Assessing social perception can be a reliable and valid exercise: A psychometric study of TASIT



Skye McDonald¹, Cristina Bornhofen¹, David Shum², Esther Long¹, Clare Saunders¹, Kerryn Neulinger²



Introduction

This study examined the reliability and validity of TASIT: a test of social perception, based upon a large sample of adults with severe traumatic brain injury.

Why TASIT was developed

Social skills deficits are common in many clinical groups, e.g. autism, traumatic brain injury, learning disabilities. Social skills comprise

- Expression (behaviour)
- Perception

There are few tools available that measure perception

What is social perception?

Social perception is the ability to read selected social cues in order to make judgements about the behaviour, attitudes and emotions of others (McFall, 1982).

Social cues include

- Facial expression and tone of voice
- Gesture and "body language"
- Contextual information
- Knowledge of the world



Why does social perception matter?

Verbal messages alone are insufficient to convey meaning

- A single utterance e.g. "Thankyou!" may be meant
- Sincerely to end an encounter
 As a request for further assistance
- As a sarcastic insult
- Nonverbal cues determine this meaning
- Failure to read these = Failure of communication



The Awareness of Social Inference Test (TASIT)

Comprises three parts with alternate forms for re-testing

PART 1: Emotion evaluation Test (EET):

 28 videoed vignettes of actors enacting ambiguous scripts representing 7 basic emotions

- These stimuli:
- Are dynamic
- Portray naturalistic, complex expressions
- Provide intonation and gestural cues

Respondents choose the perceived emotion from the following descriptors:

Happy	Surprised			
Sad	Angry			
Anxious	Revolted (Disgusted			
Neutral				

PART 2: Social Inference -- Minimal (SI-M):

 SI-M examines understanding of conversational meanings that are determined by paralinguistic cues (facial expression, tone of voice, gesture etc)

- SI-M comprises 15 videoed vignettes of everyday conversational exchanges
- Vignettes use neutral scripts enacted by professional actors to represent either
 - Sincere exchanges
 - Sarcastic exchanges

Comprehension is assessed via 4 questions for each vignette. These cover 4 facets of understanding, i.e. the speakers'

- Beliefs (what s/he knows)
 - Meaning (what s/he means by what is said)
 - Intentions (what s/he intends to do: to insult, to reassure etc)Feelings (what s/he feels)

PART 3: Social Inference –Enriched (SI-E):

 SI-E assesses the ability to use contextual knowledge, i.e. visual and verbal information to derive meaning

- SI-E comprises 16 videoed vignettes of everyday exchanges
- In each of these there is a literally untrue comment enacted in one of two ways: As sarcasm meant to amplify the truth
 - As a lie meant to conceal or minimise the truth
- SI-E provides two sources of non-verbal cues to determine meaning
 Paralinguistic features (like Part 2)
- 1. Contextual cues (e.g. Visual edit indicating the true state of affairs or a prologue that reveals the speaker's true thoughts)t

4 probes are used to assess comprehension of each vignette covering the same facets of understanding as PART 2

TASIT: Normative data

A pool of 283 normal (mainly young) adults achieved a high level of performance on all aspects of the test (84% accuracy or greater) with some influence from both education and intelligence.

In two studies (McDonald et al, 2003, 2004) people with traumatic brain injuries have been found to be poorer judging emotions than matched controls, with particular difficulties recognising neutral items, fear and disgust. They were as capable as matched controls when understanding sincere exchanges and lies but had difficulty with sarcasm

Participants 116 adults (27 women and 89 men) took part. On average they were

36 years old (s.d.12) with 12 years of education (s.d. = 3) and all had

severe injuries, (mean PTA 78.4 days: s.d. = 82.3). Mean time post

38 participants were given A then B (or vice versa). NB some were involved in both studies

Validity was estimated based on subgroups from the sample of 65

(above) + a further 51 adults engaged in other research studies using

TASIT. The majority of the second group were in the chronic phase of

their injuries, but this group also included 12 individuals who were in

Reliability

Construct Validity

TASIT scores were correlated to conventional neuropsychological

processing than others. N tested on each test is detailed in the table.

tests some of which were predicted to be more closely related to social

0.88

0.62

0.83

0.78

N Part 1 Part 2 Part 3

61 0.50 0.36 0.26

0.74

0.83

65 adults with chronic injuries (at least 9 months post injury)

32 participants were given repeat administrations of Part A

injury = 6.7 years, s.d. = 7.4.

Reliability study:

Construct validity

the acute stages

Test-retest

Alternate forms

Conventional tests

rbid IO

WTAR

Further tests of Construct Validity
In addition, convergent validity was examined with respect to tests
of social perception taken from the experimental literature.

Tests of Social Perception N Part 1 Part 2 Part 3 Ekman Faces Label 51 .69 .50 (Ekman & Freisen. Match 51 0.70 0.45 0.42 1978) Assessment of 19 0.21 0.42 -0.04 Receive Interpersonal Problem 19 0.10 0.32 -0.07 Process Solving (Donahoe et al, 1990) Send 19 0.25).47 0.10 Theory of Mind 1st Order 12 0.68 0.12 0.23 e.g. Happe et al, 12 0.38).68 0.36 1999) Order 12 Control 0.04 0.54 0.51

Conclusions

TASIT has alternate forms with good reliability and is stable over time

- Construct validity studies of TASIT suggest that it is a complex measure of social perception that tap:
- information processing speed, working memory and basic perception (face recognition) as well as static emotional expression (Ekman faces)

• new learning and executive function especially as these relate to social information (except for Matrix Reasoning)

Its relationship to other measures of social perception in the literature is less certain – these tests themselves have uncertain reliability and validity

References

McDonald, S., et al., *TASIT: A New Clinical Tool for Assessing Social Perception after traumatic brain injury*. Journal of Head Trauma Rehabilitation, 2003. **18**: p. 219-238.

McDonald, S. and S. Flanagan, Social perception deficits after Traumatic Brain Injury: The interaction between emotion recognition, mentalising ability and social communication. Neuropsychology, 2004. **18**: p. 572-579.

Ekman, P. and W.V. Freisen, *Pictures of facial affect*. 1976, Consulting Psychological Press: Palo Alto, CA.

Donahoe, C.P., et al., *Assessment of interpersonal problem solving skills*. Psychiatry, 1990. **53**: p. 329-339.

Happe, F., H. Brownell, and E. Winner, *Acquired "theory of mind" impairments following stroke*. Cognition, 1999. **70**: p. 211-240.

Purchasing details see: Harcourt Assessment www.Harcourt.com

¹ McDonald, Bornhofen, Lomg & Saunders are from UNSW ² Shum & Neulinger are from Griffith University

rocess Speed	Digit Symbol ¹	44	0.02	0.18	0.32
	Symbol Search ¹	72	0.32	0.45	0.54
	Trails A	35	-0.39	-0.53	-0.34
	Trails B	35	-0.37	-0.56	-0.35
orking Memory	Digit Span ¹	82	0.25	0.35	0.30
	Letter Num Sequence ¹	61	0.27	0.36	0.30
ace Recognition	Benton Faces	29	0.45	0.26	0.15
earning: Social	Logical Memory I ²	85	0.33	0.39	0.34
	Faces I ²	55	0.69	0.50	0.42
earning: Non- ocial	Verbal Paired Associates I ²	43	0.13	0.31	0.18
	Rey Figure Recall	22	-0.08	0.33	0.05
xecutive inction: Social	Similarities ¹	67	0.35	0.49	0.29
xecutive inction: Non- ocial	Matrix Reasoning ¹	18	0.66	0.77	0.78
	Wisconsin CST	53	0.13	0.09	0.19
	Verbal Fluency	58	0.12	0.21	0.26

¹ Wechsler Adult Intelligence Scale III : ² Wechsler Memory Scale III