



MOTHERS OBJECT RELATIONS SCALES (MORS)

BRIEFING PAPER

Purpose of this paper

Parent-Infant Foundation briefing papers are provided as a benefit to members of the Parent-Infant Teams Network, which comprises practitioners in specialised parent-infant relationship teams in the UK. You can find further information about the network, and register, at parentinfantfoundation.org.uk.

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Mothers Object Relations Scales – Short Form (MORS-SF)

What is MORS-SF?

The MORS-SF was developed by Prof. John Oates at The Open University with Prof. Judit Gervai of the Hungarian Academy of Sciences (1). Consisting of 14 self-report items that are rated on a 6-point Likert scale, the MORS-SF focuses on the mother's perception of her infant's behaviours and feelings towards her. The scale aims to provide an understanding of the mother's internal working model thus it is an appropriate tool for assessing a mother's representation of her infant and her perceptions of the parent-infant relationship.

Items on the scale are scored on two independent axes: 'invasion' and 'warmth'. 'Invasion' concerns the child being seen as annoying or excessively demanding. 'Warmth' assesses mother's perceptions of how the child feels towards her, indicated by behaviours such as initiating positive social contact and smiling. Higher scores (0-35) on each subscale indicate mother's perception of greater warmth and invasiveness of the child.

What can it be used for?

MORS-SF can be used as a screening tool to indicate potential difficulties in the mother-baby relationship. As the scale is easy and quick to complete it is appropriate for use in intervention evaluations and care pathways. It can also be used to track response to interventions and is recommended by the Royal College of Psychiatrists as a perinatal mental health measure.

How long does it take to complete and how is it administered?

A key benefit of using MORS-SF is the ease of administration and completion of the scale. It is designed to be completed by the patient in their own time and takes only a few minutes.

Who is it for?

Different versions of the scale are appropriate for different ages. The original version has been found to be stable and have internally coherent scales for use in parents with infants aged 6-52 weeks (1). Simkiss and colleagues developed MORS-Child, an adaption of MORS-SF that is suitable for use in children aged 2 to 4 years old and is administered in the same manner as the original version (2).

How are items answered?

Questions are answered on a 6-point Likert scale, ranging from "0" representing "Never" to "5" representing "Always".

How robust are the psychometric properties of this measurement?

MORS-SF has been successfully validated in Hungarian and British samples, supporting the theoretical basis of MORS-SF as a measure of the carer's mental representation of the infant (3).

Cronbach alphas for Invasion and Warmth were over .70 in both Hungarian and British samples, suggesting good internal consistency.

One aim of the validation study was to assess associations between MORS-SF scores and other measures that capture the mothers' perceptions of her infant's temperament and with measures that assess the mothers' mental state. The Invasion and Warmth axes on the MORS-SF were found to be significantly correlated with measures of infant temperament, suggesting good concurrent validity.

Warmth scores were found to be lower in women with higher depressive symptoms along with elevated invasion scores.

In summary, MORS-SF has been validated as a meaningful measure to assess how mothers perceive their infants. The validation study lends weight to the notion that mothers' ratings of their infants' temperament are a reflection of the mothers' psychological processes, i.e. the infant is perceived through the lens of maternal mental state, such that depression, stress and anxiety affect these perceptions. Thus, MORS-SF is shown to be a useful screening tool that can be used in the first 12 months post-partum for indicating potential difficulties that may affect the parent-infant relationship.

The authors suggest that MORS-SF could be particularly useful in generating open discussions with patients regarding concerns they may have in their relationship with the infant. The conversation and MORS scores could be used in deciding on appropriate interventions and tracking response to interventions

How can the MORS be integrated into a care pathway?

Milford and colleagues evaluated the appropriateness of using MORS-SF as a screening tool in a care pathway (4). They describe a new initiative, led by the Weston Area Health Trust Child and Adolescent Mental Health Service (CAMHS) consultant nurse, aiming to detect parent-infant attachment difficulties and maternal mental health difficulties. A secondary aim was to provide support to health visitors to boost their skillset and confidence when dealing with parent-infant difficulties.

Following a pilot investigation, three tools were chosen based on their appropriateness, complexity and length. The Hospital Anxiety and Depression Scale (HADS) was selected as a self-report questionnaire consisting of 14 questions that screen for depression and anxiety and takes 2-5 mins to complete. MORS-SF was included as a measure of mother's perceptions of their infants' feelings towards them. Thirdly, the Parent Infant Relationship Global Assessment Scale (PIRGAS) was used to assess parent-infant relationship adaptation. These tools were completed at a home visit 6-8 weeks postpartum. This period of time allowed the family to adjust to the baby so that attachment risks and mental health difficulties could be assessed. The purpose of the visit was to address the mother's needs and feelings. These assessments were repeated when the child was 9-12 months of age to assess the impact of any earlier intervention and reassess the relationship.

The outcomes of this study suggest health visitors are effective in detecting attachment complications and maternal distress when they use a combination of their own professional judgement and the HADS and MORS scales, leading to appropriate interventions being offered when needed.

Accessing the MORS tools, MORS-SF and MORS-Child, along with administration, scoring and interpretation guidance, are available from the MORS website:

<https://www.morscales.org/>

Registration on the site gives access to the tools and guidance, and links to a range of reports on research involving MORS tools. There is also a forum for queries and discussion about the use of MORS tools. Registrations and use of the tools are free.

Glossary

Internal consistency indicates whether items on a test measure the same construct and produce consistent scores (5). This is often indicated by Cronbach's alpha in statistical tests.

Concurrent validity is indicative of the agreement between two different assessments (6). A new measure can be assessed alongside a pre-existing measure that is already validated.

References

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