assessed to ensure that the items on the emotional regulation scale were valid and usable. This study used Cronbach's Alpha reliability testing technique, with the Rasch model as the final stage of quantitative analysis. The emotional regulation scale was piloted on 49 Muslim respondents at the Class IIA Yogyakarta Narcotics Prison. Based on the summary statistics analysis in Figure 1, the person measure shows the average respondent score on the instrument. The figure shows the

logit value of the person measured obtained is 1.01. Referring to the Rasch model, if the person measure value is greater than 0.0, then in this study, respondents tend to agree more with statements in various items.

Table 5. Construct Validity of the Emotional Regulation Scale on the Aspect of Emotional Expression

		Correlations					
No Item		6	1	10	11	13	RE
6	PC	1	.308*	.179	.120	.246	.511**
	Sig.		.031	.218	.411	.089	.000
	N	49	49	49	49	49	49
1	PC	.308*	1	.158	.359*	.002	.629**
	Sig.	.031		.280	.011	.990	.000
	N	49	49	49	49	49	49
10	PC	.179	.158	1	.354*	-.035	.570**
	Sig.	.218	.280		.013	.813	.000
	N	49	49	49	49	49	49
11	PC	.120	.359*	.354*	1	.319*	.774**
	Sig.	.411	.011	.013		.025	.000
	N	49	49	49	49	49	49
13	PC	.246	.002	-.035	.319*	1	.493**
	Sig.	.089	.990	.813	.025		.000
	N	49	49	49	49	49	49
RE	PC	.511**	.629**	.570**	.774**	.493**	1
	Sig.	.000	.000	.000	.000	.000	
	N	49	49	49	49	49	49

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

PC= Pearson Correlation

SUMMARY OF 49 MEASURED PERSON									
	TOTAL SCORE	COUNT	MEASURE	MODEL ERROR	MNSQ	INFIT ZSTD	MNSQ	OUTFIT ZSTD	
MEAN	37.3	13.0	1.01	.50	1.00	.0	.99	.1	
S.D.	3.8	.0	.93	.02	.43	1.2	.43	1.2	
MAX.	45.0	13.0	3.07	.56	1.71	1.6	1.81	1.7	
MIN.	20.0	13.0	-2.90	.46	.21	-2.8	.20	-2.9	
REAL RMSE	.55	TRUE SD	.76	SEPARATION	1.38	PERSON RELIABILITY	.66		
MODEL RMSE	.50	TRUE SD	.79	SEPARATION	1.57	PERSON RELIABILITY	.71		
S.E. OF PERSON MEAN = .13									
PERSON RAW SCORE-TO-MEASURE CORRELATION = 1.00									
CRONBACH ALPHA (KR-20) PERSON RAW SCORE "TEST" RELIABILITY = .71									
SUMMARY OF 13 MEASURED ITEM									
	TOTAL SCORE	COUNT	MEASURE	MODEL ERROR	MNSQ	INFIT ZSTD	MNSQ	OUTFIT ZSTD	
MEAN	140.8	49.0	.00	.26	1.00	.0	.99	-.2	
S.D.	17.2	.0	1.17	.02	.31	1.6	.29	1.5	
MAX.	180.0	49.0	1.73	.31	1.58	2.8	1.43	1.8	
MIN.	113.0	49.0	-2.89	.23	.42	-3.4	.42	-3.4	
REAL RMSE	.28	TRUE SD	1.14	SEPARATION	4.09	ITEM RELIABILITY	.94		
MODEL RMSE	.26	TRUE SD	1.14	SEPARATION	4.40	ITEM RELIABILITY	.95		
S.E. OF ITEM MEAN = .34									
UMEAN=.0000 USCALE=1.0000									
ITEM RAW SCORE-TO-MEASURE CORRELATION = -1.00									
637 DATA POINTS. LOG-LIKELIHOOD CHI-SQUARE: 1039.60 with 574 d.f. p=.0000									
Global Root-Mean-Square Residual (excluding extreme scores): .5554									

Figure 1. Summary Statistics of the Emotion Regulation Scale

Cronbach's alpha aims to measure reliability, namely the interaction between the person and the item as a whole. Based on the figure mentioned, the Cronbach's alpha value obtained is 0.71. Referring to the Cronbach's Alpha value criteria in the Rasch Model, this value is included in the good category, which ranges from 0.7 to 0.8 (Sürücü & Maslakci, 2020). Person reliability indicates the consistency of the respondent's

answers. From the same figure, the person's reliability value obtained is 0.66. Referring to the person reliability value criteria in the Rasch Model, this value is included in the weak category, which is <0.67 .

Item reliability indicates the quality of the items used in the instrument. Based on the figure above, the item reliability value obtained was 0.94. Referring to the item reliability value criteria in the Rasch Model, this score is included in the very good category, which ranges from 0.91 to 0.94. It can be concluded that the instrument used is capable of measuring the constructs it should measure. Details of the results of the process of compiling the emotional regulation scale as a measuring tool can be presented in the statement items in Table 6.

Table 6. Emotional Regulation Scale Statement Items for Muslim Drug Addiction Clients

Item	Aspect	Emotion Regulation Scale Statement Items
1	Suppression of emotional expression	When I'm happy, I'm angry with myself for feeling that way. (UF)
2	Self-assessment of emotional thoughts	When I'm happy, I'm ashamed of myself for feeling that way. (UF)
3	Self-assessment of emotional thoughts	When I'm happy, I'm scared and afraid of that feeling. (UF)
4	Self-assessment of emotional thoughts	When I'm happy, I feel guilty for feeling that way. (UF)
5	Self-assessment of emotional thoughts	When I'm happy, I find it hard to focus on anything else. (UF)
6	Suppression of emotional expression	When I'm happy, I have trouble concentrating. (UF)
7	Self-assessment of emotional thoughts	When I'm happy, I have trouble thinking about anything else. (UF)
8	Self-assessment of emotional thoughts	When I'm happy, I have trouble getting things done. (UF)
9	Suppression of emotional expression	When I'm happy, I'm afraid of losing control. (UF)
10	Suppression of emotional expression	When I'm happy, I lose control. (UF)
11	Self-assessment of emotional thoughts	When I'm happy, I have difficulty controlling my behavior. (UF)
12	Suppression of emotional expression	When I'm happy, I feel out of control. (UF)
13	Suppression of emotional expression	When I'm happy, I lose control of my behavior. (UF)

Discussion

The development of this emotional regulation scale is based on the fact that drug-addicted clients have greater difficulty in regulating their emotions than normal clients (Stellern et al., 2023). This condition arises from feelings of uncertainty, feelings of uncertainty, and the need for mood improvement, emotional repair, novelty seeking, danger avoidance, perseverance, and self-transcendence (Okasha et al., 2021). This condition arises from feelings of uncertainty, feelings of uncertainty, and the need for mood improvement, emotional repair, novelty seeking, danger avoidance, perseverance, and self-transcendence (Purwadi et al., 2020; Weiss et al., 2019). Measuring self-

assessment of emotional thoughts on this emotional regulation scale has an impact on addiction counselors' understanding of clients' abilities to regulate maladaptive emotions and the level of self-evaluation that results in increased symptoms of social anxiety (Mehrizi et al., 2023). Meanwhile, the aspect of emotional expression suppression can measure the condition of emotional intensity over a certain period of time as a direct response to emotional stimuli and negative psychological outcomes (Caramanica et al., 2023). The findings extend existing emotional regulation frameworks (Koole, 2009; Mauss et al., 2007) by highlighting that, within addiction contexts, cognitive self-evaluation and expressive suppression play a more dominant role compared to other regulatory processes.

This emotional regulation scale is aimed at Muslim clients with drug addiction. It consists of 13 items, with 8 items focusing on self-assessment of emotional thoughts and 5 items emphasizing emotional expression. Overall, it has been validated and is reliable. It has been validated by religious, psychological, and counseling experts as part of face validity. This face validity is implemented so that the emotional regulation scale appears to measure what it is supposed to (Johnson, 2021; Roebianto et al., 2023), namely, the emotional regulation of Muslim clients with drug addiction. Because each item on the scale must be simple, unambiguous, and consider the experiences of the target population, the role of validators/experts is crucial (Gupta et al., 2025) in developing this emotional regulation scale. The role of face validity as part of content validity is a prerequisite before data collection (Lim, 2024). Therefore, this emotional regulation scale meets the initial requirements for measuring emotional regulation in Muslim clients with drug addiction because it has received notes on improvements from the validators. These findings indicate that the scale demonstrates initial psychometric adequacy, suggesting that the selected dimensions are relevant for capturing emotional regulation among Muslim clients in addiction recovery. Compared to broader instruments that include multiple dimensions, this scale proposes a more focused structure.

Next, the emotional regulation scale has logical validity, part of content validity. Analysis using the Aikan-V yielded a CVI of 0.917 for four aspects and 0.75 for language clarity, which were subsequently revised. The emotional regulation scale has been revised according to the improvement notes. Logical validity examines expert consensus through quantitative assessment (Supriyanto et al., 2024a). Therefore, the logical validity results can conclude that this emotional regulation scale is suitable for use and testing on Muslim addiction clients. However, before testing, the emotional regulation scale underwent a readability test with five clients. The readability test enriched and provided information regarding the development and testing of the emotional regulation scale before testing on a larger scale (Pearson et al., 2020). The entire content validity process in developing the emotional regulation scale involved comments, assessments, and a readability test to evaluate the feasibility and estimation limitations of the measuring instrument (Teresi et al., 2022).

This regulation scale was then piloted on 49 Muslim addiction clients, a minority group in Indonesia, and the limitations of this study. This study has several limitations. First, the sample size ($n=49$) is relatively small, which may limit the generalizability of the findings. The construct validity results showed a correlation value above the minimum limit of 0.2329 and a significance level of <0.05 , thus being declared valid. Construct validity is used as part of the rational-empirical process to identify psychological attributes of emotion regulation with predetermined measures that align with theory (Flake et al., 2022; Ginty, 2020; Piedmont, 2023). Furthermore, the Cronbach's alpha reliability value was 0.71 (good category), indicating consistency of the emotion regulation scale. This reliability serves as an estimator of the emotion regulation

scale and checks internal consistency or inter-item homogeneity of test scores (Forero, 2023; Kennedy, 2022). The results of the entire process of developing and testing the emotion regulation scale are valid and reliable and have been declared suitable for use by other researchers and practitioners. Although the Cronbach's alpha value of 0.71 indicates acceptable internal consistency, it also suggests that further refinement of items may enhance reliability, particularly given the heterogeneity of emotional experiences among addiction clients.

When this emotional regulation scale is used, each item is answered with a choice of "very appropriate," "appropriate," "less appropriate," and "inappropriate." A scoring process can then be implemented to determine the emotional regulation status of Muslim clients with drug addiction. Clients with high scores in emotional suppression may benefit from expression-based interventions, while those with maladaptive self-assessment may require cognitive restructuring approaches. After analyzing the data, addiction counselors can recommend relevant counseling services, such as developing a peaceful mindset that stimulates feelings and emotional expression in addicted clients. Peace counseling serves as a reference in developing a peaceful mindset in addicted clients, whether in group or individual settings (Supriyanto et al., 2019, 2024b). Spiritual counseling is also implemented because the addicted clients in this measurement are Muslim (Supriyanto et al., 2024). Implementation of counseling services by addiction counselors using modern or postmodern approaches, as well as spiritual ones, serves as a foundation for helping drug-addicted clients regulate their emotions. Emotional regulation, grounded in a peaceful or spiritual mindset or a change in mindset, can at least transform dysfunctional emotions into functional ones, contributing to recovery from drug addiction.

CONCLUSION

The results of the development and testing of the emotional regulation scale for Muslim drug-addicted clients have met the criteria for validity and reliability. Two indicators of emotional regulation, self-assessment of emotional thoughts and suppression of emotional expression, have been tested for content validity through face validity and logical validity. So that the scale is very suitable for use. The scale also undergoes readability testing on addicted clients to ensure the suitability of the items to real conditions in the field. The results of a pilot study on addicted clients showed that all items in both indicators were declared valid. The reliability test using the Rasch model had a Cronbach's alpha value in the good category and item reliability in the very good category, although person reliability was in the weak category. Overall, the developed emotional regulation scale has been shown to have adequate validity and reliability, making it suitable for use as an instrument to measure emotional regulation in Muslim drug-addicted clients undergoing rehabilitation. Therefore, this emotional regulation scale can be applied by practitioners and researchers to conduct needs assessments, design spiritual addiction counseling interventions, and monitor the recovery progress of Muslim drug-addicted clients. The limitation of this research is only on Muslim clients so that it can be tested again on Muslim and non-Muslim clients more widely.

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