

The Dyssemia Rating Scale (DRS) – School Screening

Name: _____ Date: _____ Evaluator(s): _____

Dyssemia is a term used to refer to a *nonverbal social communication deficit* (Nowicki and Duke, 1992).

*This rating scale has been adapted, with the author's permission, from The Dyssemia Rating Scale published in the text *Will I Ever Fit In?* by Stephen Nowicki and Marshall Duke (2002).

Directions: Please circle the frequency of each of the following behaviors according to the 4-point scale below:

0 = never

1 = occasionally (once in 2 weeks)

2 = sometimes (several times each week)

3 = often (daily or more)

Section A: *Gaze and Eye Contact*

0 1 2 3 Fails to look at people when conversing

0 1 2 3 Fails to look at others when speaking in a group

0 1 2 3 Avoids eye contact when walking by people

0 1 2 3 Fails to look up when addressed

0 1 2 3 Hangs head when listening to people

0 1 2 3 Stares at the floor when talking with people

0 1 2 3 Watches people out of corner of his/her eye

0 1 2 3 Stares excessively at people

A Score: _____ (Max = 24)

Section B: *Space and Touch*

0 1 2 3 Touches people inappropriately

0 1 2 3 Stands too close to people when interacting

0 1 2 3 Stands too distant from people when interacting

0 1 2 3 Seeks excessive physical contact with people

0 1 2 3 Pulls back when approached by people

0 1 2 3 Grabs people to get their attention

0 1 2 3 Spreads materials beyond his/her area or desk

0 1 2 3 Makes others uncomfortable with his/her physical positioning

0 1 2 3 Enters private spaces without knocking or seeking permission

0 1 2 3 Joins groups (lunch, recess) without invitation to do so

B Score: _____ (Max = 30)

Section C: *Paralanguage*

- 0 1 2 3 Speaks too softly to be heard easily
- 0 1 2 3 Speaks too loudly for situation
- 0 1 2 3 Uses vocabulary inappropriate to listeners or situation
- 0 1 2 3 Tone of voice does not fit emotional state
- 0 1 2 3 Tone of voice does not fit situation
- 0 1 2 3 Mumbles when speaking
- 0 1 2 3 Speaks in a monotone
- 0 1 2 3 Speaks with "baby talk" beyond early elementary years
- 0 1 2 3 Fails to alter speech volume to fit situation

C Score: _____ (Max = 27)

Section E: *Objectics* (Fashion)

- 0 1 2 3 Problems with personal hygiene
- 0 1 2 3 Problems with inadequate grooming (hair, teeth)
- 0 1 2 3 Clothing inappropriate for age
- 0 1 2 3 Clothing inappropriate for school setting
- 0 1 2 3 Uses excessive perfume or cologne
- 0 1 2 3 Uses poor manners when eating or drinking
- 0 1 2 3 Seems unaware of styles within peer group
- 0 1 2 3 Choice of accessories provokes undue negative attention

E Score: _____ (Max = 24)

Section D: *Facial Expression*

- 0 1 2 3 Facial expressions do not fit emotional state
- 0 1 2 3 Uses inappropriate facial expressions
- 0 1 2 3 Face is blank when being reprimanded
- 0 1 2 3 Usual resting facial expression is negative (sad or angry)
- 0 1 2 3 Does not smile back when smiled at
- 0 1 2 3 Looks disinterested or bored
- 0 1 2 3 Facial expressions are hard to read
- 0 1 2 3 Facial expressions are exaggerated

D Score: _____ (Max = 24)

Section F: *Hands and Hand Gestures*

- 0 1 2 3 Hands communicate nervousness or confusion
- 0 1 2 3 Hand gestures are too intense for situation
- 0 1 2 3 Fidgets with pens, pencils or other objects
- 0 1 2 3 Cracks knuckles in class or drums fingers
unconsciously
- 0 1 2 3 Hides hands in pockets or behind back
- 0 1 2 3 Does not attend to grooming of hands and fingernails
- 0 1 2 3 Hand gestures are poorly timed with speech content

F Score: _____ (Max = 21)

Section G: ***Social Rules/Norms***

0 1 2 3 Has difficulty understanding social rules and etiquette

0 1 2 3 Makes embarrassing behavioral mistakes

0 1 2 3 Lacks common sense in peer interaction

0 1 2 3 Seems tactless

0 1 2 3 Does not seem to follow the "hidden social curriculum"
(tattles, reports other students)

0 1 2 3 Raises conversation topics out of nowhere

G Score: _____ (Max = 18)

Section I: ***Conversational Skills***

0 1 2 3 Starts talking before others finish

0 1 2 3 Does not read cues regarding desire of other people to
converse or not

0 1 2 3 Does not pick up "your turn" signals

0 1 2 3 Speaks too fast for situation

0 1 2 3 Speaks too slowly for situation

0 1 2 3 Uses "y' know" or other noncontributing phrases excessively

0 1 2 3 Doesn't seem to listen to what others are saying

0 1 2 3 Choice of conversation topics is inappropriate to situation

I Score: _____ (Max = 24)

Section H: ***Nonverbal Receptivity***

0 1 2 3 Misreads the intentions of others

0 1 2 3 Perseveres in action or comments regardless of adverse impact

0 1 2 3 Seems insensitive to others' feelings

0 1 2 3 Seems hypersensitive to others' feelings

0 1 2 3 Behavior is out of synch with demands of situation

0 1 2 3 Fails to respond appropriately (or at all) to greetings

0 1 2 3 Doesn't seem to sense interpersonal trouble

0 1 2 3 Appears unaware of things going on around him/her

0 1 2 3 Does not check his/her appearance in mirrors or in window
reflections (unaware of how others view him)

H Score: _____ (Max = 27)

Section J: ***Chronemics and the Use of Time***

0 1 2 3 Arrives late for class

0 1 2 3 Leaves classes or goes on a personal errand at inappropriate
times

0 1 2 3 Transitions slowly between classes

0 1 2 3 Walks too fast for situation

0 1 2 3 Walks too slowly for situation

0 1 2 3 Does not wait appropriate amounts of time for people

0 1 2 3 Finishes eating long before or long after others

0 1 2 3 Makes people feel pressured to move more quickly

0 1 2 3 Checks time too frequently

0 1 2 3 Bolts to leave as soon class or event is over

J Score: _____ (Max = 30)

Total Score (sum of A-J): _____ (Max = 254)

Kari Dunn Buron, 2/2004 (adapted for educational purposes only from the work of Dr. Stephen Nowicki and Dr. Marshall Duke)

Interpretation:

Scores of 3 – 6 on any of the individual sections merits attention.

An overall score of 15 – 25 indicates moderate dyssemia

An overall score of > 25 indicates problematic dyssemia

*Note: Dr. Stephen Nowicki and Dr. Marshall Duke suggest that a lack of competence in the area of nonverbal communication can have a devastating effect on a child’s social development. The nature of nonverbal communication impacts not only how the child perceives the world, but also how the world perceives the child’s motives and mental stability. How caregivers *think* about a child’s motives, often dictates the strategies chosen to change that child’s behavior. This rating scale can be used as a screening instrument for educators and parents when evaluating children who demonstrate interpersonal problems at school. Problems in the area of Dyssemia could indicate the need for IEP goals and objectives that directly address the behaviors described in this tool.

References:

Duke, M., Nowicki, S. and Martin, E.1996. Teaching Your Child the Language of Social Success. Peach Tree Publishers.

Nowicki, Stephen and Duke, Marshall. 1992. Helping the Child Who Doesn’t Fit In. Peachtree Publishers.

Nowicki, Stephen and Duke, Marshall. 2002. Will I Ever Fit In? The Free Press.