

# Clinical evaluation of SSLD parent capacity building program for parents of children with Autism Spectrum Disorder

<b>Submission date</b>	<b>Recruitment status</b>	<input type="checkbox"/> Prospectively registered
05/01/2018	No longer recruiting	<input checked="" type="checkbox"/> Protocol
<b>Registration date</b>	<b>Overall study status</b>	<input checked="" type="checkbox"/> Statistical analysis plan
29/01/2018	Completed	<input type="checkbox"/> Results
<b>Last Edited</b>	<b>Condition category</b>	<input type="checkbox"/> Individual participant data
27/02/2024	Mental and Behavioural Disorders	<input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

Treating children with Autism Spectrum Disorder (ASD) usually includes using parent training programs and others to facilitate behavioral treatments. A lot of research shows training parents as co-therapists or parent education programs improved outcomes for children with ASD. Although the clinical effectiveness of these specific parenting training programs in treating children with ASD has been well documented, little research has been investigated on the experiences of children with ASD and their parents in a standard parenting programs that designed in vivo (real life) environments. The Strategies and Skills Learning and Development (SSLD) System is an intervention system for bringing about change in human life, including our thinking, action, motivation, emotion, body, as well as our environment and it is also an action-oriented model for enabling clients in social work, health, mental health, and human services settings to address their needs and life goals. SSLD Parent Capacity Building Program for Parents of Children with ASD is designed to equip and empower parents is grounded in real life, involving people in the child's life world (parents, siblings, peers). Through SSLD systematic learning, the child does not only learn specific skills (e.g., eye contact, verbal requests) but also learns how to learn - imitation, observation learning, and symbolically mediated learning. Moreover, the child can master effective agentive, interpersonal and social strategies and skills. These will lead the child to need gratification, displacing the original symptoms (stereotypic repetitive behavior, withdrawal, isolation). The aim of this study is that participants in the SSLD parent capacity building program can lower parenting stress and high parent sense of competence, report less frequent use of dysfunctional discipline strategies, lower child behavior problem and be beneficial.

### Who can participate?

Children aged up to six with ASD and their parents or carers.

### What does the study involve?

Participants are randomly allocated to either being treated or to the waiting list for treatment. Participants undergo the SSLD parent capacity building program which includes eight weekly two hour sessions that includes understanding children with ASD from a SSLD perspective,

observing and making sense of their needs, circumstances, characteristics and capacity, engaging with the children, parent's personal development and self-care and preparing children for active learning and enhancing the children's learning and development. Parenting stress, satisfaction and style is measured after four months.

**What are the possible benefits and risks of participating?**

The participants are able to know the reasons (needs) behind the problematic behaviors of the children. They can develop tailor-made strategies and skills, in a team, to meet the needs of the children. In the process, participants work with the children in real life environment and they can master the strategies and skills easily. Besides, parents participants can examine their own needs as the role of parents. They can then choose appropriate strategies and skills to meet their own needs. Parenting stress decreases and Parent sense of competence increases. The intervention is regarded safe and no side effect has been reported. However, if there is emotional upset or any other adverse reaction, the intervention will be stopped and referred the participant to the social worker for follow-up. The participant may choose to continue or withdraw from the next intervention session. The questions being asked during data collection are neutral and should not arouse any negative feeling. However, if emotional upset is observed, the researcher will try to comfort the participant and refer to the social worker immediately.

**Where is the study run from?**

This study is being run by the Hong Kong Christian Service (China) and takes place in Early Education and Training Centre in China.

**When is the study starting and how long is it expected to run for?**

June 2017 to December 2020

**Who is funding the study?**

Hong Kong Christian Service (China)

**Who is the main contact?**

Mr Hin Ching Hung (Public)

[hunghinching@hkcs.email](mailto:hunghinching@hkcs.email)

## Contact information

**Type(s)**

Public

**Contact name**

Mr Hin Ching Hung

**Contact details**

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Chai Wan  
Hong Kong  
China  
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# Additional identifiers

## Protocol serial number

HSEARS20171023003

# Study information

## Scientific Title

A randomized controlled trial evaluating SSLD parent capacity building program for parents of children with Autism Spectrum Disorder

## Study objectives

1. Participants the SSLD Parent Capacity Building Program would report lower parenting stress and higher parent sense of competence at post-intervention as the parents acquired positive parenting skills, compared with the control group.
2. Participants in SSLD Parent Capacity Building Program would report less frequent use of dysfunctional discipline strategies at post-intervention, compared with the control group.
3. Participants in the SSLD Parent Capacity Building Program would report lower child behavior problems at post-intervention, compared with the control group.
4. The aforementioned short term benefits would be maintained in the longer term (4 month follow-up).

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Departmental Research Committee, Department of Applied Social Sciences, The Hong Kong Polytechnic University, 23/10/2017, ref: HSEARS20171023003

## Study design

Randomised controlled trial design employing a mixed within-between-subjects design and a wait-list control group

## Primary study design

Interventional

## Study type(s)

Treatment

## Health condition(s) or problem(s) studied

Autistic Spectrum Disorder and Development Delay

## Interventions

SSLD Parent Capacity Building Program: Parents/Caregivers in the treatment group are provided with eight weekly sessions of training. Each session lasts approximately two hours. The detailed agenda of each session are given as follows. This intervention programme has five key components:

1. Understanding children with ASD from an SSLD perspective
2. Observing and making sense through assessment of needs, circumstances, characteristics, and capacity (N3C)

3. Engaging with the children in real life practice by applying the principles and methods learned
4. Parents' personal development and self-care (e.g. parent support; respite; self-care, personal growth, and quality of life enhancement; specialized counseling programs if indicated)
5. Preparing the child for active learning and enhancing the child's learning and development of strategies and skills.

Simple randomisation is achieved by assigning the random numbers from random number tables to the treatment (odd number) and wait-list groups (even number).

#### Session Objectives & Content

##### Session 1:

1. Individual pre-group session
2. Individualized goal setting and learning and development plan for each parent-child dyad or group (when both parents are participating)

##### Session 2:

1. Introduction to the Strategies and skills learning and development (SSLD) System and Conceptualization with Problem Translation
2. Understanding the relationship between child's problem and parents' need
3. Problems understood in terms of unmet needs, as well as the circumstances, characteristics, and capacity (N3C) of the child

##### Session 3:

1. Conceptualization (Problem Translation):
2. Understanding the parents' need
3. Problems understood in terms of unmet needs, as well as the circumstances, characteristics, and capacity (N3C) of the parents

##### Session 4:

1. Learning respectful listening
2. Consolidation of strategies and skills learning
3. 1.5-2 hour real life practice
4. Learning specific skills to bring about desired change through:
  - 4.1. Actual hands-on practice learning with own child and/or other people's children;
  - 4.2. Coaching by professional trainers;
  - 4.3. Audio-visual recording and feedback;
  - 4.4. Peer learning support,
  - 4.5. Homework exercises and real-life learning;

##### Session 5:

1. Learning strategies to increase positive behaviors: praise and rewards
2. Consolidation of strategies and skills learning

##### Session 6:

1. Learning communication skills and giving effective instructions (eye contact, distance and emotion)
2. Consolidation of strategies and skills learning
3. 1.5-2 hour real life practice
4. Learning specific skills to bring about desired change through:
  - 4.1. Actual hands-on practice learning with own child and/or other people's children
  - 4.2. Coaching by professional trainers
  - 4.3. Audio-visual recording and feedback

#### 4.4. Peer learning support

#### 4.5. Homework exercises and real-life learning;

#### Session 7:

1. Personal development and self-care
2. Consolidation of strategies and skills learning
3. Ongoing review and monitoring

#### Session 8:

1. Closure: Synthesis of skills and strategies
2. Skill integration and self-reflection sharing

#### SSLD:

The Strategies and Skills Learning and Development (SSLD) System is an intervention system for bringing about change in human life, including our thinking, action, motivation, emotion, body, as well as our environment and it is also an action-oriented model for enabling clients in social work, health, mental health, and human services settings to address their needs and life goals. It is developed by Professor Ka Tat Tsang of the University of Toronto, and first named in 2005, based on over three decades of research and practice experience in social work, clinical psychology, and different areas of human services. SSLD as a comprehensive model for practice in psychosocial service has been successfully applied in many domains, such as senior service, immigrants and refugees, settlement practice, sexuality and intimacy. SSLD Parent Capacity Building Program for Parents of Children with ASD designed to equip and empower parents is grounded in real life, involving people in the child's life world (parents, siblings, peers). From the SSLD perspective, the child with ASD is unable to process information effectively due to neurological impairment, especially complex and multi-modal interpersonal signals (biology and cognition). The autistic child's inability to decipher and process information leads to feelings of being overwhelmed, perplexed, confused, and anxious (emotion). The child with ASD will adopt withdrawal or disengagement as strategies for avoiding negative emotional experience (motivation and behavior). While other children can gratify various needs through social interaction, children with ASD have to use other means such as auto-stimulation, control and manipulating objects, maintaining rigid order/pattern (motivation, behavior, environment). Through SSLD systematic learning, the child does not only learn specific skills (e.g., eye contact, verbal requests) but also learns how to learn - imitation, observation learning, and symbolically mediated learning. Moreover, the child can master effective agentive, interpersonal and social strategies and skills. These will lead the child to need gratification, displacing the original symptoms (stereotypic repetitive behavior, withdrawal, isolation).

#### Intervention Type

Behavioural

#### Primary outcome(s)

1. Parenting stress is measured using the Parenting Stress Index/Short Form (PSI/SF) at baseline, post treatment and four month follow up
2. Parental satisfaction is measured using parenting sense of competence (PSOC) at baseline, post treatment and four months follow up
3. Parenting style is measured using the parenting scale (PS) at baseline, post-treatment and four months follow up

#### Key secondary outcome(s)

1. Parent-child interaction is measured using video coding at baseline and post-treatment:
  - 1.1. Communication acts: verbal and non-verbal behaviours that have communicative intent or form part of a communication act
  - 1.2. Asynchronous parental communication: responses aimed at redirecting, controlling or making demands on the child to respond
  - 1.3. Synchronous parental communication: comments, statements, acknowledgments or social interaction, which maintained the child's responses
  - 1.4. Semantic contingency: verbal responses related in meaning to the child's previous verbal or non-verbal topic
  - 1.5. Shared attention: episodes in which the parent and child shared attentional focus
2. Child social cognition is measured using the Hong Kong Comprehensive Assessment Scales for Preschool Children (HKCAS-P) Social Cognition Scale-validated for Hong Kong Chinese) at baseline, post-treatment and four months

**Completion date**

31/12/2020

## Eligibility

**Key inclusion criteria**

1. Parents/carers of Children with ASD/Developmental Delay under the program
2. Children from birth to 6 years of (1) above and diagnosed with ASD/Developmental Delay (All cases are from Subsystem for Disabled Pre-schoolers, Central Referral System for Rehabilitation Services, Social Welfare Department of Hong Kong Special Administrative Region Government).

**Participant type(s)**

Mixed

**Healthy volunteers allowed**

No

**Age group**

Mixed

**Sex**

All

**Total final enrolment**

115

**Key exclusion criteria**

Parents/carers who have joined the SSDL related program.

**Date of first enrolment**

20/11/2017

**Date of final enrolment**

09/12/2017

# Locations

## Countries of recruitment

China

Hong Kong

## Study participating centre

### **Wan Tsui Early Education and Training Centre**

Hong Kong Christian Service

102-107, G/F

Fook Tsui House

Wan Tsui Estate

Chai Wan

Hong Kong

China

NIL

## Study participating centre

### **Choi Wan Early Education and Training Centre,**

Hong Kong Christian Service

G/F., Choi Wan Community Center

Choi Wan Estate

38 Choi Fung Path

Kowloon

Hong Kong

China

NIL

## Study participating centre

### **Tuen Mun Early Education and Training Centre**

Hong Kong Christian Service

1/F., 201 Castle Peak Road, Tuen Mun

Hong Kong

China

NIL

## Study participating centre

### **Yuen Long Early Education and Training Centre**

Hong Kong Christian Service

207-210 Pik Shui House

Shui Bin Wai Estate

Yuen Long

Hong Kong  
China  
NIL

**Study participating centre**

**Kwai Hing Early Education and Training Centre**

Hong Kong Christian Service  
G/F., Hing Fok House  
Kwai Hing Estate  
Kwai Chung  
Hong Kong  
China  
NIL

**Study participating centre**

**Cheung Wah Child Care Centre**

Hong Kong Christian Service  
Wing A, G/F, Cheung Chi House  
Cheung Wah Estate  
Fanling  
Hong Kong  
China  
NIL

**Study participating centre**

**Morrison Hill Child Development Centre**  
Hong Kong Christian Service  
1/F., Community Ambulatory Care Centre  
Tang Shiu Kin Hospital  
282 Queen's Road East  
Wan Chai  
Hong Kong  
China  
NIL

## **Sponsor information**

**Organisation**  
University of Toronto

**ROR**

## Organisation

The Hong Kong Polytechnic University

## Funder(s)

### Funder type

Charity

### Funder Name

Hong Kong Christian Service

## Results and Publications

### Individual participant data (IPD) sharing plan

Current IPD sharing statement as of 14/02/2023:

The datasets generated during and/or analysed during the current study are not expected to be made available due to ethical considerations.

Previous IPD sharing statement:

The datasets generated during and/or analysed during the current study are/will be available upon request from Joseph HUNG H C at [wteetc-suh@hkcs-sys.org](mailto:wteetc-suh@hkcs-sys.org)

### IPD sharing plan summary

Not expected to be made available

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes
<a href="#">Protocol file</a>		14/02/2023	No		No
<a href="#">Statistical Analysis Plan</a>		20/02/2023	No		No