

BOSA FAQ

Materials

- *How do I get access to the BOSA materials?*
 - Before accessing the BOSA materials, you will need to fill out and sign a Permission Form. The Permission Form can be found by following this link: https://uclaed.co1.qualtrics.com/jfe/form/SV_0D1AvA7BUQ6TnbT. Once the Permission Form has been filled out, you will be given access to all of the necessary materials to start using the BOSA!
- *What if I can't find certain materials from the country in which I live?*
 - If you have any trouble accessing certain materials, please contact us at makingbettermeasures@gmail.com so that we can find you an appropriate alternative.
- *What if I can't use wooden materials like the Dollhouse in my institution?*
 - We have created a short list of possible alternatives for the dollhouse if your institution does not allow wood products for sanitary reasons. Please contact us at makingbettermeasures@gmail.com and we are happy to work with you to find an appropriate alternative.
- *Is the BOSA available in any language other than English?*
 - The BOSA can be administered and scored with families who do not speak English, provided that there is a valid translation of the ADOS-2 protocol in their language. However, written BOSA materials cannot be translated and must be used "as is." We are currently working with WPS in order to create a Spanish translation of the BOSA (including the materials). If you have any questions about the accessibility of the BOSA in other languages, please contact us at makingbettermeasures@gmail.com.
- *Is it possible to use toys/materials that I have in my home that are similar, or the same as, the materials in the BOSA kits?*
 - The BOSA toys should be used, as they were specifically selected to elicit certain behaviors consistent with autism from participants and create a more standardized assessment.

BOSA Administration

- *Is the BOSA dependent on the administrator's skills (i.e., if the parent has difficulties performing some tasks, will this have a big impact on what is seen in the observation)?*
 - Of course, parent-child interactions will vary. But in terms of the BOSA, clinicians are watching the interaction to determine if there is the presence or absence of a symptom. Because we are not using this assessment to count the number of specific behaviors, we expect that it will not have a great impact on the outcome of the BOSA. Our goal is that the BOSA is relatively easy/stress free for parents to administer with their child. Additionally, on the DSM-5 checklist, we have allocated space for the clinician to indicate whether certain behaviors were apparent outside of the BOSA assessment, or if the behavior was indicated as being present according to parent report.

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- *If the child is between the ages of 6-8, which BOSA version should I choose (i.e., PSYF or F-1)? Should I conduct both?*
 - We suggest only choosing one version of the BOSA to administer. When choosing, keep in mind the child's language abilities, as well as play skills. The BOSA-F1 includes turn-taking activities and answering social-emotional questions, while the BOSA-PSYF allows for imaginative play. Use your clinical judgment when deciding which version will be the best for the participant.
- *Can the BOSA be administered completely via telehealth?*
 - Yes! The BOSA can be administered completely remotely if you are able to provide the family with the necessary materials. There should be an examiner (e.g., parent, caregiver) in the room with the participant actively interacting with them during the BOSA while the clinician can conduct the coaching and scoring fully remotely (i.e., through a telehealth platform).
- *How can I prepare my home environment in order to reduce distractions?*
 - In order to reduce distractions in the home, we recommend the following:
 - Bring siblings to a separate area in the home in which they can't interrupt the assessment or distract the participant.
 - Turn off the TV and restrict access to other technological devices that could distract the participant.
 - We suggest laying down a "picnic blanket" to demarcate the area in which the assessment will/should take place.
- *Is there a minimum age required of BOSA participants?*
 - There is no "set" minimum age; however, the participant must be walking (e.g., 12 months).
- *Can any of the individuals participating in the BOSA assessment wear PPE throughout?*
 - No, the participant and examiner should not be wearing PPE during the BOSA. The clinician scoring the BOSA, however, can be wearing PPE. If your institution requires that PPE be worn at all times, we recommend administering the BOSA via telehealth platforms.

Research & Clinical Practice

- *When writing up the diagnostic findings into a report, how do you suggest we explain this assessment protocol/procedure?*
 - We have included some language around this that you can access along with the rest of the BOSA materials once you fill out a permission agreement form (https://uclaed.co1.qualtrics.com/jfe/form/SV_0D1AvA7BUQ6TnbT).
- *Will the BOSA be a replacement for the ADOS post-COVID?*
 - The BOSA is not intended as a long term replacement for the ADOS. The ADOS is the gold-standard assessment tool, and we don't expect that will change in any way with the

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- BOSA. There are many ways, as users will see, that the information that you get is not the same as an ADOS (e.g., no presses for opportunities to elicit symptoms or to sit back to observe behaviors in a way a caregiver may not feel comfortable doing). What it is, however, is a standardized way to collect observations to lead to a diagnosis that uses clinicians' skills related to the ADOS. Some day when we can do ADOSes again we may consider using it as a supplement to the ADOS, though we'd have to revise the materials!
- *Can the BOSA be used to confirm diagnosis for eligibility for research purposes? What about use as an outcome measure?*
 - In conjunction with other measures (e.g., ADI-R, parent report, full developmental history), the BOSA can be used to confirm diagnosis for research purposes. Please note, however, that we cannot use scores from it or use it independently with a cutoff (since we don't have psychometrics on it yet).
 - The BOSA should not be used as an outcome measure. However, the BOSCC, which is one of the assessments the BOSA is based off of, *is* an outcome measure. BOSCC coding is very different and the assessment has to be administered before and after treatment. If you are interested in using the BOSCC as an outcome measure, you can contact us at makingbettermeasures@gmail.com.
 - *Do I need to establish BOSA reliability with other members on our team?*
 - We think that's a great idea to have two (or more) observers score the same BOSA to establish reliability — but it's not a requirement if you're just using the BOSA clinically. If you are planning to use the BOSA for research purposes, however, then we would recommend that you do establish reliability amongst your team.
 - *Can I use the BOSA with ICD-10 instead of DSM-5 criteria?*
 - Currently the BOSA has been developed to be used with DSM-5 criteria. We are open to adaptations using ICD-10 criteria. Please contact us if you are interested in working on this!
 - *How do I share the BOSA data I've collected at my clinic or institution?*
 - We would love it if you would want to share your de-identified BOSA data with us! There is a space for you to indicate this on the permission form. You can also reach out to us at makingbettermeasures@gmail.com.