

Outcome Measure	Toronto Alexithymia Scale (TAS-20) (Bagby, Parker et al. 1994)
Population	Adult
How to obtain	Contact the authors
Domain	Behavioural Function
Type of Measure	Informant or self-report scale
Time to administer	3-5 minutes
Description	<p>The TAS is a 20-item instrument that is widely used (cited in over 3,000 research studies) to assess alexithymia.</p> <p>There are 3 subscales:</p> <ul style="list-style-type: none"> • Difficulty Describing Feelings subscale (DDF): 5 items – 2, 4, 11, 12, 17. • Difficulty Identifying Feeling (DIF): 7 items – 1, 3, 6, 7, 9, 13, 14. • Externally-Oriented Thinking (EOT): 8 items – 5, 8, 10, 15, 16, 18, 19, 20. <p>All items are rated using a 5-point Likert scale from 1 = strongly disagree to 5 = strongly agree. 5 items (items 4, 5, 10, 18 and 19) are reverse scored. Total Score and 3 Subscale scores.</p>
Properties	<p><u>Internal Consistency:</u> Numerous studies attest to the good internal consistency of the TAS-20 for Total scores (e.g. Cronbach's $\alpha = 0.81-0.86$) and DDF and DDI Subscales (Cronbach's $\alpha = 0.71-0.78$). (Bagby, Parker et al. 1994, Taylor, Bagby et al. 2003). Although evidence for the third factor also suggests reasonable Cronbach's α (e.g. 0.66 to 0.80). (Bagby, Parker et al. 1994, Taylor, Bagby et al. 2003) there is less consistent support for this factor (e.g. (Thorberg, Young et al. 2010).</p> <p><u>Test-retest:</u> The TAS-20 is remarkably stable over time in both clinical and non-clinical populations, consistent with the view that alexithymia is a personality construct. Some examples are as follows: <i>Depressed patients (5 years)</i>: $r = 0.46$ (Total), $r = 0.35$ (DDF), 0.49 (DDI), 0.57 (EOT) (Saarijärvi, Salminen et al. 2006); <i>People with psoriasis: (10 weeks)</i> $r = 0.69$ (Total) (Richards, Fortune et al. 2005); <i>Normal adolescents (4 years)</i>: $r = 0.50-0.64$ (Karukivi, Polonen et al. 2014) <i>Normal adults (11 years)</i>: $r = 0.51-0.63$ (Tolmunen, Heliste et al. 2011).</p> <p><u>Convergent Validity:</u> The TAS-20 correlates with other, newer measures of alexithymia including the Bermond and Vorst Alexithymia Questionnaire (Berthoz and Hill 2005) and the Observer Alexithymia Scale (OAS) (Thorberg, Young et al. 2010).</p> <p><u>Concurrent validity:</u> The TAS-20 predicts a variety of outcomes. For example, High TAS-20 scores predict depression 4 and 11 years later (Tolmunen, Heliste et al. 2011), low social supports in adolescents (Karukivi, Polonen et al. 2014) and alcohol use (Thorberg, Young et al. 2010).</p> <p><u>Discriminant Validity:</u> The TAS-20 has been used in a wide array of clinical conditions where it has been shown that there is a higher rate of alexithymic symptoms compared to demographically matched health adults. Clinical disorders in which alexithymia is prevalent include traumatic brain injury (Allerdings and Alfano 2001, Henry, Phillips et al. 2006, Williams and Wood 2010, Neumann, Zupan et al. 2013), Autism Spectrum</p>

	Disorder (Berthoz and Hill 2005), anxiety and depression (Hintikka, Honkalampi et al. 2001, Honkalampi, Hintikka et al. 2001, Monson, Price et al. 2004) and eating disorders (Taylor, Parker et al. 1996, Råstam, Gillberg et al. 1997, Gramaglia, Ressico et al. 2016). <u>Normative data:</u> The TAS-20 uses cut off scoring: equal to or less than 51 = non-alexithymia, equal to or greater than 61 = alexithymia. Scores of 52 to 60 = possible alexithymia.
Advantages	Widely used with a great deal of published research
Disadvantages	Not clear support for the third factor

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