



FASD Screening: Across the Lifespan and Vulnerable Populations

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Background: FASD and BeST

The prenatal effects of alcohol were initially identified and introduced in the United States of America in 1979 by Dr. Sterling Jones and Dr. Ann Streissguth. Since that time, research on the cognitive and behavioral profiles of those with Fetal Alcohol Spectrum Disorders has flourished. The terminology evolved to include multiple diagnostic labels included under the umbrella term of Fetal Alcohol Spectrum Disorder ([cdc.gov/fasd](https://www.cdc.gov/fasd/)).

By 1988, warnings were required on wine labels in the United States explaining the dangers of prenatal exposure to the embryo and fetus. This was updated in 2005, advising women that no amount of alcohol during pregnancy was seen as safe for the developing fetus ([cdc.gov/mmwr](https://www.cdc.gov/mmwr/)).

In 1996, Jocie DeVries, Ann Waller, and Vicky McKinney of FAS Family Resource Institute, in Washington State developed a list of behaviors in cooperation with a focus group of parents. They invited me to develop a screener from the list that would provide a behavioral profile for children suspected to have FAS. We have been refining and expanding this “list” for the past 28 years.

The Behavioral Survey of Traits (BeST): Initial Phase

The initial screener is a 52-item inventory for children ages 6-18, completed by a care provider who knows the child well (Andrews & Robins, 2016). Studies determined that the scores reliably differentiate those with prenatal exposure to alcohol from those with ADHD. The BeST total score is a general factor with acceptable levels of sensitivity (.83) and specificity (.5).



QR Access to
The BeST
Screening Tool

Adults on Probation: Adult Self-Report Studies (Mushlitz & Andrews, 2018) were conducted with adolescents in detention and adults on probation. The adult format was evaluated using a self-report compared with a collateral rating of the individual. The individual adult self-report format is reliable. The collateral format provides qualitative information, but the total score has not been found to be reliable yet. Most individuals in our sample did not have a person available who knew them beyond a few months.

Read each item carefully considering your own interactions and behaviors. Check the box for each item that most closely identifies the frequency with which you display the behavior.

Behavior	Never	Sometimes	Frequently	Always
1. I manage my life better when I am accountable to someone.				
2. I can easily manipulate other people.				
3. I am irritable when my sleep is disrupted.				
4. I am surprised by how people respond to what I say.				
5. I get in trouble for my behaviors or things I do.				
6. I get irritated more easily in public than at home.				
7. People fool me into thinking that they are my friends.				
8. I lose track of time.				
9. People tell me that I am unpredictable.				
10. I have done things that are risky or dangerous.				

Sample Items of the ASR

Developmental Questions:

Behavior	Never	Sometimes	Frequently	Always
53. Has difficulty understanding nonverbal communication (e.g. eye-to-eye gaze, facial expression, and body language)				
54. Has difficulty using nonverbal communication (e.g. eye-to-eye gaze, facial expression, and body language)				
55. Has difficulty developing peer relationships				
56. Seeks to share enjoyment or interests with others (e.g. sharing objects of interest)				
57. Shows social and emotional give-and-take				
58. Is able to adequately communicate desires				
59. Is able to initiate and sustain conversation with others				

Sample of Adult Development Questions

Spanish (Mexican) Language:

Child 6-18 Years

Studies were expanded to evaluate a Spanish-speaking (Mexican dialect) BeST with groups whose primary language is Mexican Spanish, and who were currently living in the U.S.

FAS BeST Tool Spanish

Marque con un círculo el número que identifique más de cerca la frecuencia con la que el niño o adulto con anomalías del cuerpo calloso muestra el comportamiento enumerado.

Frecuencia	Nunca	A veces	Frecuentemente	Siempre
1. Necesita constante supervisión o <u>cuidado</u>		1	2	3
2. Es altamente manipulador	0	1	2	3
3. Se nota cansado de sueño interrumpido	0	1	2	3
4. De mal humor causado por el sueño interrumpido	0	1	2	3

Sample of Spanish BeST

The results of the Spanish FASD did not mirror the English version. Reliability and validity were not established. Many cultural factors were found that affected the results. More than translation is needed (Colunga, 2020), particularly as the screener relates to interpersonal dynamics and behavioral expectations. As such, further research is needed for this version.

Conclusions

The BeST continues to be a helpful screener that provides information about how the individual interacts with society. The BeST is easy to complete and can assist in decision-making about the need for further evaluations.

Fetal Alcohol Spectrum Disorders are frequently confused with other mental health disorders. Mental health and medical providers must understand the possible disorders with shared symptoms, for accurate diagnoses and appropriate treatments. When FASD is missed, we have seen (in the U.S.) devastating outcomes. Initiating screening and intervention as early as possible yields the best outcome, yet FASD screening can occur at any age, making the BeST a valuable resource.

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