Manifestation of Symptomatology Scale

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The primary goal in developing the Manifestation of Symptomatology Scale (MOSS) was to create a short, non-threatening, easy-to-read tool that comprehensively identifies the problems of children and adolescents. Ideally, such an instrument should have two principal uses: (1) It could be utilized within the context of a full evaluation, serving the goal of identifying personality dynamics, environmental concerns, treatment issues, and placement needs; and (2) as a brief instrument that embodies most of the concerns of outpatient therapy, it could be used in the intake process to define treatment needs, and as an outcome measure for estimating treatment gains.

The design of the MOSS addresses many of the obstacles frequently encountered in gathering accurate information from children and adolescents who enter the juvenile justice system or become subject to the supervision of other social agencies. When a child is taken into custody, the court may require a psychological evaluation to aid in identifying the problems that brought him or her to the attention of law enforcement officials. The children and adolescents whose behavior results in their having to appear in court, or in their being referred by school officials for evaluation, are usually less than enthusiastic about the evaluation process, and typically have many problems (Katz, 1985). In addition to manifesting resistance and hostility, they often have difficulty with reading and with school work (Davis, Couch, Wills, Miller, & Addehou, 1990; Davis et al., 1993). Consequently, they are likely to perceive the usual psychological evaluation as a threat, not only because it is part of “the System” but also because it may involve their being tested with instruments that demand a reading level far above their own. In addition, many of the most popular, widely used, and otherwise excellent personality instruments require a great deal of time and a relatively high level of concentration. These factors reduce the effectiveness of personality measures in supporting the clinical evaluation of young people in trouble at school or with the law (Aylward, 1991; Blau, 1991).

Because it is relatively brief, easy to read, and easy to administer, the MOSS can be employed in individual and group assessment across a variety of settings: juvenile courts; juvenile detention centers; residential treatment centers; custody evaluation sites; regular and special education classrooms; counseling and psychological service facilities; and private-practice offices. In addition to functioning as an assessment instrument, the MOSS can also be used as a screening device to identify individuals who might benefit from further psychological evaluation. Potential users include psychologists, counselors, remedial and special education personnel, and social workers.

**Description**

The MOSS consists of 124 items (58 negatively keyed, 66 positively keyed) in the form of brief sentences that describe a range of behaviors and emotional states. Most of these items are written at a first-, second-, or third-grade reading level; a few have fourth- and fifth-grade reading levels. The instrument was normed on an ethnically diverse sample of over 700 individuals, 11 to 18 years old. In line with the goal of keeping the MOSS as simple as possible, it utilizes a True-False response format, a structure that is widely used and easily understood. The MOSS yields 4 validity scores in addition to scores for 13 content scales and for 3 summary indexes constructed from combinations of the content scales.

The MOSS may be administered to an individual respondent or to a group. Administration time is typically 15–20 minutes, but respondents may vary considerably in the time they need to complete the items. A paraprofessional familiar with the contents of this Manual can easily score the instrument by hand. Scoring and even administration can also be accomplished by computer; see the “Computerized Services for the MOSS” section at the end of this Manual for descriptions of the computer scoring options that are available.

**MOSS Scales**

The MOSS includes 4 validity scores and 13 content scales, as well as 3 summary indexes constructed from combinations of certain content scales. All MOSS scales are scored so that high scores represent greater difficulty.
Validity Scores

Inconsistent Responding (INC). The Inconsistency (INC) indicator consists of eight pairs of highly correlated items from the other MOSS scales. An individual who has not given congruent responses on at least five of these INC pairs has probably responded inattentively or randomly.

Random Responding (RAN). The Random Responding (RAN) scale consists of items for which the responses are obvious. If a respondent has answered more than one of the RAN items in the incorrect direction, there is a high probability that he or she did not or could not read the items.

Faking Good (FG). The Faking Good (FG) scale contains items reflecting traits that are too good to be true (i.e., "I always tell the truth"). A high score on the FG scale suggests that the respondent has answered in a defensive manner, perhaps manifesting a desire to give socially desirable responses.

Faking Bad (FB). The Faking Bad (FB) scale includes items from other MOSS scales that are rarely answered in the scale-positive direction. A high FB score raises the possibility that the respondent is very disturbed, although it can also indicate that he or she is dissimulating in order to gain attention or avoid negative consequences, such as incarceration.

Content Scales

Sexual Abuse (SA). A high score on the 4-item Sexual Abuse (SA) scale suggests the possibility that the respondent has been abused sexually or has had a traumatic sexual experience.

Alcohol and Drugs (AND). The 6 items on the Alcohol and Drugs (AND) scale reflect substance abuse. A high score indicates that the respondent has engaged in behaviors typically associated with the abuse of alcohol, drugs, and/or other substances.

Suspiciousness (SU). The Suspiciousness (SU) scale comprises 8 items that focus on how the respondent experiences others. The higher the score on this scale, the more likely it is that he or she feels alienated, disliked, and distrustful.

Thought Process (TP). The 10-item Thought Process (TP) scale functions as both a screen for severe psychopathology and a measure of the respondent’s cognitive processes. High TP scores suggest the need for more thorough evaluation.

Self-Esteem (SE). Individuals with high scores on the 9-item Self-Esteem (SE) scale do not have a positive attitude toward themselves. They may not like how they look or how they function.

Depression (DEP). The 10-item Depression (DEP) scale addresses thoughts and feelings associated with depression, hopelessness, and suicide. The higher the score on this scale, the greater the severity of the respondent’s depressive thinking.

Anxiety (ANX). Responses to the 10 items on the Anxiety (ANX) scale reflect the respondent’s levels of tension, stress, and worry. The likelihood of stress-related problems increases as the scores on this scale get higher.

Mother (MO). The 6 items on the Mother (MO) scale measure respondents’ feelings toward their mothers, the closeness of the mother-child relationship, and whether respondents feel that they have been treated fairly or harshly by their mothers.

Father (FA). The 6-item Father (FA) scale examines respondents’ relationships with their fathers by using the same approach employed to assess their relationships with their mothers for the MO scale.

Home Environment (HE). The 8 items on the Home Environment (HE) scale address various aspects of the respondent’s domestic circumstances. High HE scores indicate that the respondent perceives his or her home as uncomfortable and unsupportive.

Impulsivity (IM). The 11-item Impulsivity (IM) scale assesses the respondent’s ability to control his or her hostile behavior and angry reactions. The higher the score on this scale, the greater the propensity to act first and think later.

School (SCH). The 10 items on the School (SCH) scale focus on respondents’ behavior in the school environment, their scholastic performance, and their general feelings toward school and teachers. High scores on this scale suggest the likelihood of school-related problems.

Compliance (CY). High scores on the 11-item Compliance (CY) scale indicate that the respondent has a propensity for getting into trouble with the law, and wants things his or her own way, regardless of rules or the wishes of others.

Summary Indexes

Affective State (ASI). Based on the sum of the DEP, ANX, and SE content scales, the Affective State Index (ASI) is a broad measure of how the respondent feels and thinks about himself or herself. Higher ASI scores denote greater emotional instability.

Home (HOI). The Home Index (HOI), which is based on the sum of the MO, FA, and HE content scales, provides a broad measure of the respondent’s overall feelings about his or her parents and home life. High HOI scores suggest that the respondent’s home life is troubled.

Acting Out (AOI). The Acting Out Index (AOI) is based on the sum of the IM, SCH, and CY content scales, and is a broad measure of the respondent’s potential to act out in a way that could lead to trouble. The higher the score on this index, the greater the likelihood that the respondent has behavior problems.

PURPOSES AND USES

Useful both as a screening tool and as an assessment instrument, the MOSS is specifically designed to evaluate individuals who may not have the reading skills and concentration necessary for the valid administration of other broad-band personality instruments for children and adolescents. The MOSS can also be used to evaluate educational or
clinical interventions intended to promote greater emotional well-being. Information obtained from parent and teacher ratings, clinical observations, and other sources can be integrated with MOSS test results in order to arrive at a comprehensive assessment of the young respondent.

**Limitations**

Attempts to use the MOSS to test individuals who are older than 18 or younger than 11 should be tempered with considerable caution. The face validity of the items is consistent with the social awareness of children and adolescents of junior high school and high school age. Although its simple items render the MOSS suitable in some ways for use with younger children who have good reading skills, there are no norms for children younger than 11.

Even when the respondent does fall within the normative age range, there are some issues that signal the need for a cautious approach. Because the MOSS is a self-report instrument, uncooperative individuals may not give valid responses. Although the MOSS was designed specifically to accommodate poor readers, it is still possible for children and adolescents with very low verbal ability to have difficulty completing the inventory in a meaningful way. It should also be recognized that the median age of the normative sample as a whole is 16. As discussed in chapter 3 of this Manual, there are a few scales on which younger children would be expected to have somewhat lower scores.

The use of the MOSS presupposes familiarity with this Manual and with the basic principles of tests and measurement. The test itself can be administered and scored by a teacher or paraprofessional. An individual with experience and training in the use of individually administered psychological instruments can responsibly interpret the results. In conformance with the standards prescribed by the American Psychological Association (1985, 1992) for the ethical use of tests and test results, users should take precautions to safeguard the confidentiality of an individual’s MOSS results, restricting access to those with the ability to use the information appropriately.