

Cardiff Parents Plus: A guide to using and interpreting the MORS-SF

Development of the scale

- The Mothers' Object Relations Scale short form (MORS-SF) is a parent self-report questionnaire developed by Oates in the late 1990s. (It has been used with mothers and fathers though so don't be put off by the name!)
- The full version comprises 44 items but a 14-item short form was developed- the one we are using.
- It was validated in the UK and Hungary with moderately sized samples (Oates & Gervai, 2003; Oates et al, 2006). A further validation study has been completed in 2- to 4-year-olds, so it is only suitable for the **0-4 year age group**.
- The short form was intended for use in population surveys and to **assess intervention outcomes**.
- The authors suggest it has **good face validity** and **reduced social desirability effects** (people skewing their responses to more positive accounts, wanting to give a more positive impression) as the focus is on the infant rather than the parent.
- It is also available in Hindi, Hungarian, Mandarin and Polish- these are all on the shared drive.

Scoring/ what does the measure tell us?

- It was designed to assess *parents' internal representation of their child's relationship with them*. This is related to the **attachment relationship**.
- It measures two dimensions of the parent's perceptions of the infant's feelings towards them: **'warmth – coldness'** and **'invasion – withdrawal'**.
- The MORS-SF incorporates these 2 subscales which measure how *invasive* and *warm* a child is perceived to be by their parent. At the moment the scale can be used to measure intervention outcomes (pre and post). **There has been some validation to say what an average or concerning score might be (see bullet points) but this should be used with some caution as the sample sizes for this were quite small**. However, this is fine for our purposes as we are not using the assessment as a diagnostic tool but rather as a measure of distance travelled, in other words, to **assess intervention outcomes**. We can also use the information gleaned to help us formulate and plan our interventions.
 - **'Invasion'** (scored by adding the items for 2, 5, 7, 9, 10, 12 and 14) assesses the extent to which a mother feels a sense of unwelcome invasion or control by her infant. The greater the score, the more invasive the child is perceived as being, whilst a lower score would suggest a parent who does not sense a closeness in their infant's/child's feelings towards him/her). **An average score on this scale is around 10; a score higher than 12 may indicate grounds for possible concern. 17+ should indicate concern.**

- **'Warmth'** assesses parents' perceptions of how the child feels towards them (their 'warmth') through factors such as their initiating positive social contact and smiling (the greater the score, the greater the perception of warmth from the child- a **higher score** is something we are looking for in this strand). **An average score on this scale is around 29; a score lower than 20 may indicate grounds for possible concern. 11 or less should indicate concern.**

Overall, if you see a **decrease in a high invasion score (or an increase in a very low one) and an increase in warmth score** through intervention there has been a **positive change** in the mother's perception of relationship.

SCORE PROFILES –The scale describes some different profiles of scoring which it might be helpful to identify when using. Write down the profile you notice on the scoring sheet for pre and post measures.

1. A **low warmth** score combined with a **high invasion** score may indicate a situation where the development of a satisfactory relationship between mother and infant is particularly at **risk**.
2. You would expect to see some variation around the average scores, but the scale says that more extreme values on one or both axes may be a cause for concern. The following possibilities arise:

a) **elevated warmth/normal invasion.** This is a possible indicator of some degree of role-reversal, with a mother having expectations for inappropriate displays of affection from her infant. This pattern may be associated with depressive symptoms in the mother. However, this profile may also be an indicator of a very warm, mutually satisfying relationship.

b) **depressed warmth/normal invasion.** This profile suggests the possibility of a degree of emotional neglect, if the mother's emotional responses towards her infant are lacking in warmth as a result.

c) **normal warmth/elevated invasion.** This does not suggest serious difficulties in the relationship. It may be associated with inexperience in managing infant care or with lack of support in the caring role.

d) **normal warmth/depressed invasion.** This does not suggest serious difficulties in the relationship.

e) **depressed warmth/elevated invasion.** This may be an indicator of a potentially serious problem in the relationship, with a risk of rejecting maternal behaviour.

f) **depressed warmth/depressed invasion.** This may indicate a potentially serious problem in the relationship, with a risk of neglect.