

The Maladaptive Schema Scale (MSS)

A Modern, Open-Source
Schema Assessment Tool

Buchanan, Bartholomew, Smyth & Hegarty (2025)

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Research Gap

"Schema constructs and measures identified as priority areas for future research"

Pilkington et al., 2023



The Clinical Reality

- "I need a shorter assessment that doesn't sacrifice comprehensiveness"
- "Traditional schemas aren't helping my clients with trauma and attachment issues"
- "I need expanded and up-to-date schemas"
- "I need a framework to help me to interpret the scores"

Young Schema Questionnaire (YSQ)

- 1990 – Original YSQ (Young, 1990)
- 2003 – The YSQ-L3 (long form) developed (Young & Brown, 2003)
- 2005 – YSQ-S3 (short form) developed (Young, 2005)
- 2022 – YSQ-R developed from the YSQ-L3 (Yalcin et al., 2022)




The Psychometric Problem

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

Revisions to the Young Schema Questionnaire using Rasch analysis: the YSQ-R
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ABSTRACT
Objective: The aim of this study was to refine the YSQ-L3 by identifying the most statistically and clinically appropriate items for each Early Maladaptive Schema (EMS) using Rasch analysis.
Method: A Rasch analysis was undertaken on a large sample ($N = 838$) that included a heterogeneous clinical sample ($N = 574$) and a smaller non-clinical group ($N = 254$).
Results: Overall, 116 out of 232 items showed misfit across a number of statistical indicators. After the removal of these items, the fit improved for all subscales and showed good (.74) to excellent (.86) reliability with the exception of Emmeshment (.57). In line with previous research, items originally measuring Punitiveness were found to better fit two separate subscales, Punitiveness (Self) and Punitiveness (Other). Similarly, items assessing Emotional Inhibition fit better as two different constructs: Emotional Constriction, reflecting an over-control related to shame/embarrassment of showing emotions, and Fear of Losing Control, related to anxiety of the consequences if emotions are not contained.
Conclusion: This is the first study to apply a rigorous methodological process to item selection from the YSQ-L3. The findings of this study are significant given the wide use of this scale cross-culturally in both clinical and research settings and offer a possible alternative to the current short form.

KEY POINTS
What is already known about this topic
(1) Early Maladaptive Schemas (EMS) are transdiagnostic constructs that arise from unmet needs in childhood and become self-perpetuating through destructive patterns of interacting with the self, others, and the world.
(2) The Young Schema Questionnaire (YSQ) is the primary assessment tool used to assess 18 EMS, usually as part of Schema Therapy which is designed to treat complex and chronic psychological disorders.
(3) Psychometric evaluations of the YSQ have primarily focused on factor structure and assessing the higher-order schema domains and have consistently yielded mixed findings across all versions.
What this topic adds
(1) This is the first study to assess the psychometric properties at an individual item level in the YSQ using Rasch Analysis.
(2) Overall, only 116 out of 232 items in the YSQ-L3 showed appropriate fit across a number of statistical indicators.
(3) In line with previous research, the Emotional Inhibition schema is better conceptualised as two separate constructs which were a Fear of Losing Control and Emotional Constriction. Similarly, Punitiveness (Self) and Punitiveness (Other) are distinct constructs derived from the original Punitiveness schema.

Introduction
Schema Therapy (ST) integrates cognitive-behavioural models with tenets of psychodynamic, interpersonal, and Gestalt approaches to treat developmental disturbances, disrupted attachments and unmet core emotional needs (Bowlby, 1988; McWilliams, 2004; Young et al., 2003). ST has shown efficacy in the treatment of Borderline Personality Disorders (BPD; Arntz & Van Genderen, 2009; Bamelis et al., 2014), and has emerging support for other complex disorders such as Post-Traumatic Stress Disorder (PTSD; Cockram et al., 2010), substance misuse (Shorey et al., 2013), eating disorders (Waller et al., 2001), and chronic depression (Renner et al., 2012). Central to ST are constructs known as Early Maladaptive Schemas (EMS; Young, 1990; Young et al.,

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 Supplemental data for this article can be accessed at <https://doi.org/10.1080/00050067.2021.1979885>.
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- YSQ-L3: $\frac{116}{232}$ items don't measure what they're meant to
- In a factor analysis, fifty of these items loaded onto unintended factors
- Mistrust/Abuse: $\frac{12}{17}$ items removed
- Self-Sacrifice: $\frac{11}{17}$ items removed
- YSQ-S3 development
- YSQ-S3: $\frac{43}{90}$ items don't measure what they're meant to



Yalcin et al. (2022)

MALADAPTIVE SCHEMA SCALE (MSS)

The Psychometric Problem

Multistudy Report

Original Article

An Examination of the Structure and Stability of Early Maladaptive Schemas by Means of the Young Schema Questionnaire-3

Esther Calvete, Izaskun Orue, and Zahira González-Díez
University of Deusto, Bilbao, Spain

Abstract. The Young Schema Questionnaire (YSQ) assesses early maladaptive schemas (EMS) that underlie a variety of psychological disorders. Since its creation by Young, several versions of the questionnaire have been developed. The Young Schema Questionnaire-3 (YSQ-3; Young, 2006) adds three new schemas (approval-seeking, punishment, and postintentionality) in addition to the previous version. This study examines the internal consistency, stability and convergent validity of the YSQ-3 in a sample of Spanish students ($n = 971$, 54% females). The participants completed the YSQ-3 together with measures of depression, social anxiety, and hostility. A subsample of 151 was followed up 6 months later. The results support the structure of 18 EMS of the YSQ-3. However, the results for the second-order structure are mixed. Whereas the discussion and rejection and the impaired autonomy domains are well supported, evidence for the other domains is limited, and results suggest that these domains may be integrated into one common domain. Finally, consistent with their content, EMS were associated with symptoms of depression, anxiety, and hostility, and showed relative stability over time.

Keywords: early maladaptive schemas, depression, anxiety, anger

Schema therapy is an integrative therapy developed by Young and colleagues (Young, 1990; Young, Klosko, & Weishaar, 2003), which expands the traditional cognitive-behavioral approach by including elements from several other therapeutic models such as psychoanalytic, existential, and constructivist. Schema therapy focuses on core psychological themes that supposedly underlie psychological problems. These core themes receive the name of early maladaptive schemas (EMS) and are defined as broad, dysfunctional, and pervasive patterns consisting of memories, emotions, cognitions, and bodily sensations about oneself and relationships with others, developed in childhood or adolescence and elaborated throughout lifetime (Young et al., 2003). When a schema is activated, the individual may respond to it with a maladaptive coping style that perpetuates the schema (Young et al., 2003). As a consequence, EMS tend to be stable over time (Rijkeboer, Van den Berg, & Van den Bree, 2005; Rose et al., 2006). Young (1990, 1999) grouped EMS into five domains or broad categories. The domain of *discernment and rejection* (D&R) includes schemas involving the expectation that one's needs for security, acceptance, and respect will not be predictably fulfilled (abandonment, mistrust, emotional deprivation,

defectiveness, and social isolation). The domain of *impaired autonomy and performance* (I&A) consists of expectations that interfere with one's perceived capacity to function independently or perform successfully (dependency, vulnerability to harm or illness, emasculation/underdeveloped self, and failure). The domain of *impaired limits* (IL) includes schemas reflecting a deficiency in internal limits and responsibility toward others (entitlement and insufficient self-control). The schemas within the domain of *other-discordance* (OD) consist of an extreme focus on others' desires, at the expense of one's own needs (subjugation and self-sacrifice). Lastly, the domain of *overvigilance and inhibition* (O&I) includes schemas involving excessive emphasis on controlling one's spontaneous feelings and behaviors to avoid making mistakes (emotional inhibition and unrelenting high standards). The first two columns of Table 1 display the schemas included in each domain (for a complete description of these EMS, see Calvete, Escovar, Lopez de Armentia, & Roldán, 2005; and Heffart et al., 2005).

Research on EMS has relied on the Young Schema Questionnaire (YSQ; Young, 1990) as a measure of EMS. The YSQ has shown good construct validity (Rijkeboer, Van den Berg, & Van den Bree, 2011), and several studies have re-

Calvete et al. (2013)

MALADAPTIVE SCHEMA SCALE (MSS)

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Internal consistency and factorial validity of the Slovak Version of the Young Schema Questionnaire – Short Form 3 (YSQ-S3)

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Key words: Young Schema Questionnaire Short form; Reliability; Validity

Neuroendocrinol Lett 2019; 40(1):141-148 PMID: 3181218 NLM00311065 © 2019 Neuroendocrinology Letters • www.nel.edu

Abstract **OBJECTIVE:** Young schema questionnaire – short form (YSQ-S3) represents a useful method for the identification of early maladaptive schemas in clinical and non-clinical samples. The study aimed to examine the internal consistency and factorial structure of the recently adapted Slovak version of YSQ-S3 in a non-clinical sample. **METHODS:** The sample consisted of 302 healthy participants from the general population in Slovakia. Slovak version of YSQ-S3 was used. Reliability analysis and confirmatory factor analysis were performed. **RESULTS:** The results suggest an acceptable internal consistency of early maladaptive schemas (EMSs). The Cronbach's alpha coefficients of YSQ-S3 subscales ranged from 0.54 to 0.85. Confirmatory factor analysis supports the factor structures of 18 unifactorial EMSs. The results partially support Young's theoretical schema clusters and fail to support the second-order factor model. **CONCLUSION:** In conclusion, the Slovak version of the YSQ-S3 is a psychometrically sound questionnaire that can be utilized for assessing EMS, both for research and clinical purposes.

INTRODUCTION The development in cognitive therapies is characterized by focusing attention on schematic processing, where the central goal for transformation are the "core beliefs" or "early maladaptive schemas" (Padesky 1994; Young 2014). They are assumed to develop as a result of mainly (but not exclusively) early developmental experiences and are resistant against present evidence. Jeffrey E. Young formed a psychotherapeutic approach "on schema oriented cognitive therapy" as an alter-

ORIGINAL ARTICLE

Slepecky et al. (2019)

The Psychometric Problem



- “... the YSQ should be used with some caution in clinical settings.” (p. 86)

Young Schema Questionnaire: Review of psychometric and measurement issues*

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Abstract

According to Beck's cognitive theory of depression, the concept of the schema is an important cognitive construct to aid the understanding of depression. Since then, the schema has been accepted as an important construct in other disorders. However, the measurement of schemas remains inconclusive. In 1990, the Young Schema Questionnaire (YSQ) was developed. A number of studies have reported on the psychometric properties of the long and short forms of the YSQ scale. Thus, an aim of the current paper was to review the empirical evidence of psychometric validity, reliability and predictive validity of the YSQ scale for depression. A literature review was undertaken with PsycINFO and Medline from 1990 to 2006, searching for articles reporting the psychometric properties of the YSQ. The YSQ was developed from a clinical perspective for the assessment of early maladaptive schema. At present, although the YSQ-Long Form (YSQ-LF) has been subjected to psychometric evaluation, no consistent factor structures have emerged. The YSQ-Short Form (YSQ-SF) has endured comparatively fewer investigations, although similar findings have been yielded. In addition, it appears that specific schemas possess predictive validity for depression, for example, Shame, Defectiveness, Insufficient Self-Control, Failure to Achieve, and Social Isolation. At present, the YSQ-LF and YSQ-SF are primarily research tools, and further work needs to be conducted on their psychometric properties. Thus, they should be utilised with caution and their relevance to the specific emotional disorder must be considered.

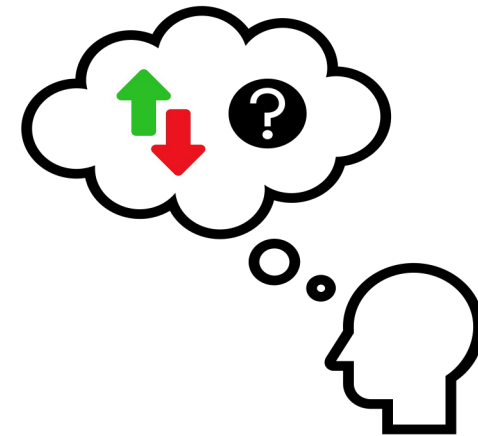
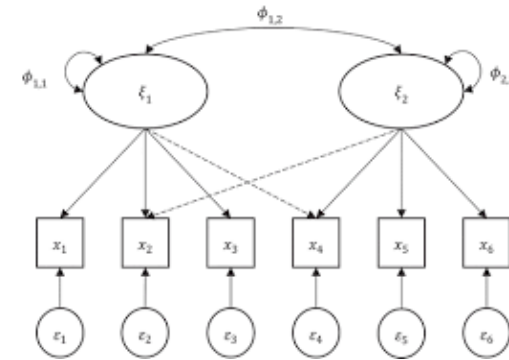
Keywords: *Cognition, cognitive theory, depression, schemas, Young Schema Questionnaire*

The cognitive theory of depression (Beck, 1967) has been used successfully as the basis of psychological approaches to the treatment of depression for over several decades (Oei, Bullback, & Campbell, 2006; Oei & Free, 1995). This theory has undergone numerous revisions (Beck, Rush, Shaw, & Emery, 1979; Kwon & Oei, 1994) and has been extensively researched (Clark, Beck, & Alford, 1999). Nevertheless, one facet of the theory that historically has received less attention in terms of empirical research is the level of processing corresponding to schemas. Schemas may have received comparatively little attention because, as a concept, they have been difficult to define. Furthermore, because schemas lie at the level of the unconscious, they pose a problem in terms of assessment. A more recent approach to the measurement of schemas is the Young Schema

Questionnaire (YSQ) developed by Young (1990). Moreover, although a body of literature exists on the reliability and validity of this questionnaire, the literature to date is not comprehensive (Lee, Taylor, & Dunn, 1999; Schmidt, Joiner, Young, & Telch, 1995). Young, Klosko, and Weishaar (2003) have compiled a thorough practitioner's guide to schema theory and its use in clinical populations. This book contains some information about the psychometric properties of the YSQ. The current paper attempts to extend this review with particular emphasis on the YSQ's relationship to emotional disorders.

A literature search using PsycINFO and Medline databases was conducted. The search was performed using the following key words: *schemas, young and psychometric*. The limits of the search were between the years 1990 and 2006. Papers reporting the

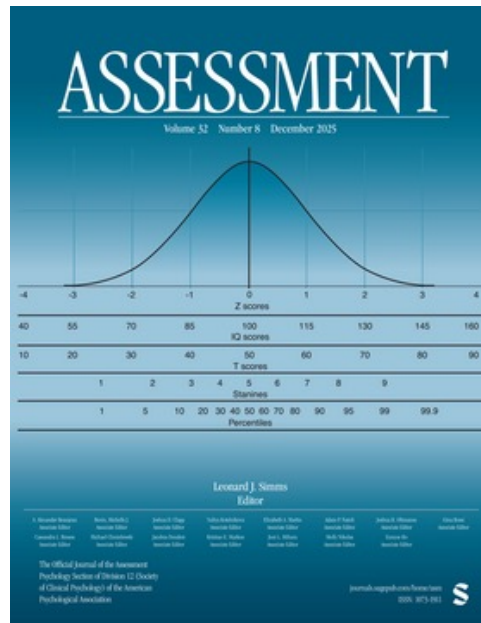
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The MSS: Built for Modern Practice

- 108 items, 27 schemas
- Open-source and free
- Integrates attachment theory + trauma-informed constructs
- Evidence-based cutoffs
- Rasch-validated



Buchanan, B., Bartholomew, E., Smyth, C., & Hegarty, D. (2025). The Maladaptive Schema Scale (MSS): Development and validation of a comprehensive questionnaire for beliefs related to psychopathology. *Assessment*.

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Original Research Article

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The Maladaptive Schema Scale (MSS): Development and Validation of a Comprehensive Questionnaire for Beliefs Related to Psychopathology

**Ben Buchanan^{1,2}, Emerson Bartholomew^{2,3}, Carla Smyth¹, and
David Hegarty^{2,4}**

Abstract
The Maladaptive Schema Scale (MSS) was developed to assess dysfunctional cognitive frameworks linked to psychopathology, including personality disorders, trauma, and relational issues, using contemporary theoretical frameworks, addressing limitations in existing schema measures. This study aimed to validate the MSS, evaluate newly proposed schemas, and establish its psychometric properties using Rasch methodology. The scale was assessed in clinical and nonclinical respondents (n = 2,182) for overall and item fit, dimensionality, reliability, and measurement invariance. All 27 MSS schemas had an acceptable overall fit to the Rasch model, no item misfit, no local dependence, evidence of strict unidimensionality, measurement invariance by sex, age, time taken and clinical group, and convergent validity with the Young Schema Questionnaire (YSQ). The MSS is a valid, reliable, and comprehensive tool for assessing maladaptive schemas in clinical and research settings, offering advantages in both brevity and breadth over traditional schema measures.

Keywords
maladaptive schema, Rasch analysis, psychometric validation, schema therapy, psychopathology

A “schema” can be broadly defined as an organizing principle that an individual uses to make sense of their experiences (Young et al., 2003). Schemas are a central theoretical construct and focus of clinical interventions in numerous psychotherapeutic treatment models, including schema therapy (Young et al., 2003) and cognitive behavioral therapy (Moorey et al., 2020; Padesky, 1994). Literature reviews provide general support for the association between maladaptive schemas and adult psychopathology (e.g., Pilkington et al., 2023; Yalcin et al., 2020), supporting the importance of identifying and targeting these constructs in psychological therapy.

Schema therapy is an integrative treatment model developed by Jeffery Young and colleagues in response to the limitations of classical therapeutic approaches encountered in treating individuals with complex difficulties, such as personality disorders (Young et al., 2003). In this model, a schema can be defined as an organizing principle composed of cognitions, emotions, body sensations, and memories (Young et al., 2003). Maladaptive schemas are thought to form as a result of early life aversive experiences and underpin the chronic nature of some psychological disorders (Young et al., 2003). Identifying these maladaptive schemas is foundational to case conceptualization and treatment

(Green & Balfour, 2020). Self-report measures are a key data point in schema assessment, highlighting the importance of appropriate assessment tools that are both evidence-based and psychometrically robust. The Young Schema Questionnaire (YSQ; Young, 1990) is a widely used schema assessment instrument, particularly in schema therapy and more broadly in clinical practice and research.

Several groups have identified the need for a research agenda to address gaps in the theoretical and empirical evidence base for the schema therapy model (e.g., Arntz et al., 2021; Somptegui et al., 2015), including the measurement and conceptualization of schemas (Pilkington et al., 2023). Existing measures such as the YSQ (Young, 1990) are lengthy, with more than 200 items, and have had mixed factor analysis results (Pilkington et al., 2023). A 2007 review

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MSS Schemas

MALADAPTIVE SCHEMA SCALE (MSS)

1. **Abandonment / Anxious Attachment** - "People will leave me"
2. **Excessive Self-Reliance / Avoidant Attachment** - "I can only rely on myself"
3. **Emotional Deprivation** - "People aren't there for me"
4. **Mistrust of Others** - "I cannot trust people"
5. **Others are Dangerous / Malevolent** - "Other people seek to harm"
6. **Social Isolation / Outsider** - "I am different and don't belong"
7. **Defectiveness / Shame** - "I am unacceptable"
8. **Vulnerability to Dangerous World** - "I should be wary of the unsafe world"
9. **Dependence** - "I can't manage alone"
10. **Failure / Achievement Inferiority** - "I am not a successful person"
11. **Low Self-Efficacy / Weakness** - "I am weak and inept"
12. **Fatalistic / External Locus of Control** - "Fate is in charge, so why bother"
13. **Enmeshment / Diffuse Boundaries** - "Emotional intimacy means having few boundaries"
14. **Subjugation / Submission to Others** - "Others know better than me"
15. **Self-Sacrifice** - "I should put others first"
16. **Approval-Seeking / Excessive Need to be Liked** - "I need to be liked by everyone"
17. **Pessimism / Negativity** - "Disappointment is inevitable"
18. **Emotional Inhibition** - "I must suppress my emotions"
19. **Unrelenting Standards** - "I must perform exceptionally"
20. **Punitiveness / Unforgiving of Self** - "I should be punished for my mistakes"
21. **Punitiveness / Unforgiving of Others** - "Others should be punished for their mistakes"
22. **Entitlement / Specialness** - "I am special and unique"
23. **Unfairness** - "I am not treated fairly"
24. **Full Control** - "Nothing is beyond my control"
25. **Meaningless World** - "My life is meaningless"
26. **Lack of Coherent Identity** - "I don't know who I am"
27. **Over-Reliance on Emotions** - "If I feel it, it must be true"

+



What's Actually Different?

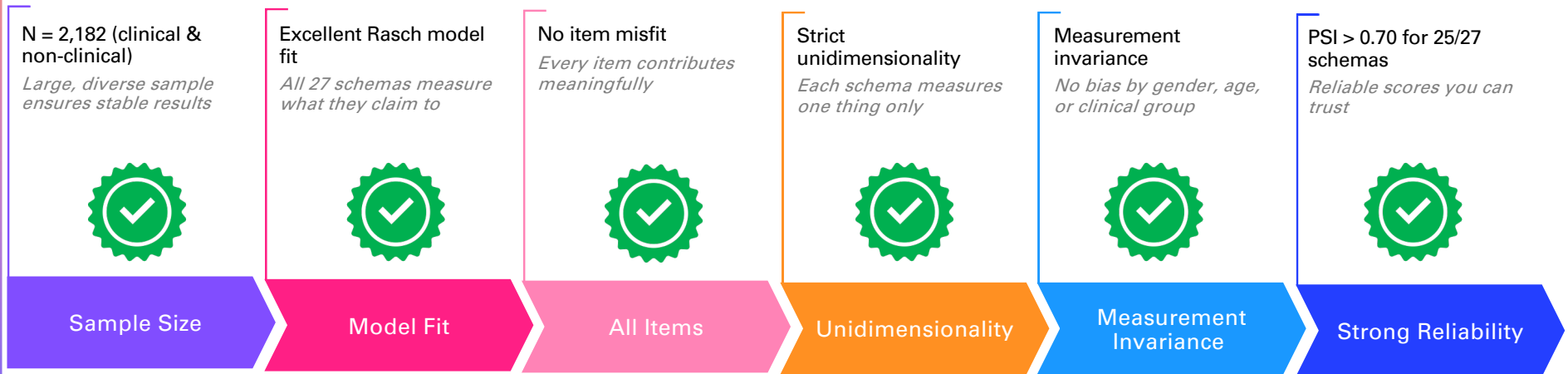
New

- Avoidant Attachment
- Others are Dangerous (trauma-informed)
- Low Self-Efficacy
- Fatalistic / External Locus of Control
- Over-Reliance on Emotions
- Full Control
- Lack of Coherent Identity, Meaningless World, Unfairness (Arntz et al., 2021 – first empirical validation)

Refined

- Punitiveness → Self vs Others
- Mistrust / Abuse → Mistrust of Others vs Others are Dangerous
- Removed: Insufficient Self-Control (poor psychometrics)

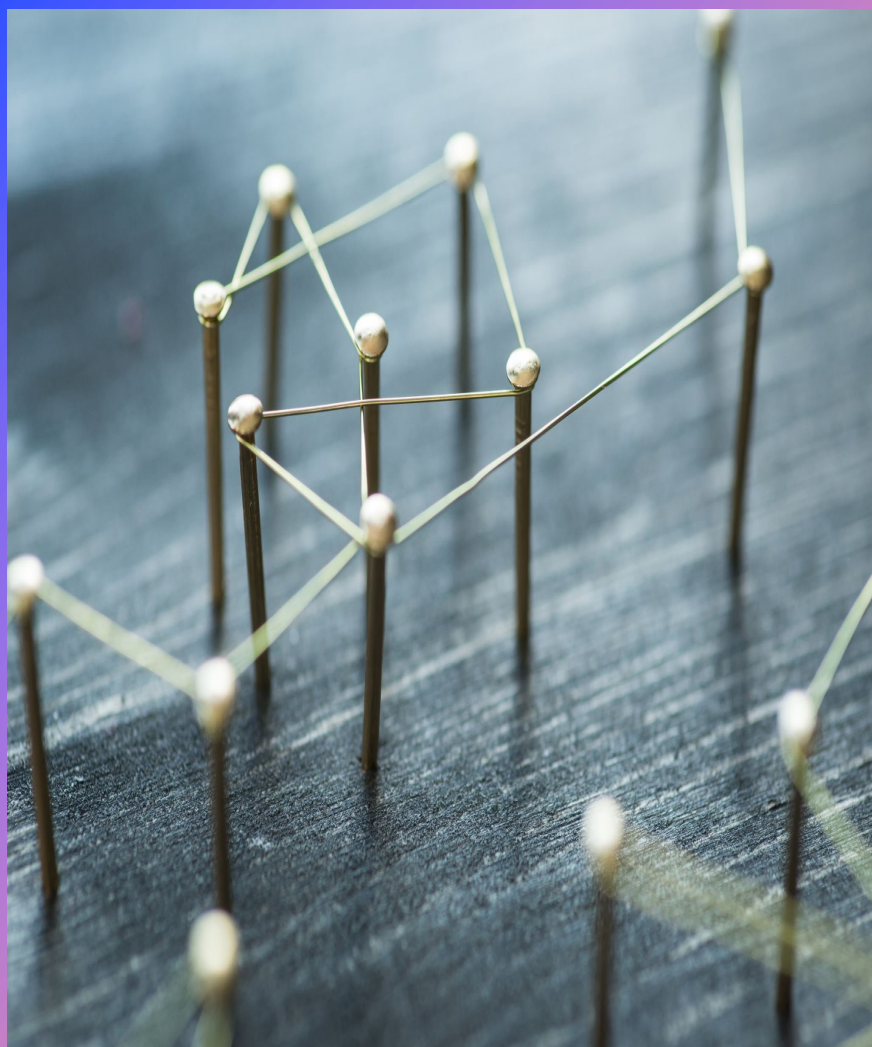
Psychometric Gold Standard





It Measures
What We Think
It Does

- Compared to YSQ-R – average schema $r = 0.68$
- Abandonment/Anxious Attachment: 0.889 (MSS has only 4 items vs 8 in YSQ-R)
- Defectiveness/Shame: 0.858
- Entitlement/Specialness: 0.770



When identity fragments, so does the schema profile

Finding: Lack of Coherent Identity showed significantly greater response variability across all schemas

What this means:

- Stable sense of self → consistent schema patterns
- Identity disturbance → fragmented, contradictory responses

Clinical Relevance: Captures the instability characteristic of dissociation, identity disturbance, and complex trauma

Exploring the Link Between Early Maladaptive Schemas and Dissociation.

A Cross-Sectional Study in an Adult Clinical Sample.



Ricardo Zuccolini, Dr Mary-Anne Kate, Southern Cross University, Australia; Dr David Hegarty, Dr Ben Buchanan, NovoPsych, Australia



Abstract

Dissociative disorders are highly debilitating mental health conditions. People affected by such disorders have higher suicidality, self-harm, and functional disability rates and often receive a delayed diagnosis, which can prolong their suffering. Understanding which early maladaptive schemas (EMS) lie at the core of dissociative disorders could help clinicians recognise them and respond in a timely and appropriate manner, as EMS have a predictive power on several mental health disorders. However, the research on the topic has provided inconsistent and inconclusive results, possibly due to different methodological approaches. This exploratory study investigated which EMS predict high dissociation scores using a cross-sectional design in a mixed-gender adult clinical sample (N = 360, age 18-80). EMS and dissociation were assessed with the Maladaptive Schema Scale (MSS) and the 60-item Multidimensional Inventory of Dissociation (MID-60). A multiple linear regression showed that age ($\beta = -0.16$, 95% CI [-0.27, -0.08], $\beta = -.12$, $p = .007$), Lack of Coherent Identity ($\beta = 2.70$, 95% CI [0.67, 4.39], $\beta = .17$, $p = .003$), and Vulnerability to Dangerous World ($\beta = 2.44$, 95% CI [0.32, 4.43], $\beta = .14$, $p = .018$) significantly predicted 42% of dissociation scores (adjusted $R^2 = .42$). Furthermore, participants who scored moderate to high on both EMS were 10 times more likely to meet the MID-60 clinical cutoff (OR = 9.77, 95% CI [5.16, 23.22], $p < .001$). The results suggest that in clinical settings, when clients score ≥ 2.5 in these EMS, clinicians should consider the possibility of a dissociative disorder.

Keywords: Dissociation, dissociative disorders, early maladaptive schemas, schema theory, schema therapy

Introduction

- Dissociative disorders are severe mental health conditions characterised by disruptions in memory, identity, and consciousness.
 - Individuals with dissociative disorders experience high rates of suicidality, self-harm, and functional impairment.
 - Delayed or missed diagnoses are common, often prolonging distress and leading to inappropriate and ineffective treatment.
- Early Maladaptive Schemas (EMS) — broad, enduring cognitive-emotional patterns originating from unmet childhood needs — may underlie many psychopathological processes.
 - Schema theory (Young et al., 2003) posits that EMS shape how individuals perceive and respond to relational and emotional experiences.
 - Previous research has linked EMS with depression, anxiety, personality disorders, and trauma-related symptoms.
- Despite conceptual overlap between EMSs and dissociation (e.g., fragmented identity, emotional disconnection), empirical evidence remains inconsistent.
 - Variations in sample composition, clinical severity, and less-than-optimal EMS and dissociation measurement tools likely explain these discrepancies.
- Understanding which specific schemas predict dissociation could enhance early recognition and intervention for individuals at risk of dissociative disorders.
 - Identifying high-risk schemas may inform schema-based assessment and therapy, improving clinical outcomes.
- The present exploratory, cross-sectional study aims to:
 - Identify EMSs that significantly predict dissociation severity in an adult clinical sample.
 - Evaluate whether age contributes to dissociation levels.
 - Provide evidence to support the schema-theoretic conceptualisation of dissociation as a coping response to early adversity.
- By clarifying schema-dissociation associations in a clinical population, this research seeks to bridge conceptual and empirical gaps, contributing to both diagnostic accuracy and treatment innovation in dissociative presentations.

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Methods

- Participants**
- N = 360 mixed-gender adults (age 18-80). Gender: 66.1% female, 23.6% male, 1.1% non-binary, 9.2% unspecified. Mean age: 36.05 years (SD = 12.17).
- Materials**
- Maladaptive Schema Scale (MSSv1.4; Buchanan et al., 2024): 106 items, assessing 27 early maladaptive schemas. Cronbach's $\alpha = .93$.
 - Multidimensional Inventory of Dissociation (MID-60; Kate et al., 2021): 60 items, assessing levels of dissociation. Cronbach's $\alpha = .97$.
- Statistical Analyses**
- Pearson's r examined MSS-MID-60 correlations.
 - Multiple linear regression predicted dissociation from EMS and age.
 - Odds ratios estimated the likelihood of meeting the clinical cutoff.

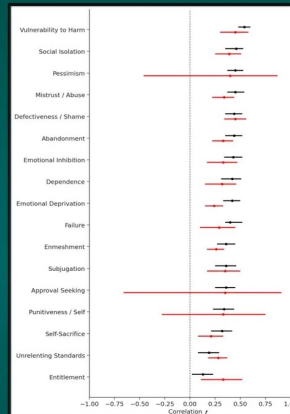
Results

- Pearson's correlation showed a similar pattern of correlations between early maladaptive schemas and dissociation compared to previous research (Blackman et al., 2024).
 - Moderate-to-strong correlations between MID-60 scores and seven of the ten new early maladaptive schemas introduced in the MSS (Lack of Coherent Identity, Unfairness, Meaningless World, Low Self-Efficacy, Fatalistic, Others are Dangerous, Excessive Self-Reliance).
- Multiple linear regression significantly predicted dissociation scores (MID-60): adjusted $R^2 = .42$
 - Significant predictors of dissociation:
 - Age: $\beta = -0.16$, $\beta = -.12$, $p = .007$
 - Lack of Coherent Identity: $\beta = 2.70$, $\beta = .17$, $p = .003$
 - Vulnerability to Dangerous World: $\beta = 2.44$, $\beta = .14$, $p = .018$
- Odds Ratios (95% Bootstrapped, 2000 samples)
 - Clinical cutoff for MID-60 ≥ 21 (indicative of possible DD/PTSD)
 - Lack of Coherent Identity (≥ 2.5):
 - Odds ratio = 4.16
 - Probability: 63.4% of meeting MID-60 cutoff
 - Vulnerability to Dangerous World (≥ 2.5):
 - Odds ratio = 5.49
 - Probability: 72.8% of meeting cutoff
 - Both EMS moderate (≥ 2.5):
 - Odds ratio = 9.77
 - Probability: 83.9% of meeting MID-60 cutoff

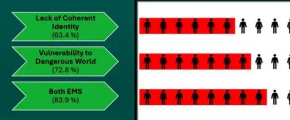
Summary

- The model explained a substantial portion of dissociation variance.
- Younger age and elevated Lack of Coherent Identity and Vulnerability to Dangerous World schemas significantly increased dissociation risk.
- Clients with combined schema elevations were nearly ten times more likely to experience dissociative symptomatology.

Comparison of the correlations between early maladaptive schemas and dissociation. Black dots represent the current study; red dots represent Blackman et al. (2024)'s meta-analysis; horizontal lines represent 95% confidence intervals.



Probability of meeting the MID-60 clinical cutoff of 21 when the participants scored moderate in Lack of Coherent Identity, Vulnerability to Dangerous World, and when combined.



Lack of Coherent Identity & Vulnerability to Dangerous World = 84% chance of experiencing dissociation

MALADAPTIVE SCHEMA SCALE (MSS)

Zuccolini, R., Kate, M-A., Hegarty, D., & Buchanan, B. (2025). *Exploring the Link Between Early Maladaptive Schemas and Dissociation: A Cross-Sectional Study in an Adult Clinical Sample*. [Conference Poster]. Southern Cross University.

Clinical vs Non-Clinical

It Discriminates Well

- 25 of 27 schemas showed significant differences between clinical and non-clinical groups (total N = 1,018)
- Medium effect size ($d = 0.51$) for total MSS score

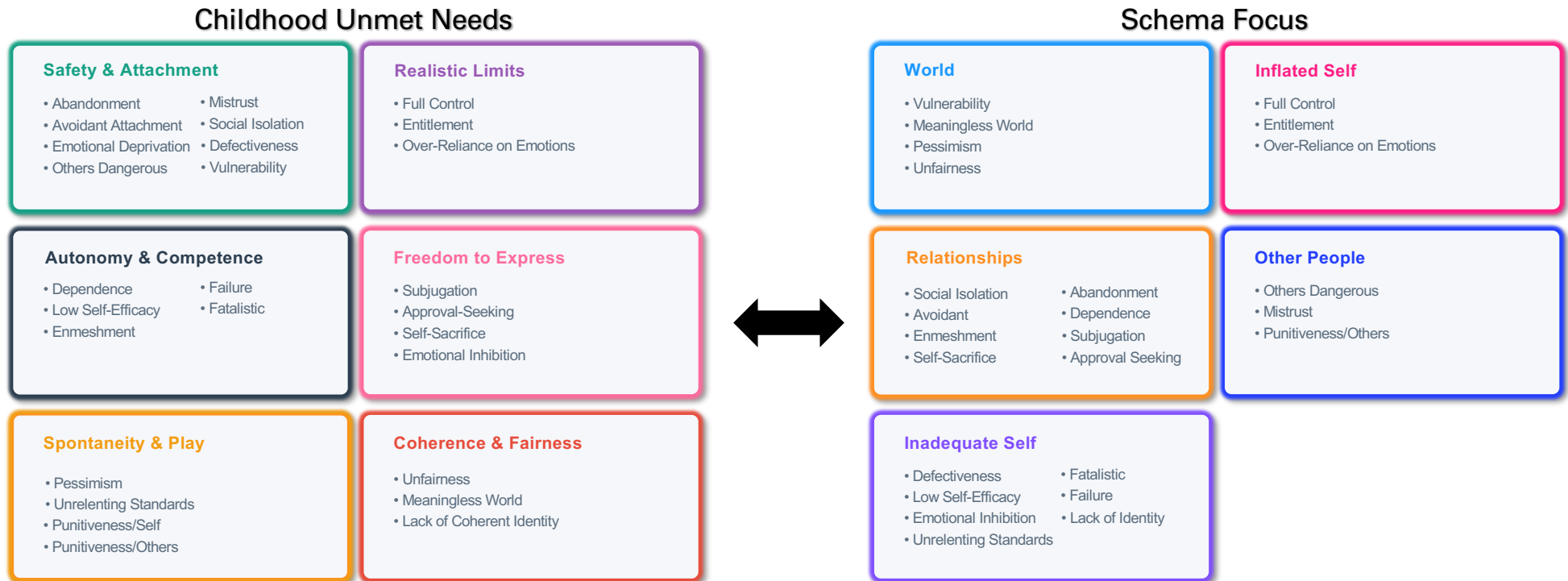
Interestingly...

- Two schemas were higher in non-clinical groups:
 - Entitlement (0.43 difference)
 - Over Reliance on Emotions (0.42 difference)



Dual Framework

MALADAPTIVE SCHEMA SCALE (MSS)



Both structures showed excellent CFA fit (CFI/TLI \geq .95) – therefore, use whichever framework suits your formulation

Comparison

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	YSQ-L3	YSQ-S3	YSQ-R	MSS
Items	232	90	116	108
Schemas	18	18	20	27
Item-level Rasch analysis	✗ 116 of 232 misfit	✗ 43 of 90 misfit	✓ No misfit (116 items retained from YSQ-L3)	✓ No misfit
Overall Rasch model fit	✗ Not tested	✗ Not tested	✗ 2 of 18	✓ 27 of 27
Measurement invariance	✗ Not tested	✗ Not tested	✓ Clinical status	✓ Sex, age, clinical status
Evidence-based cutoffs	✗	✗	✗	✓ 90 th percentile
Administration time	~ 30 min	~ 13 min	~ 16 min	~ 15 min
Licensing	Copyright	Copyright	Copyright	Open source

Note. YSQ & YSQ-R data from Yalcin et al. (2022); MSS overall fit comparison based on internal analysis (n = 710)



NovoPsych

Maladaptive Schema Scale (MSS)

The Maladaptive Schema Scale (MSS) is a 108-item tool that assesses maladaptive patterns of thoughts, behaviours and emotions. It measures 27 schemas, integrating traditional early maladaptive schemas described by Jeffrey Young and additional schemas based on attachment, trauma and other contemporary research.

15 minutes
Age 18+
Formulation

[Administer Now](#)

MSS Overview | **MSS Schemas** | **MSS Scoring & Interpretation** | **MSS Psychometric Properties** | **Professional Access**

The Maladaptive Schema Scale (MSSv1.4) is a 108-item, comprehensive self-report assessment designed to assist mental health professionals in identifying and measuring schemas that are maladaptive and of clinical importance to the development and maintenance of psychopathology. These schemas play a crucial role in people's understanding of the world, interpretation of experiences, predicting outcomes and informing decisions and emotional responses.

The MSS is designed to assess problematic schemas in clinical populations and inform case conceptualisations for adults experiencing a range of mental health problems, particularly those with complex issues such as personality pathology, interpersonal difficulties, post-traumatic stress disorder (PTSD) or a history of abuse. Though the MSS is a transdiagnostic tool, maladaptive schemas have been shown to have important associations with many mental health diagnoses, including PTSD, borderline personality disorder, dissociative disorders, depression and anxiety (Bair et al., 2023).

Developed by the NovoPsych Psychometrics team, the MSS builds on traditional early maladaptive schemas described by Jeffrey Young (Young, 1990), and integrates additional schemas based on attachment theory, trauma research and empirical psychometric evidence. The MSS is therefore a more comprehensive schema questionnaire when compared with the Young Schema Questionnaire (YSQ) with 27 schemas yet shorter in length (108 items).

It is also open source, meaning it can be copied and used clinically or in research without explicit permission, overcoming a limiting factor of the YSQ and later derivatives.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1 I fear that my important relationships will end unexpectedly.	0	1	2	3	4
2 I worry that people I love can't be there for me in a committed way.	0	1	2	3	4
3 I feel confident that other people will be there for me when I need them.	4	3	2	1	0

[Download PDF](#)

What you get

- Automated scoring via NovoPsych platform
- Clear interpretation guidance
- Schema descriptions handout for clients
- Evidence-based cutoffs (90th percentile)
- Open source – free for clinical and research use under open license
- Time: ~ 15 minutes to complete

Team

MALADAPTIVE SCHEMA SCALE (MSS)



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