The Young Schema Questionnaire Short Form 3 (YSQ-S3): does the new four-domains model show the best fit?

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Abstract: The existence of early maladaptive schemas (EMS) is the core concept of Schema Therapy (ST). Several studies have demonstrated that EMSs are involved in many psychiatric disorders. The Young Schema Questionnaire is a self-report measure developed to assess the 18 EMSs and has long form (YSQ-L) and short form (YSQ-S) versions. It is current-ly in its third version (YSQ-S3). To the best of our knowledge, this is the first study that aims to validate the Italian version of YSQ-S3 according to the new proposed organization of EMSs into four domains. A non clinical sample of 1372 Italian population was involved in this research. Confirmatory Factor Analysis (CFA) was conducted to examine the latent structure of the YSQ-S3, including both first- and second-order structures. McDonald’s omega and intra-class correlation coefficients were calculated to evaluate internal consistency and test-retest reliability. Correlations between the YSQ-S3 and anxiety and mood symptoms were calculated to measure construct validity. McDonald’s omega of almost all EMSs were higher than 0.7, which indicated good internal reliability, and test-retest reliability was excellent. CFA supports the new proposed organization of EMSs into four domains. Regarding concurrent validity, each schema in the YSQ-S3 was highly correlated with anxiety and mood symptoms. The new four-domains model of the YSQ-S3 has demonstrated that it can be a useful and valid tool for clinicians and researchers in the self-report measurement of EMSs.

Keywords: Schema Therapy; early maladaptive schema; Young Schema Questionnaire; Italian validation; psychometric properties.

Introduction

Schema Therapy (ST) is a recent integrative approach sharing different elements with Cognitive Behavioral Therapy, Gestalt Therapy, Object Relations Theory, Attachment Theory and Transactional Analysis (Young, Klosko, & Weishaar, 2003).

The concept of early maladaptive schemas (EMS) is the core of ST. Young and colleagues defined EMSs as “extremely stable and enduring themes, comprised of memories, emotions, cognitions, and bodily sensations regarding oneself and one’s relationship with others that develop during childhood and are elaborated on throughout the individual’s lifetime, and that are dysfunctional to a significant degree” (Young et al. 2003). According to the ST model, psychiatric disorders result from the development, in childhood, of EMSs in response to unmet emotional needs. In recent years, many studies have shown that EMSs are involved in many psychiatric diseases such as personality disorders (Sempértegui, Karreman, Arntz, & Bekker, 2013), affective disorders (Davoodi et al., 2018; Hawke, Provencher, & Arntz, 2011), obsessive-compulsive disorder (Basile, Tenore, Lupparo, Mancini, & Basile, 2017; Voderholzer et al., 2014), social phobia (Calvete et al. 2013; Pinto-Gouveia et al. 2006), eating disorders (Pugh, 2015), substance abuse (Shorey, Anderson, & Stuart, 2013), and psychosis (Stowcowy et al., 2016).

The Young Schema Questionnaire (YSQ; Young & Brown, 1990) is a self-report measure developed to assess EMSs and consists of a long form (YSQ-L) and a short form (YSQ-S). The YSQ-S is made up of 90 items, representing the 18 EMSs defined by the authors, and it was created for...
research aims due to its faster administration than the long version (Young et al. 2003). In Young’s (2003) theory, EMSs are organized into five domains: disconnection/rejection, impaired limits, overvigilance/inhibition, impaired autonomy/performance and other-directedness, but more recently Bach and colleagues (2018) have found a better fit in a model with four domains: disconnection & rejection, impaired autonomy & performance, excessive responsibility & standards, and impaired limits.

Currently, the YSQ is in its third version (YSQ-S3) (Young, 2005), but to the best of our knowledge, this is the first study that aims to validate the Italian version of YSQ-S3 according to the new proposed organization of EMSs into four domains (Bach, Lockwood, & Young, 2018).

Therefore, the purpose of this study is to examine the factor structure of the YSQ-S3 in a non-clinical Italian population by means of confirmatory factor analysis (CFA), and also to explore the internal consistency, test-retest reliability and concurrent validity of the YSQ-S3, using measures of depression and anxiety for concurrent validity assessment.

**Methods**

**Participants and procedure**

Students at the School of Medicine, Nursing Sciences and Sociology from the University “Magna Graecia” of Catanzaro (Italy), and seniors from 14 high schools from 6 different cities in Calabria (Southern Italy) were given the opportunity to participate to the study. The aim of the research was described on the Facebook page of the Ambulatory for Clinical Research and Treatment of Eating Disorders of Catanzaro (Italy). Through an anonymous online survey, the participants completed an informed consent form and the questionnaires. Anonymity was guaranteed using a nickname (formed by at least 8 alphanumeric and symbols characters) that participants used both in the first (test) and in the second administration (retest) of the tests.

The final sample consisted of 1372 participants (N=846; 61.7% women) with mean age 19.45 ± 2.7 years old; 929 (67.7%) participants had middle school diploma while 443 (32.3%) had high school diploma. No differences were evident between males and females (respectively 19.3 ± 2.8 and 19.5 ± 2.5; t= 1.592; p= .112). All participants were Caucasian.

The retest was made available to participants three weeks later for a week; overall, 892 (65%) participants completed a retest after 24.4±3.5 days.

The research was conducted from March 2017 to May 2018.

**Instruments**

**Young Schema Questionnaire S3 (YSQ-S3)**

The authors made a double Italian/English forward/backward translation of the YSQ-S3 as follows: once an initial agreement was reached among translators from English to Italian, another researcher, blind to this original version, made the translation back into English. After verifying the similarity with the original test, the YSQ-S3 was given to a small group of 20 volunteers who evaluated the comprehensibility of the items. All raters considered it to be clear and easy to rate.

The YSQ-S3 is made up of 90 Likert type items ranging from 1 (completely untrue for me) to 6 (describes me perfectly) written to assess the presence of the 18 EMSs (Appendix 1).

**Beck Depressive Inventory (BDI)**

Depressive symptoms were measured using the Italian version of the BDI (Ghisi et al. 2006), which consists of 21 multiple-choice items, rated from 0 to 3. Scores between 0–9, 10–16, 17–29 and ≥ 30 respectively indicate minimum, mild, moderate and severe depression. Cronbach’s alpha in the present research was .886.

**State-Trait Anxiety Inventory (STAI)**

The Italian version is made up of 40 items and assesses state (STAI-St) and trait (STAI-Tr) anxiety (Pedrabissi and Santinello 1989). In this study, we examined only STAI-Tr and the Cronbach’s alpha was .934.

**Data analyses**

Different CFAs were conducted using M-plus (Muthén and Muthén 1998-2015) to examine the best latent structure of the YSQ-S3, including both first- and second-order structures. Firstly, we examined a correlated first-order 18-factor structure, corresponding to the 18 hypothetical EMSs; secondly, we tested a second-order 5-factor structure corresponding to the five domains proposed by Young et al. (2003); finally, we tested a second-order 4-factor structure corresponding to the new organization of EMSs into four domains proposed by Bach et al. (2003).

The weighted least square mean and variance adjusted (WLSMV) method was used to estimate the parameters, because it provides the best option for modelling categorical or ordered data (Brown, 2006).

The Tucker-Lewis Index (TLI), The Comparative Fit Index (CFI), the Root Mean Square Error of Approximation (RMSEA), Standardized Root Mean Squared Residual (SRMR) and relative chi-square ($\chi^2$/df) were used to assess the goodness of fit of data to a proposed model. For TLI and CFI, values of 0.90 and above were considered adequate,
whereas values of 0.95 or above were considered very good; for RMSEA values of 0.08 and below was considered adequate and 0.05 or less very good; for SRMR a cut-off value close to 0.08 was considered adequate. Values of $\chi^2$/df $<3.0$ are good and those $<2.0$ are very good. The levels of these indices were evaluated according to the recommendations of Hu and Bentler (1999).

The McDonald’s $\omega$ reliability coefficient was calculated using JASP open-source software (JASP, Version 0.9.2, University of Amsterdam, The Netherlands).

The intra-class correlation coefficient (ICC) along with the 95% confidence interval (CI) was run to calculate test-retest reliability. According to Cicchetti’s suggestions, we considered that ICC $<.40$, $.40 -.59$, $.60 -.74$, and $.75 - 1.00$ respectively indicate that the level of clinical significance was poor, fair, good and excellent (Cicchetti, 1994).

Table 1. Descriptive statistics of the 18 EMSs of YSQ-S3 (N=1,372).

| Trait | Mean (SD) | McDonald’s $\omega$ | ICC 95% CI |
|-------|-----------|----------------------|------------|
| Emotional deprivation | 1.8 (1.0) | .843 | .914 (.895-.930) |
| Abandonment | 2.4 (1.2) | .833 | .894 (.872-.914) |
| Mistrust/Abused | 2.5 (1.2) | .850 | .899 (.870-.922) |
| Social isolation | 2.2 (1.2) | .855 | .907 (.884-.926) |
| Defectiveness | 1.8 (1.0) | .877 | .905 (.885-.923) |
| Failure | 1.9 (1.1) | .893 | .943 (.930-.953) |
| Dependence | 1.7 (0.8) | .760 | .814 (.774-.849) |
| Vulnerability | 1.9 (1.0) | .779 | .891 (.867-.911) |
| Enmeshment | 1.8 (0.8) | .698 | .802 (.749-.845) |
| Subjugation | 1.8 (0.9) | .764 | .875 (.849-.899) |
| Self-sacrifice | 3.1 (1.2) | .819 | .819 (.724-.876) |
| Emotional inhibition | 2.5 (1.2) | .815 | .897 (.875-.917) |
| Unrelenting standards | 3.1 (1.1) | .699 | .799 (.762-.856) |
| Entitlement | 2.7 (1.1) | .744 | .755 (.665-.819) |
| Insufficient self-control | 2.3 (1.0) | .769 | .847 (.814-.876) |
| Approval-seeking | 2.4 (1.1) | .819 | .896 (.869-.918) |
| Negativism | 2.4 (1.2) | .840 | .890 (.860-.914) |
| Self-punitiveness | 2.4 (1.0) | .784 | .827 (.771-.869) |

Confirmatory factor analysis

The fit indices of the three CFA models tested are shown in Table 2. It is evident that some of the fit indices of these models do not meet the cutoff to define a model as valid (i.e. $\chi^2$/df, CFI, TLI). However, the distributions of fit indices are affected by different conditions such as the sample size and the distribution of the data (Yuan, 2005). Therefore, cutoffs of fit indices cannot be considered the only way to evaluate a model’s validity. For this reason, low fit indices do not necessarily indicate a poor fit. McNeish et al. (2018) suggested evaluating the validity of factor models not only on goodness of fit indices, but also with factor loadings that represent the quality of measurement of latent variables. In fact, according to the reliability paradox, it can be observed that models with low factor loadings could have better fit indices than model with high factor loadings (Hancock & Mueller, 2011).

Based on these recommendations, the second-order model with four factors has the highest factor loadings when compared with the other two models (as displayed in figure 1).

Table 2. Fit indices of the tested models.

| Threshold for good models | $\chi^2$/df | CFI | TLI | RMSEA (90% CI) | SRMR |
|---------------------------|------------|-----|-----|---------------|------|
| Threshold for acceptable models | $\leq2$ | $\geq.95$ | $\geq.95$ | $\leq.05$ | $\leq.05$ |
| 18 correlated first-order factors (Young’s schemas) | 5.028 | .790 | .776 | .084 (.053-.055) | .073 |
| 5 correlated second-order factors (Young’s revised theory, 2003) | 5.621 | .751 | .743 | .058 (.057-.059) | .076 |
| 4 correlated second-order factors (Bach et al., 2018) | 5.556 | .754 | .746 | .058 (.057-.059) | .080 |

Correlations between YSQ-S3 and STAI-Tr and BDI were calculated to measure construct validity, considering that correlation coefficients greater than .30 are recommended (McGraw & Wong, 1996). A $p < .05$ was considered statistically significant.

Results

Reliably of the scores

As displayed in Table 1, the McDonald $\omega$ coefficient of the 18 EMSs ranged from .698 (Enmeshment) to .893 (Failure), indicating very good reliability.

Regarding test-retest reliability, ICC (95% CI) ranged from .755 (.665-.819) for Entitlement to .943 (.930-.953) for Failure, showing an excellent stability.
Sources of validity evidence of internal structure

As displayed in Table 3, all 18 EMSs were significantly correlated with the BDI (ranging from .14 for Unrelenting standards to .71 for Negativism) and STAI (ranging from .14 for Unrelenting standards to .71 for Negativism).

Table 3. Correlations between the 18 EMSs of the YSQ S3 with BDI and STAI.

|   | 1   | 2   | 3   | 4   | 5   | 6   | 7   | 8   | 9   | 10  | 11  | 12  | 13  | 14  | 15  | 16  | 17  | 18  | 19  | 20  |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 1 | BDI |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 2 | STAI| .809** |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 3 | Emotional deprivation | .573**, .559** |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 4 | Abandonment | .552**, .614**, .583** |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 5 | Mistrust/Abused | .593**, .622**, .641**, .717** |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 6 | Social isolation | .653**, .665**, .691**, .609**, .710** |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 7 | Defectiveness | .656**, .635**, .734**, .618**, .646**, .763** |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 8 | Failure | .650**, .726**, .602**, .574**, .531**, .643**, .715** |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 9 | Dependence | .589**, .640**, .555**, .578**, .494**, .586**, .671**, .762** |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 10 | Vulnerability | .575**, .607**, .520**, .595**, .589**, .580**, .592**, .616**, .629** |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 11 | Enmeshment | .434**, .466**, .453**, .498**, .474**, .487**, .493**, .518**, .626**, .592** |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 12 | Subjugation | .635**, .658**, .623**, .644**, .590**, .634**, .673**, .682**, .719**, .641**, .648** |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 13 | Self-sacrifice | .373**, .370**, .362**, .549**, .546**, .418**, .332**, .371**, .342**, .374**, .415**, .456** |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 14 | Emotional inhibition | .449**, .477**, .572**, .485**, .618**, .666**, .607**, .507**, .461**, .495**, .418**, .542**, .389** |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 15 | Unrelenting standards | .143**, .141**, .365**, .457**, .559**, .454**, .381**, .320**, .314**, .407**, .377**, .388**, .563**, .522** |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 16 | Entitlement | .261**, .283**, .395**, .462**, .567**, .496**, .380**, .348**, .391**, .437**, .417**, .446**, .467**, .477**, .665** |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 17 | Insufficient self-control | .530**, .610**, .544**, .579**, .600**, .609**, .568**, .672**, .641**, .584**, .505**, .640**, .427**, .543**, .488**, .617** |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 18 | Approval-seeking | .302**, .468**, .447**, .548**, .557**, .471**, .452**, .466**, .471**, .532**, .473**, .563**, .431**, .435**, .536**, .595**, .623** |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 19 | Negativism | .707**, .768**, .589**, .684**, .715**, .611**, .616**, .615**, .575**, .751**, .504**, .606**, .507**, .548**, .540**, .509**, .635**, .605** |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 20 | Self-punitiveness | .351**, .343**, .486**, .495**, .530**, .529**, .532**, .503**, .481**, .485**, .423**, .527**, .439**, .479**, .500**, .475**, .522**, .521**, .601** |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |

*p < .05, **p < .001 BDI: Beck Depression Inventory, STAI: State Trait Anxiety Inventory.
Discussion

The aim of the present research was to validate the new four-domain model of the YSQ-S3 in a large non-clinical sample. Recently, several studies have investigated the role of each EMS in the psychiatric disorders; for this reason, having a psychometrically valid assessment tool tested in a non-clinical sample is necessary and very useful.

Our results indicate that this version of the YSQ-S3 is a solid tool with good psychometric properties, in particular good reliability and excellent test-retest reliability. Furthermore, the McDonald’s ω of almost all EMSs were higher than 0.7, which indicated good internal reliability. However, Unrelenting Standards and Enmeshment had slightly less than good internal consistency, although they were still within the adequate range. The low reliability coefficients of these two EMSs were similar to previous versions in other languages (Calvete, Orue, & González-Diez, 2013; Hawke & Provencher, 2012; Soygut, Karaosmanoglu, & Cakir, 2009), so it seems that our version of YSQ-S3 has good enough reliability to be used without serious revision.

Regarding the CFAs, previous validation studies of YSQ-S3 have tested the latent factor structure of the questionnaire and they found mixed results. In fact, some researchers have centered their interest on the first-order factors. However, Unrelenting Standards and Enmeshment had slightly less than good internal consistency, although they were still within the adequate range. The low reliability coefficients of these two EMSs were similar to previous versions in other languages (Calvete et al. 2013; Kriston et al. 2012; Sakulsriprasert et al. 2016). These discrepancies in the factor structures may be for different reasons, such as translation problems, the sample used in the research or cultural differences.

In our study, although some model fit indices were not good, factor loadings appeared robust. In fact, even if the first-order factors model showed the best fit, some loadings of the 90 items did not appear to be significant for the corresponding EMS. Instead, in the second-order model, the factor loadings of all the four domains on their EMSs were significant. Therefore, this last model was chosen, as it showed more adequate measurement properties than the other two models.

Regarding concurrent validity, each schema of the YSQ-S3 was highly correlated with BDI and STAI-Tr scores, and this result is consistent with the versions of the YSQ-S3 in other languages (Lee et al. 2015; Soygut et al. 2009). This finding is not surprising; in fact, the EMSs are well known to be implicated in depressive and anxiety symptoms (Davoodi et al. 2018; Rezaei et al. 2016). For this reason, some researchers have proposed that ST should be also applied in the treatment of mood and anxiety disorders (Hawke & Provencher, 2011; Malogiannis et al., 2014).

Our results should be interpreted with caution due to certain limitations. First, in the present study, all data were obtained via online questionnaires. On one hand, this allows for recruitment of a large number of participants, but on the other hand it could lead to a selection or response bias (Mayr et al., 2012). Second, our sample is composed of a large non-clinical population, so caution is needed in generalizing our findings. There are various reasons why we feel our choice was justified. First, the validation of a test in a foreign language has the aim to demonstrate that the new version matches with the original one, whose validity has been already demonstrated by the authors of the test. In addition, many studies regarding YSQ-S3 validations in other languages have used sample with student populations (Calvete et al. 2013; Lee et al. 2015; Sakulsriprasert et al. 2016). Nevertheless, we believe that further studies with a clinical sample of Italian patients are necessary to replicate and extend the present results. Finally, our study being based on self-report questionnaires could be subject to some limits as reduced introspective ability of respondents, social desirable answers, response bias or sampling bias. However, self-report scales allow a ‘cheap’ way in terms of both time and cost of obtaining data; furthermore, they can be used to measure constructs that would be difficult to obtain with behavioral or physiological measures.

Despite these limitations, the strength of our research is that this is the first study that tests the new four-domain model recently proposed by the authors (Bach et al. 2018), which has received little attention to date.

Conclusions

Summing up, the Italian version of the YSQ-S3 has demonstrated sound psychometric properties such as good internal consistency and excellent test-retest reliability. In addition, the present study supports the new proposed organization of EMSs into four domains. Thus, this study has shown that the Italian version of YSQ-S3 can be a useful and valid tool for clinicians and researchers in the self-report measurement of EMSs.

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### Appendix 1. Italian version of YSQ–S3 - 90 item

| Istruzioni |  |  |  |  |  |  |
|------------|---|---|---|---|---|---|
| Di seguito è presentata una serie di affermazioni con cui è possibile descrivere se stessi. Per ogni singola affermazione indichi quanto accuratamente la descrive durante gli ultimi anni. Quando non si sente sicuro/a, basi la sua risposta su cosa sente a livello emotivo e non su ciò che pensa possa essere giusto o sbagliato in generale. Alcune affermazioni si riferiscono alla relazione con i suoi genitori o con un eventuale partner. Se una (o più) di queste figure è deceduta, per favore risponda considerando la vostra relazione quando erano in vita. Se attualmente non ha un partner, ma ne ha avuti in passato, per favore risponda considerando la relazione significativa più recente. | 1 | 2 | 3 | 4 | 5 | 6 |
| 1 = Completamente falso; 2 = Quasi del tutto falso; 3 = Un po’ più vero che falso; 4 = Abbastanza vero; 5 = Quasi del tutto vero per me; 6 = Mi descrive perfettamente | 12 | 3 | 4 | 5 | 6 |  |

1. Non ho avuto qualcuno che si prendesse cura di me, che mi rendesse partecipe della propria vita o avesse veramente a cuore ciò che mi accade  
2. Mi reputo “appiccicoso/a” nei confronti di coloro a cui tengo perché temo che possano abbandonarmi  
3. Sento che gli altri approfitteranno di me  
4. Non mi sento socialmente adeguato  
5. Nessun uomo/donna che desidero potrebbe amarmi dopo aver visto i miei difetti o le mie debolezze  
6. Quasi nulla di quello che faccio al lavoro (o nello studio) va bene quanto ciò che sanno fare gli altri  
7. Non mi sento in grado di cavarmela da solo/a nella vita di tutti i giorni  
8. Non riesco a liberarmi dalla sensazione che qualcosa di brutto stia per accadere  
9. Non sono riuscito a separarmi dai miei genitori come sembrano fare le altre persone della mia età  
10. Penso che se facessi quello che voglio mi metterei solo nei guai  
11. Sono quello che solitamente finisce con il prendersi cura delle persone care  
12. Sono troppo controllato per mostrare agli altri i miei sentimenti positivi verso di loro (es. l'affetto che provo, il farlo cuore tutto ciò che mi accade  
13. Devo essere il/la migliore nella maggior parte delle cose che faccio; non accetto di essere secondo/a a nessuno  
14. Ho molti problemi ad accettare un “no” come risposta quando voglio qualcosa dagli altri  
15. Sembra che non riesca ad impormi la disciplina necessaria per portare a termine compiti routinari e noiosi  
16. Avere soldi e conoscere persone importanti mi fa sentire di valore  
17. Anche quando le cose sembrano andare bene, sento che sarà solo per poco  
18. Sono quello che solitamente finisce con il prendersi cura delle persone care  
19. Non ho nessuno che mi dia calore, sostegno e affetto  
20. Ho talmente bisogno degli altri da temere di perderti  
21. Sento di non poter abbastanza la guardia in presenza degli altri, perché altrimenti mi ferirebbero intenzionalmente  
22. Sono radicalmente diverso/a dagli altri  
23. Nessun uomo/donna che desidero vorrebbe staremi vicino, se mi conoscesse realmente  
24. Non sono capace nel raggiungimento degli obiettivi  
25. Mi ritengo una persona dipendente dagli altri per quanto riguarda lo svolgimento delle attività quotidiane  
26. Sento che, in qualunque momento potrebbe colpirmi un disastro (naturale, criminale, finanziario o medico)  
27. Io e i miei genitori tendiamo ad essere troppo coinvolti nelle vite e nei problemi reciproci  
28. Sento di non avere altra scelta se non cedere alle richieste degli altri, altrimenti essi si vendicherebbero, arrabbiaranno o mi respingeranno in qualche modo  
29. Sono una brava persona perché penso agli altri più che a me stesso/a  
30. Trovo imbarazzante esprimere i miei sentimenti agli altri  
31. Credo sempre di fare del mio meglio, non mi accentro di fare abbastanza  
32. Sono speciale e non dovrei accettare molti dei divieti o delle restrizioni imposte dagli altri  
33. Se non riesco a raggiungere un obiettivo, divento facilmente frustrato/a e mi tiro indietro  
34. Il raggiungimento di un risultato assume maggior valore per me se gli altri lo notano  
35. Se qualcosa di bello accade, mi preoccupo perché è probabile che sia seguito da qualcosa di brutto  
36. Se non faccio del mio meglio, devo aspettarmi di fallire  
37. Non ho sentito di essere speciale per nessuno  
38. Temo che le persone a me care possano lasciarmi o abbandonarmi  
39. Non ho un senso di appartenenza, sono un solitario/a  
40. Non merito l'amore, l'attenzione e il rispetto degli altri  
41. In magior parte delle persone è più competente di me nella sfera lavorativa e nel raggiungere le proprie mete  
42. Mi manca il buon senso  
43. Mi manca il buon senso
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44. Mi preoccupo del fatto di poter essere aggredito fisicamente
45. È molto difficile, fra me e i miei genitori, mantenere il riserbo sui dettagli intimi della nostra vita senza sentire traditi o in colpa
46. Nelle relazioni, solitamente permetto alle altre persone di avere la meglio
47. Sono così impegnato ad occuparmi delle persone a cui tengo, da avere poco tempo per me stesso/a
48. Trovo difficile essere uno spirito libero e spontaneo/a quando ho attorno altre persone
49. Devo assumermi tutte le mie responsabilità
50. Odio essere limitato/a o bloccato nel fare ciò che voglio
51. Faccio molta fatica a sacrificare il piacere o la gratificazione immediata per il mio stesso bene
52. Nel lavoro e nello studio, non sono intelligente quanto la maggior parte delle persone
53. Sono troppo inaccettabile per rivelarmi agli altri o per permettere che mi conoscano a fondo
54. Se non faccio bene qualcosa, ne devo pagare le conseguenze
55. Nei momenti di incertezza, non ho avuto accanto una persona forte o di buon senso per darmi delle indicazioni o dei consigli utili
56. Durante la vita quotidiana, non si può fare tutto ciò che si desidera
57. Sono abbastanza sospettoso/a sulle reali intenzioni degli altri
58. Mi sento al di fuori dei gruppi
59. Sono un po' troppo amabile
60. Nella vita di tutti i giorni, non si può fare quanto si desidera, c'è sempre qualcosa che andrà male
61. Indipendentemente dai miei sforzi sul lavoro, mi preoccupo di poter essere rovinato finanziariamente e di perdere quasi tutto ciò che possiedo
62. A meno che non riceva molte attenzioni da parte degli altri, non mi sento importante
63. Faccio molta fatica a sacrificare il piacere o la gratificazione immediata per raggiungere un obiettivo a lungo termine
64. Sono cosi impegnato ad occuparmi delle persone a cui tengo, da avere poco tempo per me stesso/a
65. È molto difficile, fra me e i miei genitori, mantenere il riserbo sui dettagli intimi della nostra vita senza sentire traditi o in colpa
66. È molto difficile, fra me e i miei genitori, mantenere il riserbo sui dettagli intimi della nostra vita senza sentire traditi o in colpa
67. Sento una costante pressione a portare a termine a mioi obiettivi e a non lasciare nulla in sospeso
68. Sono talmente controllato che molte persone mi reputano freddo e insensibile
69. Sento di non essere amabile
70. Se intervengo ad un incontro o sono introdotto in una situazione sociale, è importante per me ottenere riconoscimento
71. Indipendentemente dalle mie scelte al posto mio, mi preoccupo di poter essere rovinato finanziariamente e di perdere quasi tutto ciò che possiedo
72. Indipendentemente dalla ragione per cui ho sbagliato, una volta commesso un errore, dovrei pagarne le conseguenze
73. Mi sento di non essere valutato/a in modo giusto e congiustizia, non ho avuto accanto una persona forte o di buon senso per darmi delle indicazioni o dei consigli utili
74. Qualche volta sono così preoccupato/a di essere lasciato/a da qualcuno che lo allontano io stesso/a
75. Spesso mi interrogo e rifletto per cercare di scoprire le motivazioni nascoste e i secondi fini delle altre persone
76. Mi sento sempre al di fuori dei gruppi
77. Sono troppo inaccettabile per rivelarmi agli altri o per permettere che mi conoscano a fondo
78. Nel lavoro e nello studio, non sono intelligente quanto la maggior parte delle persone
79. Non riesco ad costringermi a fare ciò che non mi piace, anche quando so che è per il mio stesso bene
80. Sento che non dovrei sottostare alle normali regole e convenzioni come invece fanno gli altri
81. Spesso mi sento come se i miei genitori si appoggiasse a me ed io non avessi una vita mia
82. Non riesco ad ammettere che sono stato (a) a un errore, non dovrei pagarne le conseguenze
83. Le altre persone mi vedono come qualcuno che fa troppo per gli altri e non abbastanza per se stesso/a
84. Sono troppo inaccettabile per rivelarmi agli altri o per permettere che mi conoscano a fondo
85. Sento che non dovrei sottostare alle normali regole e convenzioni come invece fanno gli altri
86. Sento che quello che ho da offrire io è di maggior valore rispetto al contributo degli altri
87. Raramente sono stato capace di mantenere una condotta coerente con le mie decisioni
88. Ricevere molti elogi e complimenti mi fa sentire una persona di valore
89. Mi preocucca il fatto che una decisione sbagliata possa portare ad un disastro
90. Sono una persona cattiva che merita di essere punita