

GLOSSARY of FAMILIAR TERMS

UNDERSTANDING YOUR ADOS/BOSA REPORT

WORD	DEFINITION
Autistic Spectrum Disorder	<p>Autism Spectrum Disorder (ASD) is a “developmental disorder that affects communication and behaviour”. Although autism can be diagnosed at any age, it is said to be a “developmental disorder” because symptoms generally appear in the first two years of life according to the governing document (Diagnostic and Statistical Manual of Mental Disorders (DSM-5))</p> <p><i>(some groups like the term Autistic Spectrum Condition – but as we are governed by the DSM-5 we use the term Autistic Spectrum Disorder.)</i></p>
ADOS	Autism Diagnostic Observation Schedule which is an assessment for Autistic Spectrum Disorder
BOSA	<p>Brief Observation of Symptoms of Autism which is an assessment for Autistic Spectrum Disorder</p> <p>(The BOSA is used instead of the ADOS during the COVID pandemic as it can be used whilst maintain social distance.)</p>
Module	<p>Module is the term we use for the type of assessment that we have chosen for your child. We choose the module that we believe is best suited for your child based on their age and also their communication level. In the ADOS assessment modules are numbered 1-4. In the BOSA assessment, they are referred to as:</p> <p>MV which is minimally verbal. PSYF which is Phrase Speech Young Fluent F1 which stands for Fluent and is for children aged 6-10 and F2 which stands for Fluent and is for children aged 11 and above.</p>
Language and communication	<p>In this paragraph we describe your child’s ability to communicate both verbally (using words) and non-verbally (by using gestures or taking the adults hand and guiding them to what they want.</p> <p>We might comment on the nature of your child’s voice or if they use speech in a repetitive way.</p>
Conversation	<p>We also talk about the child’s ability to hold a conversation and this is sometimes measured by the number of back and forth sequences to make up a conversation. For example, the examiner asks a question, the child replies leading the examiner to making a comment, and then the child replies again.</p> <p>Sometimes conversation is one-sided or limited or breaks off suddenly and we might make comments on this.</p>

<p>Stereotypical statements</p>	<p>These are unusual phrases or sentences. Sometimes children use phrases or statements that they have learned out of context which can then seem unusual. Or they can use phrases that can make them seem older than their years.</p>
<p>Idiosyncratic statements</p>	<p>These are statements that the child uses standard words or phrases that are individual to them and they use them in an unusual, but meaningful way.</p>
<p>Gestures</p>	<p>Some children with autism do not use gestures in their communication. There are several different types of gestures and in the ADOS/BOSA we look for “descriptive” gestures which are when a child will use their hands or arms to help describe something. For example: they may put their hands up high to say something as being is tall, or they might hold their hands out wide to show how big something is.</p> <p>Often in the ADOS/BOSA test, we will ask a child to demonstrate how to clean their teeth and this part of the assessment is particularly looking at how they use gestures to help their explanation.</p> <p>We also look for emphatic gestures which are when children use the gestures to provide emphasis, or to break up their sentences as they speak. These are often small movements of the hands going up and down.</p>
<p>Reciprocal social interaction</p>	<p>This paragraph describes how the child is able to demonstrate the ability to understand social situations and share social situations. In this paragraph we describe the child’s use of eye contact, their ability to understand their emotions and relationships. We also describe their social overtures, social responses and social reciprocity. (see below for further explanation)</p>
<p>Eye contact</p>	<p>In the assessment we look specifically how the child uses eye contact to start, regulate and finish their conversations. We are looking at the quality of their eye contact and whether they are able to sustain this during the assessment.</p>
<p>Understanding relationships and emotions</p>	<p>In this paragraph, we are describing the child’s ability to understand how they fit into relationships. We will frequently ask them questions about their friendships and how they understand being a friend. We’re not just looking at what they say, but how they are replying to that question and whether they have real understanding of the concepts involved. For some of the older children, we will be asking them about why people get married, or have a partner when they are older to help us to see whether they understand adult relationships.</p> <p>We also talk to the child about their emotions and we often ask children about what makes them happy, what makes them sad, angry or annoyed. These can be areas that children with Autistic Spectrum Disorder can find difficult to understand or negotiate.</p>
<p>Social overtures and social responses</p>	<p>A social overture is when a child starts a conversation or asks a question to somebody else. Some autistic children find making a social overture very difficult. Other autistic children can find the</p>

	<p>social overture easy to do, but they do it in a way that is different to others and we are looking for both of these things.</p> <p>Social responses is how the child responds to an overture made by somebody else. Sometimes children with autism find responding to social situations very difficult and will often reply in a very minimal way. Sometimes children with autism will reply with overlong and complicated answers. We will be looking for this in the assessment.</p>
Social reciprocity	<p>Social reciprocity is the ability of the child to sustain a meaningful social interaction. We are looking for how the child is able to sustain conversation and whether this is meaningful, or whether they need a lot of help from the other person in order to keep the conversation going. We will often describe this as being natural or comfortable or awkward or one sided.</p>
Imagination	<p>In this paragraph we describe the child's ability to be able to imagine different situations. In the BOSA we ask questions and we are looking to see whether they are able to use their imagination to give an imaginative answer and some children with autism find this very difficult to do. For some of the younger children we look at the child's ability to play and their ability to pretend with toys, and also their ability to be flexible in their play and imagine toys to be something different. For example using a spanner to be a spoon in pretend play.</p>
Stereotypical behaviours and restricted interests	<p>In this paragraph we describe whether we have seen any behaviour that we consider to be unusual and "stereotypical" i.e. often seen in children with autism. Some of the behaviours that we might see refer to a sensory interest i.e. sniffing, licking or looking in a particular way towards objects. We are also looking to see how the child uses their hands or arms to show their excitement. Some children might flap or wave their arms or clap their hands.</p> <p>We are also looking to see whether the child has demonstrated any areas of restricted interests. So if your child has spoken on several occasions about their love of Disney princesses, this might be evidence of restricted interest and we comment on this in this paragraph. Some children might show a particular preference for one certain toy and find it hard to leave it alone in the assessment and we will comment on this in this paragraph.</p>
Any other behaviours	<p>This paragraph enables us to comment if we have seen any other behaviours that we think that the doctor should know about. For example, we would talk about whether the child is very overactive or if they appear to be very anxious, which might mean that they have issues with some of their emotional health and wellbeing. If we see anything else abnormal, we will comment on this in this paragraph.</p>
Summary	<p>This is the paragraph where we try and bring everything together and give an impression of what we have seen during the assessment. Each child with autism presents very differently and we are only able to comment on what we have seen in the assessment alone. The idea of the summary is to give the paediatrician a sense</p>

	<p>of what we have seen and what we feel about the child's strengths and difficulties and the extent of the difficulties that they have.</p>
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	<p>Please don't worry if your child didn't say something that you wished they had said or if they didn't show behaviours that you wanted someone to see. You will have plenty of opportunity to tell the doctor about things that concern you and the doctor will be very keen to hear your views.</p>
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