



# Signposts

for building better behaviour

## Autism Spectrum Disorders

### *Parent Notes*

#### **Contents**

Introduction

Module 1 Measuring your child's behaviour

Module 2 Systematic use of daily interactions

Module 3 Replacing difficult behaviour with useful behaviour

Module 4 Planning for better behaviour

Module 5 Developing more skills in your child

Your family as a team

Dealing with stress in the family

Resources





Parent Notes

# Introduction

Autism Spectrum Disorders

## Contents

Introduction  
Signposts and autism materials  
About autism spectrum disorder  
Your autism homework  
Understanding difficult behaviour  
How Signposts helps



# In brief

This Introduction booklet is for parents and carers of children who have autism spectrum disorders. It is intended to replace the generic Signposts Introduction booklet. All other Parent Notes are supplementary to the generic *Signposts for building better behaviour* parent program.

The information in this Introduction will help you to understand more about what an autism spectrum disorder is, and why your child's behaviours may be so difficult and puzzling at times.

Except where necessary, we will use 'autism' to refer to all children with an autism spectrum disorder. We will also refer to children as boys, not because girls don't have autism, but because many more boys do have autism, so it is easier to just use 'he' or 'his'.

We also explain the Signposts program and how the information relates to children with autism.

# Signposts and autism materials

*Signposts for building better behaviour* was developed to help parents of children who have an intellectual disability and who also develop difficult behaviours. Although intellectual disability and autism are very different, the Signposts program is useful for any child with difficult behaviours.

The autism materials are supplementary resources to be used with the *Signposts for building better behaviour* workbook, modules 1–5 and other resources. These extra resources will help you understand how autism may affect behaviour and will provide useful management strategies.

## Legend for Signposts autism icons



When you see this sticker in generic modules or workbook refer to autism parent notes.



Turn to generic workbook and complete exercises



Return to generic module to continue

It is important for families of children with autism to work through all the Signposts Modules, including *Dealing with stress in the family* and *Your family as a team*.

Because all families are different, the relevance of each module will vary. By working through all the modules you will be able to decide which strategies work best for your child and family and draw up a comprehensive plan of action.

Some families will see changes in their child's behaviour after they have implemented Module 2; others will need to work through all the modules before significant changes are seen. Even if changes are seen early on, we recommend Module 5 as it focuses on preventing further difficult behaviour developing.

*Dealing with stress in your family* and *Your family as a team* are not optional when families have a child with autism. Research has shown that families of children with autism frequently experience very high levels of stress, so it is important to work through these two modules.

## Using the Modules

Read through and refer back to the autism supplementary materials for each module, complete the exercises and watch the DVD as you go.

## The Workbook

The workbook contains exercises to help families practise what is discussed in the modules as well as homework to complete before moving on to the next module. Instructions about when to use the Workbook are written in the modules.

## The DVD

The DVD is made up of a number of scenes that show examples of the skills taught in each module. It illustrates how to implement basic principles, skills and strategies; throughout the training, you will be instructed when to view specific scenes in the DVD. The Parent Notes will also provide information about how to apply the skills demonstrated in the DVD to a family managing a child with autism.

## Module sticker placement

One of first things you will do in the Signposts program will be to attach autism stickers (see Resources) in your generic Signposts booklets. The stickers will refer you to the supplementary autism materials when the strategies discussed in the generic material need to be modified to suit the learning needs of a child with autism.

Place the stickers in the pages indicated in the chart below and tick the boxes as you complete this part of setting up. Also, put an autism sticker on the cover of each generic module so you know which one has been linked to the supplementary materials.

### Module 1 - Measuring your child's behaviour

Page	Sticker placement	Completed
13	Homework	

### Module 2 - Systematic use of daily interactions

Page	Sticker placement	Completed
1	Overview	
2	Identifying the skills strengths of your child	
5	Understanding the effects of triggers and consequences	
9	Using triggers and consequences to build on your child's strengths	
11	Weakening undesirable behaviours	
13	How to give your child effective instructions	
14	Planning your instructions	
17	Setting up household rules	



### Module 3 – Replacing difficult behaviour with useful behaviour

Page	Sticker placement	Completed
2	Purposes of difficult behaviour	
12	Encouraging alternative behaviour	
16	Using time out	

### Module 4 – Planning for better behaviour

Page	Sticker placement	Completed
2	Planning daily routines	
5	Planning for high-risk times	
6	Planned activities routines	
6	Developing a planned activities routine	

### Module 5 – Developing more skills in your child

Page	Sticker placement	Completed
1	Overview	
3	Teaching your child new skills	
12	Your child at school	

# About autism spectrum disorder

## What is an autism spectrum disorder?

The term 'autism spectrum disorder' generally refers to three disorders:

- Autism
- Asperger's disorder (also called Asperger syndrome)
- Pervasive developmental disorder not otherwise specified (usually called PDDNOS for short).

There are more boys than girls with an autism spectrum disorder. There are about three to four more boys than girls with autism, and we think an even higher ratio of boys have Asperger's disorder than girls.

Autism spectrum disorders are present from very early in life (probably from birth) and affect three major areas of children's development:

- social interaction (e.g. lack of interest in other people, understanding of other people's behaviour, friends)
- communication (no speech, little speech, talks but has trouble with conversation)
- behaviour (repetitive and stereotyped behaviour, interests and activities)

Children with autism are affected significantly in all these areas. Many do not learn to speak. Most children with autism have an intellectual disability. About 20–30 per cent of children with autism do not have an intellectual disability and these children are usually referred to as having high-functioning autism.

Children with Asperger's disorder are affected in their social interaction and behaviour and the social use of language (e.g. knowing how to have a to-and-fro conversation), but their language development (speaking) is not significantly delayed. Generally these children do not have an intellectual disability. Occasionally children with a mild intellectual disability may be diagnosed with Asperger's disorder.

Children with PDDNOS are also affected in these areas. They have significantly affected social interaction associated with less severe communication or behaviour difficulties, thus they do not meet the diagnostic criteria for autism or Asperger's disorder. They may or may not have an intellectual disability.

There is no simple 'test' for an autism spectrum disorder. It is currently diagnosed using the specific criteria set out in the 'Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision', better known as DSM-IV-TR. Generally to

make a diagnosis, the child's development from infancy is considered, his language skills and his level of intelligence or developmental level are assessed and his behaviour is observed.

## Social interaction

Imagine that you have trouble 'reading' other people's behaviour. 'Reading' the behaviour of others is something that we do all the time. We take in information about a situation, where the person is, what they are doing, what others are doing. We look at people's facial expressions and body language and we listen to what they say. We use all this information to assign reasons to people's actions, to decide how people are feeling and to predict what they might do next.

We are not always right when we try and make sense of other people's behaviour, but we are right often enough to make this a useful way of working out our social world. We begin to learn the skills necessary to do this from infancy when we first begin to watch what is happening around us, and engage others by looking, smiling and gurgling at them. These skills continue to develop throughout childhood. Some people have more social skills than others, but imagine if these skills fail to develop or only develop in a basic way, and that most of the skills one does have, have to be taught, step-by-step for different situations and memorised.

Children with autism don't automatically learn the social skills mentioned above. Children with an autism spectrum disorder all have difficulties with social interaction. How these difficulties show themselves depends on:

- the age of the child
- the child's communication or language development
- the child's degree of developmental delay.

Young children with autism generally don't make eye contact or only make fleeting eye contact with other children and adults. They don't point out or share interesting things in their environment. They don't bring toys or other objects of interest to share with others and they generally show little interest in people including what other children and adults are doing. Young children don't generally take part in simple social games like peek-a-boo.

If children do not learn to talk or have poor language skills and are more developmentally delayed, they continue to show these behaviours. They mostly show interest in others when they need something. They have difficulty understanding other

people's behaviour and in predicting what other people might know or do and are generally happy to 'play' on their own.

Children with autism and good language skills still fail to understand other people's behaviour and do not usually share new and interesting activities or accomplishments with other people. They may be interested in other children, and may watch them, but they have difficulty understanding how to join in games. If they do join in with other children, they may want to direct the play 'their way', or they may fail to follow rapidly changing rules and sequences in a game. Their eye contact can sometimes still be poor.

Children with autism have difficulty understanding other people's emotions and also their own emotions and they appear to lack empathy. For example, they may ignore another child if she is hurt or 'explode' for no obvious reason. They may laugh or cry inappropriately or for no apparent reason. Many parents tell us that they think their child does not really understand emotions.

Because of these difficulties with social interactions and social understanding, children with autism have difficulty making friends and getting on with their peers. Some children are simply not interested in making friends while others want friends but don't know how to go about it. When children with autism do have a good friend, it is usually based around some common activity that they both enjoy, like playing computer games.

Play in children with autism can be repetitive and lack imagination. Some children may be happy to sit for a long time in a sandpit for example, tipping sand from a bucket and watching it fall. Older or more able children may play games like having a dolls' tea party or playing with Thomas the Tank Engine and friends, but on close observation their games are repetitive – that is, the child does not vary the 'script' and may get angry or upset if others try to do so. Lack of imagination is also related to the children's language difficulties.

## Talking and communication

Talking is not really the same as communicating. Think what happens when you meet someone who does not speak your language: you can still understand each other at a simple level even though you can't talk to each other. You gesture, make faces and repeat simple words. You have lots of ways of communicating with your body as well as with words. People who are deaf often do not speak but they communicate with a different form of language – signs.

Communication is a major problem for children with autism, even those children who can speak well have subtle problems communicating with others and understanding others' communication. They have difficulty not just with language, but with non-verbal communication like gestures and 'reading' people's facial expressions.

About half of children with autism fail to talk and, for the rest, language development is delayed to varying degrees. Children who do not talk can learn to use various forms of picture cues and cards to indicate what they want, for example, pointing to a picture of a drink when they want one. They can also learn simple signs.

Children may begin to label common objects in their environment, especially ones that are useful or interesting to them. Sometimes they may have their own special names for objects (for example one child was reported to call saucepans 'Peter eaters').

Children with autism often use echolalia, that is, they parrot back what others say to them. For example you say 'Hello Sam' and the child replies 'Hello Sam'. They may have trouble using pronouns, such as saying 'You want a drink' to mean that they want a drink.

Children who learn to speak well may take what people say literally, for example if you say, 'It's raining cats and dogs.' the child may rush to the window expecting to see cats and dogs falling from the sky, or may be upset at the thought of cats and dogs raining down. These children will also have trouble with jokes, and prefer obvious and slapstick humour.

Children with Asperger's disorder learn to speak well at the expected age, but have more subtle difficulties with communication – carrying out a to-and-fro conversation, understanding how to change the topic of conversation, or knowing when someone is bored. They often seem to talk to tell you about their favourite interest (like makes of cars or names of railway stations) or to get information from you, but rarely to share information and generally never to just have a chat. When they get older and learn to talk well, children with high-functioning autism also have these kinds of conversational difficulties.

As well as trouble with learning to speak and learning to understand the more subtle aspects of language, you may not be surprised to know that children with autism have trouble with using gestures and body language to communicate. For example we teach children to wave goodbye at around one year and they generally catch on pretty quickly, waving goodbye and looking and smiling as they do so. But you generally have to work pretty hard to teach a young child with autism to wave goodbye. Even at three or four years of age or older, the child has to be reminded to wave and often does not turn around to look as they do so.

Young children learn to shake their head for 'yes' or 'no', shrug their shoulders, smile

appropriately to interact with others and point to things of interest. These are all forms of non-verbal communication, and you have probably realised they are related to the social interaction skills that we talked about earlier. Social skills and communication skills are closely tied together and children with autism have difficulty with non-verbal communication like these examples we just mentioned.

## Behaviour

The third area of difficulty for children with autism is behaviour. Imagine if you have difficulty understanding why other people act the way they do and what is happening in your world.

### IN FOCUS

Imagine you can't communicate properly that you are hungry, thirsty, need a rest or feel unwell. What would you do? You would probably use whatever means you had of making a fuss to get someone's attention until that someone figured out what you wanted! If they didn't figure it out, you might throw a tantrum, hit yourself, throw something, do anything to get attention.

If you have trouble working out what is happening around you, you might also like things to be done in the same regular way all the time because then you have some idea what is happening next. You might like collecting things, finding out pieces of information, putting things in order in your room and around the house. Doing these things makes life nice and predictable and you don't have to worry. What if your nice, ordered world changes? Panic! You don't know what is going on, you can't communicate the problem or you can't understand why things have changed so difficult behaviour erupts again.

In fact the trouble that children with autism have understanding other people and communicating with others can make it tricky to work out why a particular difficult behaviour is occurring.

Children with autism show a variety of different kinds of behaviours that are referred to as restricted interests and routines and stereotyped patterns of behaviour. You might have to always go to school by the same route – if you don't, your child will start to scream and cry in the back seat. Your child might want to line up his toys in a certain order. Your child might be interested in collecting odd things, or not so odd things, or may have an amazing interest in makes of cars. If something

happens to his collection or you can't answer his questions about cars, he may become very upset. These behaviours seem to stem from a need for predictability and difficulty understanding and coping with change. Facts and routes are regular and/or predictable; if you go the same way to school every day, you can always be sure where you are going.

You might also see odd behaviours related to motor movements, like jumping up and down, flapping with excitement or pleasure, walking on tiptoes, rocking or pacing. Behaviours such as rocking and pacing are something that we may all do if we are under stress or feeling anxious, and this may also be why children with autism do this. Similarly, young children often jump up and down with excitement. It seems, however, that in autism these types of behaviours are more frequent or extreme and/or are present at ages when they rarely occur in others.

Other behaviours that children with autism often have are sensory sensitivities to sights, sounds and smells and stimuli in their environment. Children with autism seem more susceptible to sensory overload than other children. This may be because they have trouble coping with lots of different information at once. Children with autism tend to have food fads, which may also occur because of the sensory properties of food or because of their desire for predictability and sameness. Other behaviours that are also common include significant sleep problems, especially with settling to sleep and night waking, and being very late to learn to use the toilet. (There are also supplementary toilet learning materials for the Signposts program.)

Most of the behaviours we have considered in this section can also occur in other children, for example in very young children and children with an intellectual disability, and on their own are not sufficient for a diagnosis of autism. Children with autism show several of these behaviours as well as having communication and social deficits.

# Your autism homework

## Identifying autism-related behaviours in your child

Think about your child with autism: his social interaction, communication and behaviour. List two behaviours that you child has which show his:

1.      Difficulty with social interaction

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2.      Problems with communication

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3.      Unusual behaviour

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4.      Choose one of the difficulties or behaviours you have listed above.  
How do you think this could affect your child’s ability to understand what is happening in his world?  
Write your answer below.

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Be prepared to share your answers to this exercise with your Signposts group.



# Understanding difficult behaviour

All children, including children with autism, go through changes in behaviour as they grow and develop. Some of these changes will be positive and bring lots of joy, but other changes will cause concern. Parents may find some behaviours particularly difficult (for example, screaming in public) and might seek assistance, and this is relevant to parents of children with or without autism. The *Signposts for building better behaviour* program and these supplementary materials have been developed to help parents of children with autism to manage their child's difficult behaviour.

## Reasons for difficult behaviour

The reasons for children developing difficult behaviour are complex. Research has shown that at least four things influence the behaviour of humans:

- our long-term physical makeup
- our past learning
- our current physical state
- our current environment.

Our long-term physical makeup refers to all aspects of our physical self. Whether we are male or female, tall or short, or whether we have autism or not affects our behaviour.

Our past learning refers to everything we have learned – the more things we have learned, the more things we can do.

Our current physical state refers to whether we are tired, angry or upset. We know people who are angry might do things they would not normally do. Children are often grumpy and disagreeable when they are tired or unwell. We know also drugs can affect our current physical state and, therefore, our behaviour. People affected by alcohol can do things they would not normally do.

Our current environment refers to all those things that are going on around us, such as whether it is hot or cold, or what people around us are doing or saying. Our behaviour is affected by things such as a friend asking us to do something, or a teacher yelling at us when we have got something wrong.

All these influences affect your child's behaviour. However, some of these influences we can do nothing about. The physiological features that cause autism spectrum disorders, Down syndrome, Lesch-Nyan syndrome, Prader-Willi syndrome or Rett's syndrome cannot simply be removed. What is needed is advice to overcome any problems caused by these features. Signposts aims to provide that advice. What is needed is advice to overcome any problems caused by the features. Signposts aims to provide that advice.

Similarly, you can't change your child's past learning. Sometimes children have learned to behave in ways that are difficult for their parents to manage. However, you can teach your child new skills to replace the undesirable behaviours they have developed. Signposts is designed to help you do that.

Your child's current physical state might contribute to difficult behaviour. If something like lack of sleep is contributing to difficult behaviour, Signposts will help you deal with that situation.

Sometimes difficult behaviours are treated with medication; the aim is to change the child's physical state and, therefore, improve their behaviour. There is some debate about the extent to which medication leads to long-term improvement in children's behaviour. The procedures taught in Signposts do not rely on the use of medication.

The influence of the immediate environment on your child's behaviour is very significant. It is important in affecting immediate behaviour, and in teaching new skills that a child can use in the future. The Signposts materials focus on helping you structure your child's environment to bring out the best in them.

These reasons for difficult behaviour also apply to children with autism, but having autism can put a special twist on them: Their behaviour can be quite puzzling and difficult to understand. Autism is a complex, life-long developmental disability, which impacts on the individual's ability to function appropriately in a wide variety of environments like school, community and family.

## **Difficult behaviour and autism**

As we know, all children can have difficult behaviours. But children with autism have trouble communicating – sometimes they do not talk at all – and they have trouble understanding social interactions that the rest of us take for granted. Even when they do not have an intellectual disability, communication and social skills and social understanding are difficult for them.

Therefore, children with autism often do not understand what is happening. This can lead to difficult behaviour occurring because the child is frightened or anxious, or simply has not understood what you want them to do. Some behaviour is sensory, like stroking and feeling soft and silky hair, and can go on past an age when the behaviour is acceptable. Other difficult behaviour occurs because a regular routine or rule has not been followed. Thus structure for the child with autism is important as it makes the child feel safe; he copes best when his environment is predictable. Structure and routine also help lower anxieties as they also help the child make sense of the world around him.

Children with autism are generally visual learners and tend to learn information in

chunks. Although the teaching process may be slow, once learnt the information will be remembered for a long time. Children with autism have difficulty with abstract thinking so it is important to always be as clear, concise and concrete as possible.

Past learning can be very difficult to undo. We often remember negative experiences more easily than positive experiences and for the child with autism this may impact on their ability to engage in everyday life. For example, a child may suddenly scream at the supermarket for no apparent reason. Perhaps on a past trip to the supermarket the child had an unpleasant experience which he now associates with the supermarket. Children with autism can also be very bound to rules and may establish rigid patterns of behaviour, expecting any routine that has occurred in the past to be repeated exactly the same way again and again.

Sleep problems are very common in children with autism and can affect their current physical state, often resulting in difficult and overactive daytime behaviour.

Children with autism are often very sensitive to the sensory aspects (such as noises and lights) of their current environment and these sensory sensitivities can fluctuate. Children may either under- or overreact to sound, touch, taste, smell, pain, temperature and visual stimuli. An over-reaction to sensory input can cause some children with autism to become overwhelmed or frightened by what they are feeling. It can result in high levels of anxiety or a panic response to the demands of everyday life, such as crowded shopping centres, loud traffic or playgrounds. This can be frustrating as these sensory reactions can vary from day to day and at times the child may over-react to sensory stimuli and then at others times they may under-react to these same stimuli.

Signposts can help you deal with not just 'regular' difficult behaviour, but also those difficult behaviours that seem to be common in children with autism. Most of the ways for helping children with an intellectual disability that are taught in the Signposts Modules will also help children with autism.

There has been much research into the best ways to help children with disabilities and difficult behaviour, including children with autism. It is clear from this research that positive procedures that focus on teaching appropriate ways of behaving are more effective than negative procedures that emphasise punishment. All the Signposts material is based on applied behaviour analysis principles, and these principles have been shown to be one of the most effective ways of teaching children with autism. Thus the Signposts program will assist you as parents to teach your child with autism.

# How Signposts helps

## The Signposts procedures

Signposts is not a 'cookbook' that will tell you in simple terms what to do for each and every possible difficult behaviour your child might display. Human behaviour is too complicated for such an approach. As you proceed through the Signposts modules you will see why we can't say: 'If your child does x, you do y and the behaviour will disappear'.

What you will learn is a set of procedures that will enable you to manage a wide range of difficult behaviours in your child with autism. For each behaviour, you will learn how to develop specific procedures that are designed for the unique needs of your child. You will be equipped, therefore, to deal with current difficult behaviours as well as any new ones that might develop in the future.

There will be many examples of difficult behaviour, including behaviour specific to or more common in autism and we have already talked about behaviour in autism earlier in this Introduction. These examples are based on our collective experience in working with children with autism and their families over many years.

The procedures taught in Signposts are based on rigorous research about effective strategies to help parents manage their child's behaviour, including children with autism. The information relating to children with autism is also based on research about autism and the most effective procedures for teaching children with autism. These procedures have been found to be effective in helping parents to build better behaviours in their children.

The procedures covered in Signposts have also been found to be effective with children of all levels of disability. Like children with an intellectual disability, children with an autism spectrum disorder do not all have the same level of skills. Children who are high-functioning will have more skills than children who are low-functioning, and even within these two groups of children with autism, skill levels will vary. For example, like more severely disabled children with an intellectual disability, lower functioning children with autism are more likely to develop self-injurious behaviours like head-banging. A child with autism can also have splinter skills and may excel in one area but have difficulty in another due to this uneven development. For example a child may be able to read a story but unable to put his jumper on.

The procedures covered in Signposts will also be effective with boys and girls with autism. We have used terms that refer to boys so far in this introduction. However, in the modules you will find both boys and girls referred to. Also, for ease of writing, the word 'child' is used throughout the Signposts materials to refer to any person under 18 years of age. The word adolescent is used when referring only to teenagers and not including younger children.

The procedures used in Signposts are suitable for children and adolescents. The earlier you use the suggested procedures, the better it will be for your family. However, it is important to remember that the procedures do work for children of all ages. It is sometimes hard to deal with difficult behaviour in older children, but it is never too late to start. There are some things to keep in mind when dealing with adolescents. First, parents are dealing with habits that are well established. The adolescents have to learn that old patterns of behaviour, which used to get them what they wanted, no longer work. They have to learn that different, more acceptable behaviour is expected from them. Hence, successfully changing the behaviour of adolescents might take longer. Second, some of the procedures recommended in Signposts need to be changed a little for older children. For example, you will see that we strongly recommend that parents praise their children. Words that you use with a very young child like 'Good boy, John' might need to be changed to something like 'Well done, John' when talking to a teenager.

## **Signposts is a useful family resource**

We all know that family life is complicated and for families with a child with a disability it is even more so. The needs of these families are extensive and include things such as the need for information, service coordination, social and emotional support and respite care.

Assistance in managing difficult behaviour is just one part of this complex set. If the quality of life of the child with a disability and their family is going to be maximised, all of these needs should be addressed. Signposts is a resource for families to use on their own, or with the assistance of a professional, to help ease the pressure and allow them more opportunities to deal with other matters.

Families of children with autism can find life particularly stressful, even compared to some families of children with other developmental disabilities. Just like these other families, the information in Signposts will help families deal with one source of stress (their child's difficult behaviour) leading to more opportunities to deal with other child and family issues.

Signposts is intended to be available to all families of children with autism, and most families will find Signposts and the autism supplementary materials useful to them. Some families may still need to seek additional help from a professional because of the very intense or difficult nature of their child's behaviour.

A list of contacts that you may find useful to assist you and your child with other issues and specific behaviours (e.g. social skills) related to autism spectrum disorders,

## **The impact on other children in the family**

There are two important issues about other children in the family that need to be mentioned here.

First, families that have already used Signposts materials have told us that the strategies worked very well with the other children in their family. Some parents set out to use the strategies with their other children, but for others it was a very pleasing side-effect of using the strategies with their child with an intellectual disability or autism. Many families of children with autism have successfully used the standard Signposts program before these supplementary materials were developed.

Second, when you make changes to the way you manage difficult behaviour, it is very important for everyone dealing with the behaviour to be doing the same thing. Other children in the family will need to know what you are doing. Older children may take an active part in dealing with the difficult behaviour but younger ones may not.

Third, as children with autism have trouble generalising what they have learned to both new people and new situations, it is very important that all members of the family know what to do. This may also include grandparents or other people who have close and regular contact with your child. You need to tell all of them what is happening (in a way appropriate to their age or to their relationship with the child with autism), and what you expect them to do (for example, that they are to ignore tantrums). If everyone involved knows what is expected, they are less likely to accidentally undo your efforts to manage the difficult behaviour.

## **A focus on parents**

You might be wondering why Signposts focuses on what parents can do in managing difficult behaviour of children with autism. Why not the local doctor or perhaps school teachers? Are we blaming parents for the existence of difficult behaviour? No. As mentioned earlier, there are many things that contribute to the development of particular behaviours in children, such as the child's environment, and parents are the key people in determining a child's environment. It is very helpful if teachers, doctors and others can play their part, but parents are at the centre of the action.

One thing that cannot be stressed enough about the role of parents is that as parents you already know a lot about your child and you have a lot of knowledge and skills in relation to managing difficult behaviour. This is very important for children with autism, as the reasons for the difficult behaviour are not always easily understood by others. For example, only a parent may understand that her child is having a tantrum because his favourite Thomas book has been moved from its usual storage place.

Knowledge of this kind forms the basis for an intervention so that your child learns that it is okay for his Thomas book to be moved.

However, parents often get to the point where they need a way to sort out where to go from here. They need assistance in developing a plan of action. Hence, the name of our program: Signposts. The name suggest that parents have all the things necessary to take the journey of managing their child's difficult behaviour; the program provides the signposts to help them get there.

The subtitle 'Building better behaviour' reflects the fact that the general approach to managing difficult behaviour involves the need to teach new behaviours. As you will see as you get into the Signposts materials, the successful management of difficult behaviour does require work from the families. Building new behaviours can take some time, but the end result is worth the effort.