

DOCUMENT SUMMARY

This 2012 research presentation provides a devastatingly effective critique of the "gold standard" autism assessments, the ADOS and ADI-R, finding they produce contradictory results in approximately 30% of cases. The study reveals a significant socioeconomic bias, showing that discrepancies are most likely to occur when the parent/informant has a high school education or less. This directly supports Enliten's core argument that standardized tests are broken and biased, and validates our reliance on expert clinical judgment, which the study concludes is the ultimate deciding factor.

FILENAME

Grantham2012_RESEARCH_research_article_ASD_DIAGNOSTICS_ADOS_ADI-R_DISCREPANCIES.md

METADATA

Primary Category: RESEARCH **Document Type:** research_article **Relevance:** Core **Update Frequency:** Static **Tags:** #ADOS, #ADI-R, #standardized_testing, #misdiagnosis, #assessment_discrepancy, #socioeconomic_bias, #cultural_bias, #clinical_judgment, #gold_standard **Related Docs:** N/A

FORMATTED CONTENT

Why This Matters to Enliten

This document is a powerful piece of evidence that directly validates our mission to replace broken standardized testing. The finding that the two "gold standard" autism assessments disagree 30% of the time is a single, powerful statistic we can use to dismantle the myth of their reliability. Furthermore, the discovery of a direct link between diagnostic disagreement and a parent's education level provides concrete proof of the socioeconomic and cultural biases inherent in these tools. This research is a cornerstone for our argument that expert clinical judgment, not flawed test scores, must be the final arbiter in any diagnostic process.

Critical Statistics & Findings: The "Gold Standard" is Broken

- **High Rate of Disagreement:** The Autism Diagnostic Observation Schedule (ADOS) and the Autism Diagnostic Interview-Revised (ADI-R) measurements were discrepant approximately **30% of the time**. This is consistent with previous research showing a 25% disagreement rate.
- **The Most Common Discrepancy:** When a discrepancy occurred, the single most likely outcome (36% of the time) was the ADOS classifying the child as "Autism," the ADI-R

classifying them as "Non-Autism," and the clinician's final diagnosis being "PDD-NOS" (a middle-ground diagnosis).

- **Clinical Judgment vs. Test Results:** It was also common (24% of discrepancies) for the ADOS to indicate "No ASD" while the ADI-R indicated "Autism," with the clinician's final diagnosis siding with the ADOS ("No ASD").

Evidence of Socioeconomic & Cultural Bias

The study provides clear, statistical evidence that factors unrelated to the child's neurotype can influence the outcome of these "gold standard" assessments.

- **Parent Education Level is a Significant Predictor:** A logistic regression model found that the parent/informant's education level was a significant predictor of whether the ADOS and ADI-R would agree or disagree.
- **Specific Impact:** Informants with a high school degree or less were more likely to have disagreements on the assessments than people with some college education or more.
- **Other Factors:** The informant's age, the presence of other children in the home with developmental disabilities, and the number of children in the home were *not* significant predictors of disagreement. This isolates education level as a key biasing factor.

The Primacy of Clinical Judgment

The study's findings underscore the unreliability of relying solely on test results and reinforce the necessity of expert clinical interpretation.

"While these 'gold standard' assessments for ASDs often agree, there are times when these tests do not agree with one another. Ultimately, it is up to clinicians to make a decision on the final diagnosis."

This conclusion directly supports the Enliten model, which prioritizes a comprehensive, collaborative clinical interview over simplistic and often contradictory test scores. Knowing that factors like informant education can impact results is crucial information for clinicians when making these final diagnostic decisions.