

Outcome Measure	Faux Pas Test
Sensitivity to Change	Not known
Population	Adult
How to obtain	Available from https://www.autismresearchcentre.com/arc_tests
Domain	Social Cognition
Type of Measure	Objective test
Time to administer	22 minutes
Description	<p>The Faux Pas Test was first developed for children (Baron-Cohen, O'Riordan, Stone, Jones, & Plaisted, 1999) and later adapted for adults (Stone, Baron-Cohen, & Knight, 1998). There are now numerous versions currently being used and translated into languages other than English (e.g. (Altamura et al., 2015; Chen et al., 2017; Negrão, Akiba, Lederman, & Dias, 2016; Soderstrand & Almkvist, 2012; Zalla, Sav, Stopin, Ahade, & Leboyer, 2009).</p> <p>The test comprises a series of short stories (usually 10 or 20), approximately half of which describe a situation in which a person commits a faux pas unintentionally. The remaining stories do not contain a faux pas. The stories are read aloud and then a series of questions are asked to probe comprehension. The first question asked of both types of stories is typically: <i>"Did someone say something they should not have?"</i> to determine whether the participant detected a faux pas. Subsequent questions for the faux pas stories ask about the mental states of the characters, e.g. <i>"Who said something they should not have?"</i>, <i>"Why should they not have said it?"</i>, <i>"Why did they say it?"</i>, an additional question taps empathy for the victim, e.g. <i>"How would s/he feel?"</i>. Other questions, asked of both story types, tap understanding and memory for the content apart from mental states. Some researchers use only the first question – faux pas' detection, and the memory questions (e.g. (Spikman, Timmerman, Milders, Veenstra, & van der Naalt, 2012; Westerhof-Evers et al., 2017) but most use the range of questions.</p>
Properties	<p>The FPT was originally developed to examine mentalising difficulties in children with Autism Spectrum Disorders but has been used in a wide range of clinical populations including adults with Autism Spectrum Disorders (Zalla et al., 2009), schizophrenia (Ibáñez et al., 2014; Negrão et al., 2016; Zhu et al., 2007), bipolar disorder (Ibanez et al., 2012), antisocial personality disorder (Dolan & Fullam, 2004), dementia (Gregory et al., 2002; Torralva, Roca, Gleichgerrcht, Bekinschtein, & Manes, 2009), traumatic brain injury (Martin-Rodriguez & Leon-Carrion, 2010) and other forms of neurological lesions (Shamay-Tsoory, Tomer, Berger, & Aharon-Peretz, 2003; Stone et al., 1998; Symington, Paul, Symington, Ono, & Brown, 2010).</p> <p>Psychometric information about the FPT is relatively sparse. Internal consistency (Cronbach's alpha) has been estimated at .91 (Yeh, Hua, & Liu, 2009) as cited in (Chen et al., 2017; Soderstrand & Almkvist, 2012).</p> <p><u>Test-retest reliability:</u> Test-retest reliability has been reported as quite high, i.e. .83 over 3 months (Zhu et al., 2007) and .76 over 4 weeks (Chen et al., 2017) with inter-rater reliability of .76 (Zhu et al., 2007) to .98 (Gregory et al., 2002).</p> <p><u>Inter-rater reliability:</u> Not reported in either of the original papers or elsewhere.</p> <p><u>Construct validity:</u> Construct validity is not well established for the FPT. It has been found to significantly correlate with the RMET (Soderstrand & Almkvist, 2012; Torralva et al., 2009) in some studies but not all (Chen et al., 2017). The FPT correlates modestly with the Strange Stories test which taps understanding of intention, humour, lies, etc (Chen et al., 2017; Spek, Scholte, & Van Berckelaer-Onnes, 2010) ($r = .29$, $.36$ respectively) and it also correlates with another strange story type task ($r = .28$) (Soderstrand & Almkvist,</p>

	<p>2012) as well as a virtual reality measure of ToM (Canty, Neumann, Fleming, & Shum, 2017). It also correlates with a measure of indirect language (Muller et al., 2010).</p> <p><u>Concurrent validity:</u> No association between the FPT and self-reported empathy (the Interpersonal Reactivity Index) has been found (Muller et al., 2010). The FPT has shown some association with measures of social function in people with schizophrenia (Zhu et al., 2007) and behavioural problems in people with traumatic brain injury (Milders, Fuchs, & Crawford, 2003).</p> <p><u>Discriminative validity:</u> The FPT has been found to differentiate between many kinds of clinical disorders and demographically matched control groups including people with autism spectrum disorders (Zalla et al., 2009), neuropsychiatric conditions (Ibáñez et al., 2014; Ibanez et al., 2012; Negrão et al., 2016), traumatic brain injury (Martin-Rodriguez & Leon-Carrion, 2010) and dementia (Gregory et al., 2002; Torralva et al., 2009). Further, the pattern of response on the FPT attests to its validity. For example, it has been found the people with social processing problems secondary to frontotemporal dementia answer memory questions normally but have difficulty with the mentalising questions of the FPT. In contrast, people with Alzheimer’s Disease, who typically have preserved social function but poor memories, pass the mentalising questions normally but fail on the memory questions (Gregory et al., 2002).</p> <p><u>Normative data:</u> The FPT does not have a manual with associated norms but many clinical studies of the FPT, e.g. (Ibáñez et al., 2014; Milders et al., 2003; Milders, Ietswaart, Crawford, & Currie, 2006; Negrão et al., 2016; Spikman et al., 2012; Westerhof-Evers et al., 2017) provide data on normal healthy adult controls (N=41, M/SD: 38.3/11.9 yrs., N=17: M/SD 29.1/12.1 yrs., N=34, M/SD: 35.6/13.1 yrs.; N=152: 18-35 yrs.; N=33, 17-66 yrs.; N=88; M/SD: 43.1/17 yrs. respectively) that can be useful to derive normative comparisons. There are also norms for children (Baron-Cohen et al., 1999) N =59 7, 9- and 11-year olds.</p>
Advantages	<ul style="list-style-type: none"> • Easy to administer, approximately 22 minutes • Freely available from the authors website https://www.autismresearchcentre.com/arc_tests • Numerous studies and associated normative samples
Disadvantages	<ul style="list-style-type: none"> • Requires reading/listening and reliance on working memory/memory

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