

Outcome Measure	Advanced Clinical Solutions (ACS): Social Cognition
Sensitivity to Change	No
Population	Adult
Domain	Social Cognition
Type of Measure	Objective test
ICF-Code/s	b1, d7
Description	<p>There are three ACS social cognition subtests; one primary (Social Perception) and two supplementary (Faces and Names), were designed to measure various elements of social cognition. As each subtest addresses specific clinical questions they have the ability to be used independently.</p> <p>The Social Perception subtest can highlight deficits in functioning by measuring the skills associated with comprehending social communication.</p> <ol style="list-style-type: none"> (1) Affect Naming: required to identify the expressed emotion from a given list when presented various faces. (2) Prosody-Face Matching: when presented with a spoken statement, required to select a face (from amongst six options) that best represents that emotion. (3) Prosody-Pair Matching: spoken statement is presented and participants required to identify the emotion, and select a picture of two people interacting (from amongst four options) that best represents the tone of the spoken statement. <p>The Faces subtest:</p> <ol style="list-style-type: none"> (4) Participants are required to learn and recall faces and their spatial location following a delay of 10-15 minutes. <p>The Names subtest measures the participant's ability to face-name and face-activity information when provided a visual cue.</p> <ol style="list-style-type: none"> (5) After being shown photographs of people with various emotions and provided their name and the activity they are performing, participants must subsequently recall their name and activity.
Properties	<p>ACS normative sample included 800 individuals aged 16-90. Range of races and ethnicities, as well as 15 clinical groups.</p> <p><u>Internal Consistency:</u> Moderate to high internal consistency was reported with coefficients by age group ranging from .70 to .84, with an average across age groups of $r^2 = .78$ (ACSClinicalIntManual). Cronbach's alpha in 20 individuals with Asperger Syndrome, 19 with schizophrenia and 19 controls ranged from .90-.96 for Social Perception subtests (Kandalaft et al., 2012).</p>

	<p><u>Test-retest reliability:</u> 12-82 day range for test-retest interval (M=23), results show adequate reliability ($r^2=.60-.70$) and interscorer agreement from .98-.99 (ACS Clinical Int Manual)</p> <p><u>Concurrent validity:</u> In the Kandalaft et al. (2012) sample, ACS-SP scores correlated with emotion recognition on Ekman60 ($r's = .54-.61$), Reading the Mind in the Eyes ($r's = .45-.51$), Wechsler Memory Scale – Faces ($r's = .47$). Triangles and Mayor-Salovey-Caruso Emotional Intelligence Test–Managing Emotion Subtest did not correlate with ACS-SP subtests.</p> <p><u>Discriminative validity:</u> In the Kandalaft et al. (2012) sample, controls were generally found to perform better than Asperger's and Schizophrenia groups on the SP subtests ($p's = 0.000-0.017$). In a sample consisting of 16 high functioning autism (HFA; $n=16$), Asperger's Syndrome (AS; $n=27$) and healthy controls ($n=600$), the HFA group performed significantly worse on the Prosody and Pairs subtests, compared to AS and controls, which did not differ from each other (Holdnack, Goldstein, & Drozdick, 2011).</p>
Advantages	<ul style="list-style-type: none"> • Large normative sample (800 individuals)
Disadvantages	<ul style="list-style-type: none"> • Expensive (must buy ACS kit \$499) • No research to date has examined in TBI in adults (to our knowledge)
Reviewers	Skye McDonald

References

- Holdnack, J., Goldstein, G., & Drozdick, L. (2011). Social Perception and WAIS-IV Performance in Adolescents and Adults Diagnosed With Asperger's Syndrome and Autism. *Assessment*, 18(2), 192-200. doi: Doi 10.1177/1073191110394771
- Kandalaft, M. R., Didehbani, N., Cullum, C. M., Krawczyk, D. C., Allen, T. T., Tamminga, C. A., & Chapman, S. B. (2012). The Wechsler ACS Social Perception Subtest: A Preliminary Comparison With Other Measures of Social Cognition. *Journal of Psychoeducational Assessment*, 30(5), 455-465. doi: Doi 10.1177/0734282912436411