Outcome Measure	The Awareness of Social Inference Test (TASIT)
Sensitivity to Change	Yes
Population	Adult
How to obtain	ASSBI Resources: https://www.assbi.com.au/The-Awareness-of-Social-Inference-Test- (TASIT)
Domain	Social Cognition
Type of Measure	Objective test
Time to administer	One hour for all three parts
Description	TASIT (McDonald et al., 2003) is an ecologically valid, and clinically sensitive and valid, measure of simple emotion perception and complex social cognition. Participants are required to integrate cues from various sources (e.g., facial expressions, prosody, gesture, and social context) to interpret the emotions, beliefs and intentions (i.e., TOM) of target characters in videotaped conversational interactions. There are 2 alternative equivalent forms (Form A & B). The TASIT was designed as a criterion referenced test in that 'normal' English speakers are expected to perform near ceiling on all subtests.
	Participants are tested on:
	(1) Part 1: <i>The Emotion Evaluation Test</i> , which comprises 24 short video clips portraying one of six basic emotions (happy, sad, fear, disgust, surprise and anger);
	(2) Part 2: <i>Social Inference – Minimal</i> , a TOM task that is comprised of 15 video clips depicting sincere and sarcastic interactions between two actors; and
	(3) Part 3: <i>Social Inference - Enriched</i> , another TOM task comprised of sixteen vignettes where participants are provided with extra information about the true state of affairs before or after the dialogue of interest. The ability to detect deception (i.e., lies) in social encounters and sarcasm is examined in Part 3.
Properties	Test-retest reliability: in severe brain injured adults after 1 week is .74 for Part 1, .88 for Part 2, and .83 for Part 3 (McDonald et al., 2006).
	<u>Alternative form reliability</u> : in severe brain injured adults with the alternative form administered after a 5-26 weeks period is .83 for Part 1, .62 for Part 2, and .78 for Part 3 (McDonald et al., 2006).
	<u>Practice effects</u> : There are no practice effects with re-administration following 1 week on Form A (McDonald et al., 2006).
	<u>Construct validity:</u> All parts of TASIT correlate with IQ. Face perception (BFRT) is significantly associated with emotion expression recognition in Part 1. Providing evidence for the convergent validity, generic measures of information processing speed (WAIS-III SS, TMT-A & B), working memory (WAIS-III DS & LNS) and socially orientated tasks of new-learning and executive processing (WAIS-III Sim, WMS-III LM I & Faces) were generally associated with TASIT; as were the experimental social tasks (e.g. Ekman Faces) with the exception of first order ToM stories (Bibby & McDonald, 2005) and the receiving and processing aspects of Assessment of Interpersonal Problem Solving Skills (AIPSS). Evidence for divergent validity emerged from the absence of correlation between TASIT and most of the learning and executive processing of non-social information and the physical inference (control) story from the social perception measures (see Flanagan & McDonald, 2011).
	<u>Concurrent validity:</u> The TASIT can discriminate TBI participants and normal controls (McDonald & Flanagan, 2004; McDonald, Flanagan, Martin, & Saunders, 2004; McDonald, Flanagan, Rollins, & Kinch, 2003; McDonald & Saunders, 2005).
	<u>Ecological validity</u> : The TASIT is associated with different aspects of spontaneous social behaviour, in particular the use of humour and partner directed behaviour. There is no

	correlation with SPSS Positive or Negative behaviours. Thus, failure to recognise social cues on TASIT, translates into observable and reliable difficulties in spontaneous social situations.
	Discriminant validity
	TASIT has been used extensively across many clinical populations including schizophrenia (Bliksted, Videbech, Fagerlund, & Frith, 2017; Chung, Mathews, & Barch, 2011; Green et al., 2012; Kern et al., 2009), major depression (Ladegaard, Larsen, Videbech, & Lysaker, 2014), stroke (Cooper et al., 2014), acquired brain injury (McDonald & Flanagan, 2004), multiple sclerosis (Genova, Cagna, Chiaravalloti, DeLuca, & Lengenfelder, 2016), Parkinson's Disease (Pell et al., 2014), Alzheimer's Disease (Kumfor et al., 2014) and frontotemporal dementia (Kern et al., 2009).
	Additional details can be found in the TASIT Manual (Flanagan & McDonald, 2011).
Advantages	 Is an ecologically valid test that has good reliability and construct validity. The test can be administered by a non-psychologist. The test measures various aspects of social cognition including emotion perception and more complex (higher order) social cognition. There are no similar measures currently available. It has been used extensively in TBI research.
Disadvantages	 Is lengthy to administer (about 60 to 85 minutes for TBI people). The test must be purchased (\$250). Is based on Australian culture and Australian English. Thus, may not be applicable to other cultures.

References

Bibby, H., & McDonald, S. (2005). Theory of mind after traumatic brain injury. Neuropsychologia, 43(1), 99-114.

- Bliksted, V., Videbech, P., Fagerlund, B., & Frith, C. (2017). The effect of positive symptoms on social cognition in first-episode schizophrenia is modified by the presence of negative symptoms. *Neuropsychology*, *31*(2), 209-219.
- Chung, Y. S., Mathews, J. R., & Barch, D. M. (2011). The effect of context processing on different aspects of social cognition in schizophrenia. *Schizophrenia Bulletin*, *37*(Suppl 5), 1048-1056.
- Cooper, C. L., Phillips, L. H., Johnston, M., Radlak, B., Hamilton, S., & McLeod, M. J. (2014). Links between emotion perception and social participation restriction following stroke. *Brain Injury*, 28(1), 122-126.
- Genova, H. M., Cagna, C. J., Chiaravalloti, N. D., DeLuca, J., & Lengenfelder, J. (2016). Dynamic assessment of social cognition in individuals with multiple sclerosis: A pilot study. *Journal of the International Neuropsychological Society*, 22(1), 83-88.
- Green, M. F., Bearden, C. E., Cannon, T. D., Fiske, A. P., Hellemann, G. S., Horan, W. P., . . . Nuechterlein, K. H. (2012). Social cognition in schizophrenia, part 1: Performance across phase of illness. *Schizophrenia Bulletin*, 38(4), 854-864
- Kern, R. S., Green, M. F., Fiske, A. P., Kee, K. S., Lee, L., Sergi, M. J., . . . Nuechterlein, K. H. (2009). Theory of mind deficits for processing counterfactual information in persons with chronic schizophrenia. *Psychological Medicine*, 39, 645-654.
- Kumfor, F., Sapey-Triomphe, L.-A., Leyton, C. E., Burrell, J. R., Hodges, J. R., & Piguet, O. (2014). Degradation of emotion processing ability in corticobasal syndrome and Alzheimer's disease. *Brain: A Journal of Neurology*, 137(11), 3061-3072.
- Ladegaard, N., Larsen, E. R., Videbech, P., & Lysaker, P. H. (2014). Higher-order social cognition in first-episode major depression. *Psychiatry Research*, *216*(1), 37-43.

- McDonald, S., Bornhofen, C., Shum, D., Long, E., Saunders, C., & Neulinger, K. (2006). Reliability and validity of 'The Awareness of Social Inference Test' (TASIT): A clinical test of social perception. *Disability and Rehabilitation, 28*, 1529-1542.
- McDonald, S., & Flanagan, S. (2004). Social Perception Deficits After Traumatic Brain Injury: Interaction Between Emotion Recognition, Mentalizing Ability, and Social Communication. *Neuropsychology*, *18*(3), 572-579.
- McDonald, S., Flanagan, S., Martin, I., & Saunders, C. (2004). The ecological validity of TASIT: A test of social perception. *Neuropsychological Rehabilitation*, *14*, 285-302.
- McDonald, S., Flanagan, S., Rollins, J., & Kinch, J. (2003). TASIT: A New Clinical Tool for Assessing Social Perception after traumatic brain injury. *Journal of Head Trauma Rehabilitation*, *18*, 219-238.
- McDonald, S., & Saunders, J. C. (2005). Differential impairment in recognition of emotion across different media in people with severe traumatic brain injury. *Journal of the International Neuropsychological Society, 11*(4), 392-399. doi:org/10.1017/S1355617705050447
- Pell, M. D., Monetta, L., Rothermich, K., Kotz, S. A., Cheang, H. S., & McDonald, S. (2014). Social perception in adults with Parkinson's disease. *Neuropsychology*, *28*(6), 905-916.