#### **DOCUMENT SUMMARY**

This 2018 research article provides a damning, data-driven critique of the standardized testing system, perfectly aligning with the Enlitens mission. By mapping the availability of 14 "gold standard" autism assessment tools across Europe, the study reveals profound and systemic inequalities that privilege wealthy, English-speaking nations. More importantly, it demonstrates that even when these tests are translated, they almost universally lack the necessary cultural and linguistic validation, proving they are not fit for purpose in diverse populations and directly supporting Enlitens' stance against a broken, biased system.

#### **FILENAME**

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#### **METADATA**

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## **FORMATTED CONTENT**

# Why This Matters to Enlitens

This paper is a foundational piece of evidence for our entire mission. It is a systematic, international indictment of the standardized testing paradigm, proving that the system is not only broken but fundamentally inequitable and culturally incompetent. The data presented here gives us the ammunition to argue that the "gold standard" is a myth, built on a narrow, English-centric worldview that fails the vast majority of people. We can use these findings in our whitepaper, client education, and advocacy to demonstrate that the problem is not with the diverse brains being assessed, but with the invalid, biased, and inaccessible tools being used. This research powerfully validates our call for a new approach, like the Enlitens Interview, that is built on cultural responsivity rather than flawed standardization.

## **Critical Failures of the Standardized Testing System**

## 1. Systemic Inequality & Bias

The availability of diagnostic tools is not equitable; it is dictated by wealth, language, and population size, creating enormous barriers to care and research.

• **Privilege:** The study identified considerable variation in tool availability, "privileging English speaking, high-income, and highly populated European countries".

- "Garbage In, Garbage Out": Without evidence-based standardized phenotyping, there is a risk of diagnostic bias and "garbage in, garbage out" research.
- Disadvantaged Nations: Middle-income European countries (Romania, FYR Macedonia) and other Eastern European countries (Czech Republic, Hungary, Poland) had significantly limited access to the required tools. Countries with small populations and their own languages (e.g., Iceland) are also disadvantaged.
- The 10/90 Global Divide: The research gap reflects the well-known 10/90 global divide, where less than 10% of the world's research resources are used for more than 90% of health problems.

## 2. The Myth of Validation: A "Substantial Deficiency" in Standardization

The paper's most critical finding is that simple translation does not equal validation. Most tools used across Europe have not been properly adapted for the local culture and language.

- **Universal Problem:** A "substantial deficiency of adequate language/cultural standardization" was found for **all** European languages/cultural regions, regardless of income or population size.
- Missing Psychometrics: Even in regions with high tool availability like France, Italy, and Spain, country-specific reliability, validity, and norms/cut-offs are sparse. In places like Israel, Portugal, and Finland, they are entirely missing.
- False Assumption of Generalizability: Most scales originate from the USA, and there is a common but false assumption that their psychometric properties and norms can be generalized to high-income European countries.
- **Proven Need for Local Norms:** Studies on the ADOS-2, ADI-R, and SRS in Germany and Sweden show that generalizability from the USA is "only partially true," demonstrating the absolute need for cross-cultural validation.

### 3. The "Gold Standard" is Not Golden

The tools most often required for high-level research, the ADOS and ADI-R, are subject to the same systemic flaws.

- **Limited Access:** Publication in leading journals can be "challenging or even impossible" without these specific tools.
- Lack of Standardization: While the ADOS is available in all 16 regions surveyed, it only has specific country-level standardization in 3 of them. The ADI-R is available in 15 regions but standardized in only 4.
- High Barriers to Use: Even free access to these tools would not solve other challenges, such as the limited access to expensive training required to ensure quality control for administration and scoring.

## 4. Barriers of Cost and Licensing

Access to tools is further restricted by commercial and administrative hurdles.

- **Cost:** Commercially distributed instruments are associated with high purchase costs, which is a major barrier for low- and middle-income (LAMI) countries.
- Restrictive Licensing: In many countries, tools are adapted for research purposes only, meaning each clinical administration is subject to license fees paid directly to the original

publisher. The publisher often sets limitations on the use of data collected, which conflicts with the increasing demand from funding bodies for free access to research data.

# Key Data: Tool Availability and Standardization in Europe

The following tables from the study provide a stark visualization of the inequality.

Table 1: Total Number of Available & Standardized Tools (out of 14) by Region

This table shows that while a region like the UK has 14 tools available, only 9 are standardized. For a country like Israel, 13 tools are available, but **zero** have country-specific standardization.

Region	Availability	Standardization	Formal Distribution
UK, Ireland	14	9	14
Scandinavia	14	5	13
Belgium, The Netherlands	14	7	12
Israel	13	0	11
Portugal	13	0	8
France	12	3	11
Finland	12	0	11
Germany, Austria, Switzerland	11	8	11
Italy	11	3	9
Spain	11	4	11
Poland	9	1	8
Iceland	8	1	8
Romania	6	0	6
Hungary	6	0	5
Macedonia	5	1	3
Czech Republic	4	0	2
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Table 2: Availability & Standardization by Tool (Across 16 Regions)

This table shows that while a tool like the ADOS is available in all 16 regions, it has only been properly standardized in 3 of them.

Tool	Availability	Standardization	Formal Distribution
ADOS	16	3	14
ADI-R	15	4	13
CBCL	15	3	14
СНАТ	14	3	12
scq	14	2	13
CDI	13	7	13
DAWBA	13	1	13
VABS	12	4	11
IBQ-R	12	3	12
ECBQ-R	11	0	11
SRS	11	3	8
ITSP	9	1	5
RBS-R	4	0	1
MSEL	4	0	3

(Note: ASD-specific scales are in

bold)

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# **Quotes We Might Use**

"Without evidence-based standardized phenotyping in psychiatry there is a risk of diagnostic bias and 'garbage in, garbage out' research."

"Strikingly, we found that for all European languages/cultural regions, no matter high or middle income, small or large population, and rare or frequently spoken language, there was a substantial deficiency of adequate language/cultural standardization."

"The latter demonstrates the need for increased cross-cultural research in the field of psychometric evaluation, an extremely and continuously underfunded area of science."

"This is unfortunate, as a large part of psychiatric research of all kind is based on reliable phenotyping, predominantly ensured by psychodiagnostic tools."