Outcome Measure	**Benton Facial Recognition Test (BFRT)**
Sensitivity to Change	Not known
Population	Adult
How to obtain	Available from Psychological Assessment resources: PAR
Domain	Social Cognition
Type of Measure	Objective test
Time to administer	**9 minutes**
Description	The BFRT (Benton, Sivan, Hamsher, Varney, & Spreen, 1983) comprises two sections. In section 1 (6 items) the examinee matches a target face to one of six below. In Part 2 (16 items), the examinee must match the target face to three of six presented. In Part 2, the six faces differ with respect to head orientation (8 items) or lighting (8 items). The long form takes approx. 9 minutes to administer (95% examinees are finished by 17 minutes) (Christensen, Riley, Heffernan, Love, & McLaughlin Sta. Maria, 2002). A short form of 12 items was also developed (Levin, Hamsher, & Benton, 1975). The original test comprises a flip chart with the target face on one page and the foils on another. Response time is unlimited. More recently a computerised form has been developed (Rossion & Michel, 2018) that also measures reaction time and reportedly takes between 1.42 and 6.54 minutes. Normal adults usually take 5 to 7 minutes to complete the BFRT (Busigny & Rossion, 2010).
Properties	Internal consistency: Coefficient alpha: ***Long form***: .61 (Albonico, Malaspina, & Daini, 2017), .69 (Palermo et al., 2017), .72(Christensen et al., 2002),
	Short form: .41- .53 (Albonico et al., 2017; Christensen et al., 2002). New short forms have been attempted but these do not improve internal consistency very much (Albonico et al., 2017; Christensen et al., 2002). Computerised version split half 5 .61 for accuracy and .88 for reaction time (Rossion & Michel, 2018).
	Test-retest reliability- ***Long Form*** (1 year) r =.71 (Christensen et al., 2002) with little evidence of practice effects. (Short Form (1 year) = .60 (Levin et al., 1975), .65 (new short form) (Christensen et al., 2002)
	Construct validity: No gender effects have been found for the BFRT. The BFRT has been found to be reasonably suitable for examinees from different ethnic origins to the target faces (Albonico et al., 2017). A concern about the BFRT is that it is not necessarily sensitive to congenital prosopagnosia, but this is improved with adjusted normative cut-offs to the original (Albonico et al., 2017) or considering response times (Busigny & Rossion, 2010). The BFRT does correlate with a similar measure of face perception- the Cambridge Face Memory Test (CFMT, r = .49 (Palermo et al., 2017). Although facial recognition is a distinct theoretical construct from facial emotion recognition, the BFRT has been found to correlate with the emotion perception subtest of TASIT (r =.45 (McDonald et al., 2006). The BFRT does not, however, correlate with self-ratings of face memory ability in normal adults whereas the CFMT does (Palermo et al., 2017).
	Discriminative validity: The BFRT is performed poorly by many people with acquired prosopagnosia (Barton, Zhao, & Keenan, 2003; Gauthier, Behrmann, & Tarr, 1999) although not all. 73% of 19 adults with prosopagnosia were found to perform normally on the BFRT, raising questions about its validity as a measure of facial processing deficits in this clinical disorder at least (B. Duchaine & Nakayama, 2006; B. C. Duchaine & Nakayama, 2004). However, when acquired prosopagnosics do perform within normal limits, their response times are inordinately slow, suggesting they are relying on other strategies. Thus, response time is an important consideration in children and adolescents with ASD, there is mixed evidence that they score more poorly on the BFRT (Vettori et al., 2019; Yerys et al., 2018).

	Normative data: The cut-off considered indicative of impairment was originally defined as 40 (Benton et al., 1983). In subsequent replications, the means and variance of Benton's original data have been replicated (Albonico et al., 2017; Christensen et al., 2002; Palermo et al., 2017). Albonica et al (N = 272 19-31-year-old students) suggest a better cut-off is 41.71 (i.e. 2s.ds below the mean). Norms are also available for elderly (N =349, 60-90+) (Christensen et al., 2002).
Advantages	• Numerous studies and associated normative samples • Is widely known and used to assess facial recognition
Disadvantages	• Accuracy does not seem to be the best index for identifying prosopagnosia, response times need to be considered also • There is no control task

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