

8-2018

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Recommended Citation

Bufford, Rodger K., "Poster: Interpreting YSQ-S3 scores in a US Sample" (2018). *Faculty Publications - Doctor of Psychology (PsyD) Program*. 347.

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Interpreting YSQ-S3 scores in a US Sample

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Introduction

In 1998, Young developed the Young Schema Questionnaire (YSQ), however, to this day the results of the YSQ-S3 have not been normed with clinical and non-clinical U.S. samples. Currently, upon completing the YSQ-S3, the results indicate which schemas are operating for a given individual at a given time. Yet due to the lack of standardized information indicating what the results actually mean, it is unclear as to whether a client's results fall within a clinical or non-clinical range. One early study, using an older long version of the YSQ (Schmidt, Joiner, Young, & Telch, 1995) provided descriptive data but lacks cut-off scores. Several international studies have been published, but these vary in language, number of items and schemas; we were unable to find descriptive YSQ-S3 data for a US sample that could be used as norms to distinguish adaptive from maladaptive levels for YSQ-S3 schemas. This study provides U.S. normative data and cut-off scores for the schema scales using the YSQ-S3.

Objectives

- Compare normal and clinical participants on individual schemas
- Show that clinical participants had more active schemas than normal participants
- Provide an empirical basis for distinguishing normal from clinical participants on individual schemas in the US

Participants/Materials

Participants

- Undergraduate and graduate students and community members; 146 participants
- Age: 18-59 years ($M = 26.27$; $SD = 8.25$)
- Sex: 65 were male (44.8%) and 80 female (55.2%); one did not respond
- Race/ethnicity:
 - African American/Black: 3 (2.1%)
 - American Indian/Alaska Native: 1 (0.7%)
 - Asian American/Pacific Islander: 11 (7.6%)
 - European American: 77 (53.21%)
 - Latino/a: 10 (6.9%)
 - Multiethnic: 13 (9.0%)
 - Other: 30 (20.7%)

Materials

- 1) Demographic questionnaire
- 2) Patient Health Questionnaire-9
- 3) The Generalized Anxiety Disorder-7 (GAD-7)
- 4) Young Schema Questionnaire-Short Form, Third Edition (YSQ-S3)

YSQ-S3 Maladaptive Schemas

1. Abandonment/Instability
2. Mistrust/Abuse
3. Emotional Deprivation
4. Defectiveness/Shame
5. Social Isolation/Alienation
6. Dependence/Incompetence
7. Vulnerability to Harm or Illness
8. Enmeshment/Undeveloped Self
9. Failure to Achieve
10. Entitlement/Grandiosity
11. Insufficient Self-Control/Self-Discipline
12. Subjugation
13. Self-Sacrifice
14. Approval-Seeking/Recognition-Seeking
15. Negativity/Pessimism
16. Emotional Inhibition
17. Unrelenting Standards/Hypercriticalness
18. Punitiveness

Note: Adapted from "Questionnaire des Schemas de Young (YSQ-S3)," by Young, J. E., Pascal, B., & Cousineau, P., 2005. Copyright 2005 by New York, NY: Schema Therapy Institute.

Results

- On the YSQ-S3: normal participants scored lowest; anxious participants were next, then depressed and anxious/depressed participants formed the third group; effect sizes were 1.17, 4.19, and 5.49 respectively

Active schemas defined as T-scores ≥ 65 within the normal sample:

- Significant differences between normal and clinical participants on YSQ-S3 were found for all YSQ-S3 scales except Self-Sacrifice

Activated schemas comparing normal and clinical participants on this criterion:

- Clinical participants were significantly more likely to have one or more scales with a T-score greater than or equal to 65 ($F_{3,141} = 8.10$; $p < .001$)
- Clinical participants had a significantly larger number of elevated T-scores as well ($F_{3,141} = 39.82$; $p < .001$)
- Anxious/Depressed and Anxious participants scored higher than those who were depressed; depressed participants in turn scored higher than normal participants
- Cluster analysis was successful in distinguishing all but one of the participants identified as anxious, depressed, and anxious/depressed on the GAD-7 and PH-Q9 from normal participants
 - Twenty-eight additional participants clustered with clinical participants

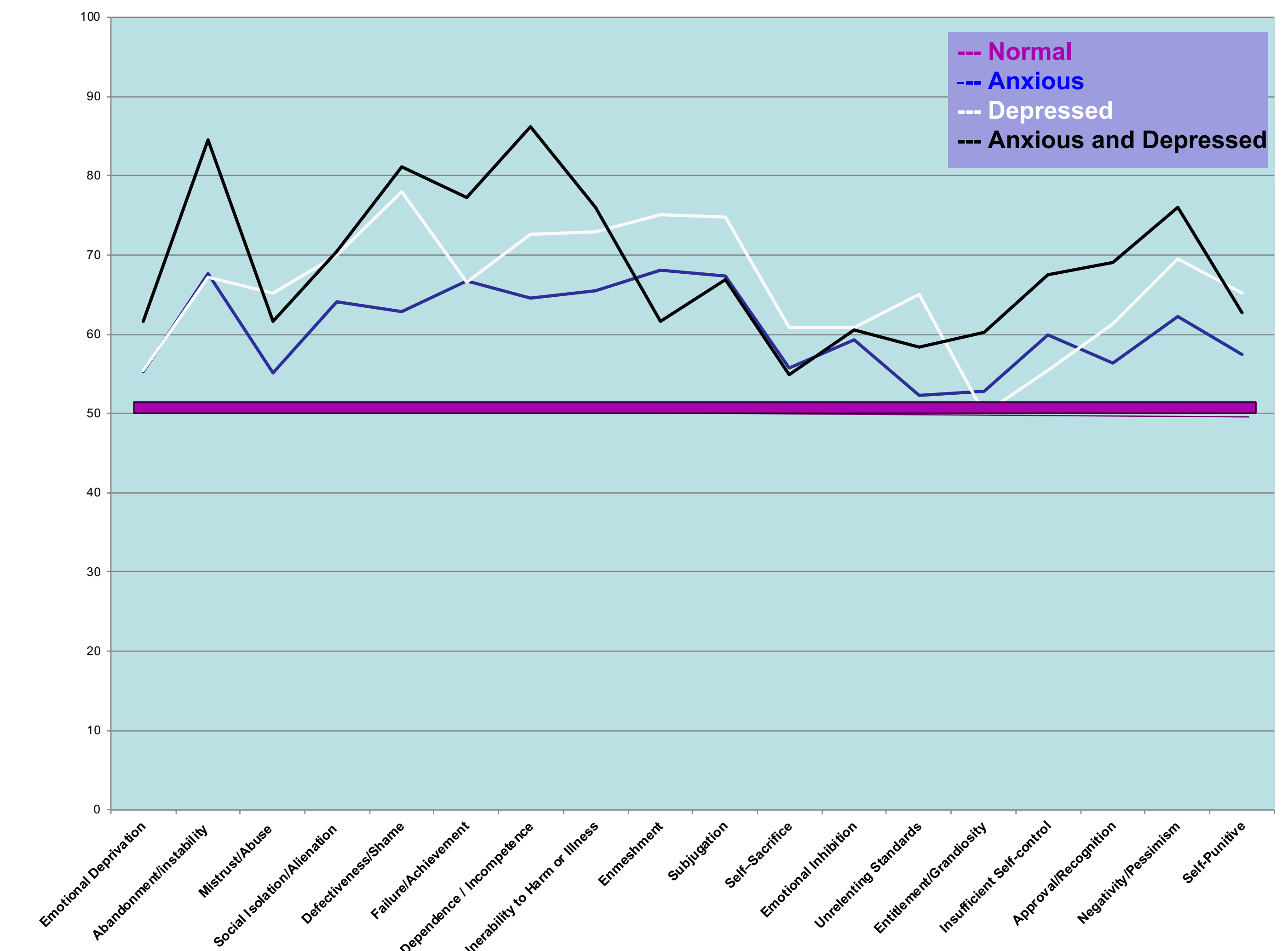


Figure 1: YSQ-S3 Subscales and Their T Scores for Clinical Participants

Discussion

- Clinical participants generally have higher levels of early maladaptive schemas than normal participants on YSQ-S3
- Cluster results identified all but one of the clinical participants
- Clinical participants were anxious, depressed, or anxious and depressed; others who clustered with them also have elevated schema scores and likely have other disorders without mood symptoms—perhaps personality or substance
- Clinical participants tend to have more maladaptive schemas present
- Results of our study suggest the YSQ-S3 scores may provide clinical implications for treatment
- Replicating the study in other US samples would be helpful for the purpose of offering Mental Health professionals with YSQ-S3 measurable outcomes on maladaptive schemas, and help guide patient treatment

References

1. Kroenke et al, 2007; Kroenke, Spitzer, & Williams, 2001; Manea, Gilbody, & McMillan, 2012
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