How to assess the frequency and efficacy of emotion regulation techniques? Validation of the ANPERT

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PRINCIPAL AIM
To develop an inventory assessing the frequency and perceived efficacy of the strategies that people use to manage positive and negative affective states, and to assess its psychometric properties.

THEORETICAL BACKGROUND
The importance of emotion regulation (ER) is widely recognized in the fields of physical and mental health, and psychopathology [1-3]. It appears as a central and transdiagnostic characteristic of psychological problems and mental disorders [3-7]. ER refertoquite a heterogeneous set of processes by which affective states are modulated in their occurrence, dynamic, latency, rise time, magnitude, duration, or in the offset of their response in behavioral, experiential, or physiological levels [8]. It involves at least rudimentary intentions and goals, as well as overt, effortful and controlled behavior and attention.

Existing instruments and why the ANPERT?
A number of instruments have been developed to assess emotion regulation, for example the Emotion Regulation Questionnaire (ERQ) [9], the Difficulties in Emotion Regulation Scale (DERS) [10], the Cognitive Emotion Regulation Questionnaire (CERQ) [11], the Emotion-Regulation Skills Questionnaire (ERSQ) [12], or the Regulation of Emotions Questionnaire [13]. Some others focus strictly on the regulation of positive affective states (e.g. Positive up-regulation activities questionnaire [14], Savoring Beliefs Inventory [15], Responses to Positive Affect questionnaire [16]).

We wanted to develop an instrument that could assess a broad spectrum of regulation behaviors, sufficiently detailed also to be a tool in the context of psychological intervention, with the opportunity to distinguish between positive and negative affective states and to explore the differences between the frequency estimations of regulation behaviors compared with their perceived effectiveness.

DESCRIPTION OF THE ANPERT
The inventory is theory-based and refers to a broad spectrum of behavioral (including bodily), cognitive, and social emotion regulation strategies which can be used to regulate negative and positive affective states.

The suggested emotion regulation strategies are categorized, operationally described and accessible for training.

Each scale is made of 3 to 5 items, with a double assessment: frequency and perceived efficacy of the respective regulation behavior (ER scale and response are illustrated by a small concrete example.

Five-level Likert-scale varying from 0 ("not at all") to 4 ("very frequently/regularly" or "very effective"). The "negative affect regulation part" consists of 64 items, and the "positive affect regulation part" of 54 items. The questionnaire was developed in French.

RESULTS
The studies regroup 495 non clinical participants (67% women and 33% men) between 20 and 63 years old (M = 39.1, SD = 9.23), socio-economic status is quite high. Participants are French-speaking, and come from higher education (64% having attended university or higher professional school), 62% are active professionals, and 29% are students. All participants filled in online the ANPERT and other questionnaires related to ER, well-being and psychological symptomatology. Analyses were made with SPSS 23 and AMOS [17].

The most frequent ER strategies include positive reappraisal, acceptance, using humor, engaging in distracting activities, and using a religious or spiritual perspective. The least frequent strategies include altering an emotion through revenge, blaming the self, or pretending to be happy. (See Table 1).

Table 1: Internal consistency of the registers

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<tr>
<th>Dimension</th>
<th>Number of items</th>
<th>Frequency</th>
<th>Effectiveness</th>
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<tr>
<td>Negative affect</td>
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The descriptive results of the ER scales:

The most frequent ER strategies– negative and positive affect regulation taken together – are re-evaluation (2.99), adapting goals (2.99), searching information (2.84) and active influence (2.84). The strategies chosen are also the most effective: re-evaluation (3.16), adapting goals (3.07), searching information (3.07) and active influence (3.02). Lower efficacy is observed in suppressing information, avoiding, and substance intake.

The dimensionality of the scales: Confirmatory factor analyses

The analyses yield a very clear model structure identified by confirmatory factor analyses, presenting good model fit indices.

Table 2: Goodness of fit indices for the confirmatory factor analyses

<table>
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<tr>
<th>Model Fit Indices</th>
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To re-examine the frequency and efficacy of the strategies that people use to manage positive and negative affective states, and to assess its psychometric properties.

REFERENCES

DISCUSSION

Regarding the importance of emotion regulation in mental and physical health, it seems central to benefit from an instrument like the ANPERT to assess the dimensions emotions and emotional regulation describe individual regulation profiles and the possibility of developing adapted training modules.

Emotion regulation being a highly relevant challenge in numerous domains of health and wellbeing [1,2,20], the clinicians need information about the patient’s tendencies to face and regulate his affective states, to detect strategies which are lacking, are overestimated or less effective, respectively dysfunctional and counterproductive.

LIMITS

• Participants may have limited insight into their own emotion regulatory tendencies [19], and some regulation is made without conscious awareness or intent.
• Duration for the administration

Figure 1. Structure of behaviors as integrated in the tests

Figure 2. Means and standard deviations of the registers

Table 1: Dimensions, number of items, frequency and effectiveness

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