

# Theory of Mind Inventory-2

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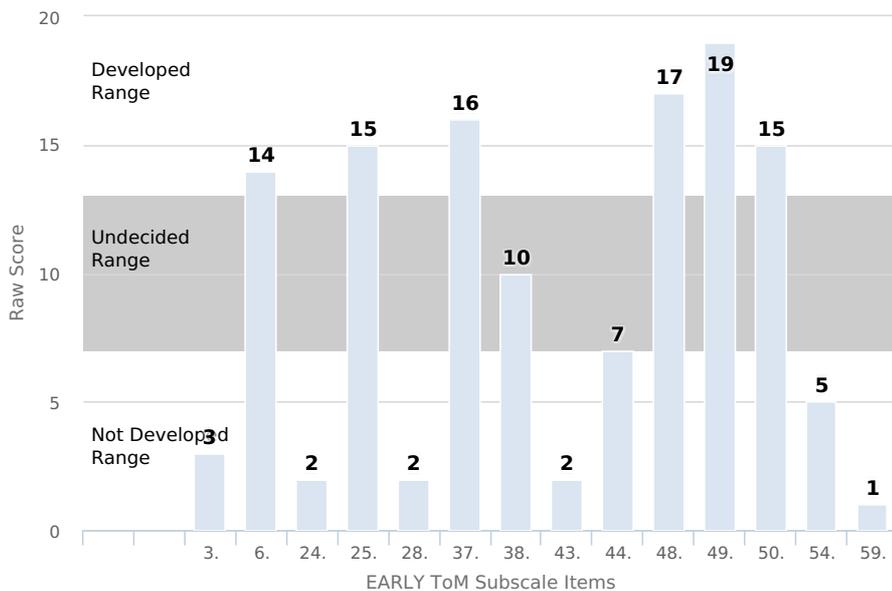
## Theory of Mind Inventory (ToMI)

### Report - Toddler Screening

Original Test Administration Date: July 15, 2017  
 Date ToMI Report Generated: July 17, 2017  
 Client ID: TARp  
 Age: 2 years, 8 months  
 Gender: Female

### EARLY ToM SUBSCALE

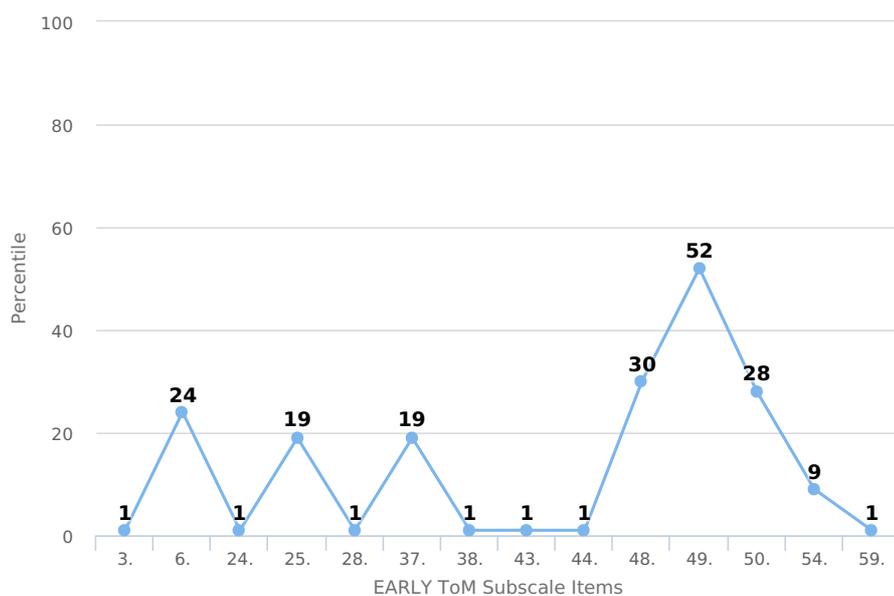
Subscale Mean: 9.1 (of 20)  
 Standard Score: 22.4  
 (Mean=50, SD=10)  
 Percentile: 1<sup>st</sup>



#	Measure	Score (raw/percentile)
3	early empathy	3.00 / 1 <sup>st</sup>

6	discrimination of basic emotions	14.00 / 24 <sup>th</sup>
24	intentionality	2.00 / 1 <sup>st</sup>
25	basic positive emotion recognition (happy)	15.00 / 19 <sup>th</sup>
28	social referencing: reading fear	2.00 / 1 <sup>st</sup>
37	sharing attention: initiating	16.00 / 19 <sup>th</sup>
38	sharing attention: responding	10.00 / 1 <sup>st</sup>
43	gaze following	2.00 / 1 <sup>st</sup>
44	social referencing: ambiguous situation	7.00 / 1 <sup>st</sup>
48	basic negative emotion recognition (sad)	17.00 / 30 <sup>th</sup>
49	basic negative emotion recognition (mad)	19.00 / 52 <sup>nd</sup>
50	basic negative emotion recognition (scared)	15.00 / 28 <sup>th</sup>
54	mental state term comprehension: early desire (want)	5.00 / 9 <sup>th</sup>
59	desire-based emotion	1.00 / 1 <sup>st</sup>

\* indicates the median percentile within a range of percentiles that are associated with the raw score for this item. This is common when raw scores approach 20 and when high scores are frequent in the normative sample.



### Table for Treatment Planning: Strength and challenge areas in a developmental context

	Not Developed (parental rating between 0 and 7)	Undecided (parental rating between 7 and 13)	Developed (parental rating between 13 and 20)
Item score high for age	* Should not occur: raw scores between 0-7 will not be 1 SD above the mean	Treatment is NOT recommended for these areas. Items in this category are of clinical interest in that they may represent an area of ToM strength.	Treatment is NOT recommended for these areas. Items in this category are of clinical interest in that they may represent an area of ToM strength.

<p>(at least one standard deviation above the mean)</p>			
<p><b>Item score typical for age</b> (within one standard deviation of the mean)</p> <p><b>NOTE FOR CHILDREN AGES 3-5.5:</b> <i>Advanced items (in dark blue) that are at least - 1 SD are automatically relegated to this row (instead of the bottom row) because these skills are not expected given the child's age. Still, when Advanced scores fall in the clinical range, those scores are, indeed, meaningful and suggest risk for poor Advanced ToM outcomes in the future. A treatment focus on the items in the third row (below) is most appropriate at present but reassessment soon after age 5.5 is strongly recommended as age-related expectations change.</i></p>	<p>Treatment is NOT recommended for these areas. The parent believes this aspect is not developed but the item score is in the normative range. Thus, this aspect of ToM is not yet expected given the child's age.</p>	<p>Treatment is NOT recommended for these areas. The parent is undecided as to whether this skill is developed but the item score is in the normative range. Thus, this aspect is not necessarily expected to be mastered given the child's age and it may even be emerging.</p>	<p>Treatment is NOT recommended for these areas. The parent believes this aspect is developed and the item score is in the normative range. Thus, this aspect is expected given the child's age.</p> <p>6 - discrimination of basic emotions 25 - basic positive emotion recognition (happy) 37 - sharing attention: initiating 48 - basic negative emotion recognition (sad) 49 - basic negative emotion recognition (mad) 50 - basic negative emotion recognition (scared)</p>
<p><b>Item score low for age</b> (at least one standard deviation below the mean)</p>	<p>Treatment in these areas could be pursued, however, caregiver confidence in the presence of this ToM knowledge area is low or very low: competence is not readily apparent, is not actualized, or may exist primarily as a potential. As such, clinicians should consider</p>	<p>Treatment in these areas could be pursued. For these items, the caregiver is undecided about child competency which may reflect inconsistent child performance or partial acquisition of a ToM skill. This is generally considered a good starting point for intervention as</p>	<p>Treatment in these areas could be pursued. For these items, the caregiver is indicating that the competency is probably present although this level of certainty is below that of the normative sample. In short, these areas can be viewed as relative deficits insofar as the normative</p>

whether these aspects of ToM are developmentally appropriate targets for intervention.

- 3 - early empathy
- 24 - intentionality
- 28 - social referencing: reading fear
- 43 - gaze following
- 44 - social referencing: ambiguous situation
- 54 - mental state term comprehension: early desire (want)
- 59 - desire-based emotion

it suggests some degree of understanding of this ToM aspect. There is potential that training in this area will provide opportunities for meaningful growth.

- 38 - sharing attention: responding

score is low for the child's age but at the same time, these are also relative strength areas insofar as the raw score is relatively high. Thus, these areas could be a priority for intervention especially when the goal of intervention is to establish competency in this area more consistently (across time, contexts).



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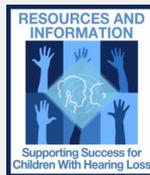
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