



建立家中及遊戲常規

世界衛生組織親子技巧訓練課程 2022年國際版簡介會



2025年4月11日 (五)



下午2:30 - 4:00

語言

粵語

對象

關注兒童自閉症譜系障礙、發展遲緩及家庭支援的人士

講者

黃蔚澄 教授

「賽馬會喜伴同行計劃」
項目總監

香港大學社會工作及社會行政學系副教授
臨床心理學家

王學雯 女士

「賽馬會喜伴同行計劃」
研究項目經理

世界衛生組織親子技巧
訓練課程導師





策劃及捐助：



香港賽馬會慈善信託基金
The Hong Kong Jockey Club
Charities Trust



內容

1. 介紹「賽馬會喜伴同行計劃」、活動及網上資源
2. 簡介世界衛生組織親子技巧訓練課程
 1. 最新的課程設計及教材運用
 2. 家長小組及家訪的雙軌學習模式
 3. 家中及遊戲常規的建立及運用



- 2015年由香港賽馬會慈善信託基金策劃及捐助
- 回應主流中小學的自閉症譜系障礙學生數目持續上升
- 推行「家、社、教」服務模式



香港賽馬會慈善信託基金
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Charities Trust



自閉症譜系的普遍性

美國疾病控制及預防中心

- 在8歲的孩子中，自閉症譜系的比例為 1/36

 An official website of the United States government Here's how you know



Morbidity and Mortality Weekly Report (MMWR)

Search



Prevalence and Characteristics of Autism Spectrum Disorder Among Children Aged 8 Years — Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2020

Surveillance Summaries / March 24, 2023 / 72(2);1–14

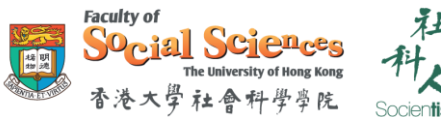
[Print](#)

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CDC : https://www.cdc.gov/mmwr/volumes/72/ss/ss7202a1.htm?s_cid=ss7202a1_w



自閉症譜系的普遍性



RESEARCH

Open Access

The global prevalence of autism spectrum disorder: a comprehensive systematic review and meta-analysis

Nader Salari¹, Shabnam Rasoulpoor², Shna Rasoulpoor³, Shamarina Shohaimi⁴, Sima Jafarpour⁵, Nasrin Abdoli⁶, Behnam Khaledi-Paveh⁷ and Masoud Mohammadi^{8*}



Abstract

Background: Autism spectrum disorder (ASD) is one of the serious developmental disorders that is usually diagnosed below the age of three years. Although the severity of the disease's symptoms varies from patient to patient, the ability to communicate with others is affected in all forms of ASD. This study aimed to determine the prevalence of ASD in high-risk groups by continent.

Methods: The present study was conducted by systematic review and meta-analysis from 2008 to July 2021. Databases such as Science Direct, PubMed, Scopus, SID, Magiran, Web of Science (WoS), and Google Scholar from 2008 to July 2021 were searched to find related studies. Data were analysed using Comprehensive Meta-Analysis software (Version 2).

Results: A total of 74 studies with 30,212,757 participants were included in this study. The prevalence of ASD in the world was 0.6% (95% confidence interval: 0.4–1%). Subgroup analyses indicated that the prevalence of ASD in Asia, America, Europe, Africa and Australia was 0.4% (95% CI: 0.1–1), 1% (95% CI: 0.8–1.1), 0.5% (95% CI: 0.2–1), 1% (95% CI: 0.3–3.1), 1.7% (95% CI: 0.5–6.1) respectively.

Conclusion: ASD imposes a heavy health burden on communities around the world. Early detection of ASD can reduce the incidence of developmental disorders and improve patients' communication skills. Therefore, health policymakers need to be aware of the prevalence and increasing trend of ASD to implement appropriate planning and interventions to reduce its consequences.

Keywords: ASD, Autism spectrum disorder, Prevalence, systematic review, meta-analysis

整合 2008-2021 的研究數據

地方	人口比例	每1000人
全球	0.6%	6
亞洲	0.4%	4
美國	1%	10
歐洲	0.5%	5
非洲	1%	10
澳洲	1.7%	17



自閉症譜系的普遍性



Review

Epidemiology of Autism Spectrum Disorders: A Review of Worldwide Prevalence Estimates Since 2014

Flavia Chiarotti *  and Aldina Venerosi *

Reference Center for the Behavioural Sciences and Mental Health, Italian National Institute of Health,
00161 Rome, Italy

* Correspondence: flavia.chiarotti@iss.it (F.C.); aldina.venerosi@iss.it (A.V.)

Received: 29 March 2020; Accepted: 21 April 2020; Published: 1 May 2020



Abstract: The prevalence of Autism Spectrum Disorder (ASD) has increased dramatically in recent decades, supporting the claim of an autism epidemic. Systematic monitoring of ASD allows estimating prevalence and identifying potential sources of variation over time and geographical areas. At present, ASD prevalence estimates are available worldwide, coming either from surveillance systems using existing health and educational databases or from population studies specifically performed. In the present article, we present a review of the ASD prevalence estimates published since 2014. Data confirm a high variability in prevalence across the world, likely due to methodological differences in case detection, and the consistent increase of prevalence estimates within each geographical area.

Keywords: prevalence estimate; autism; predictors; surveillance review

- 數據會因研究對象及診斷方法的差異而有不同
- 共同之處是每一個地方的自閉症譜系比例也持續上升



本港數字 (2020年)

人數

每 1,000人

自閉症譜系障礙

22,400



特殊學習困難

35,400



有注意力不足／過度活 躍症

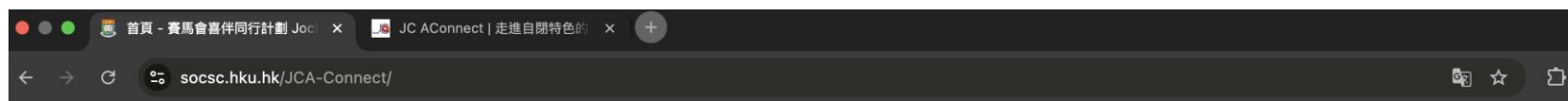
38,200



香港政府統計處「從綜合住戶統計調查搜集所得的社會資料：專題報告書 - 第63號報告書- 殘疾人士及長期病患者」
Hong Kong Census and Statistics Department. Special Topics Report No.63 : Persons with disabilities and chronic diseases,
2021.

賽馬會喜伴同行計劃（學校支援）團隊

項目總監：王潔瑩博士



策劃及捐助 Initiated and Funded by



主辦院校 Host Institution



關於我們

照顧者支援

公眾教育

專業知識

家長專區

成果效益

資源

賽馬會喜伴同行計劃 走進自閉特色的世界

網上學習平台

策劃及捐助



香港賽馬會慈善信託基金

主辦院校



請選擇你進入 「自閉特色」世界的身分

家長/照顧者

自閉特色孩子的家人、照顧者，及他們身邊的同行者

啟程

專業同工

有支援自閉特色學生的教師、輔導人員及相關專業同工

啟程

大眾

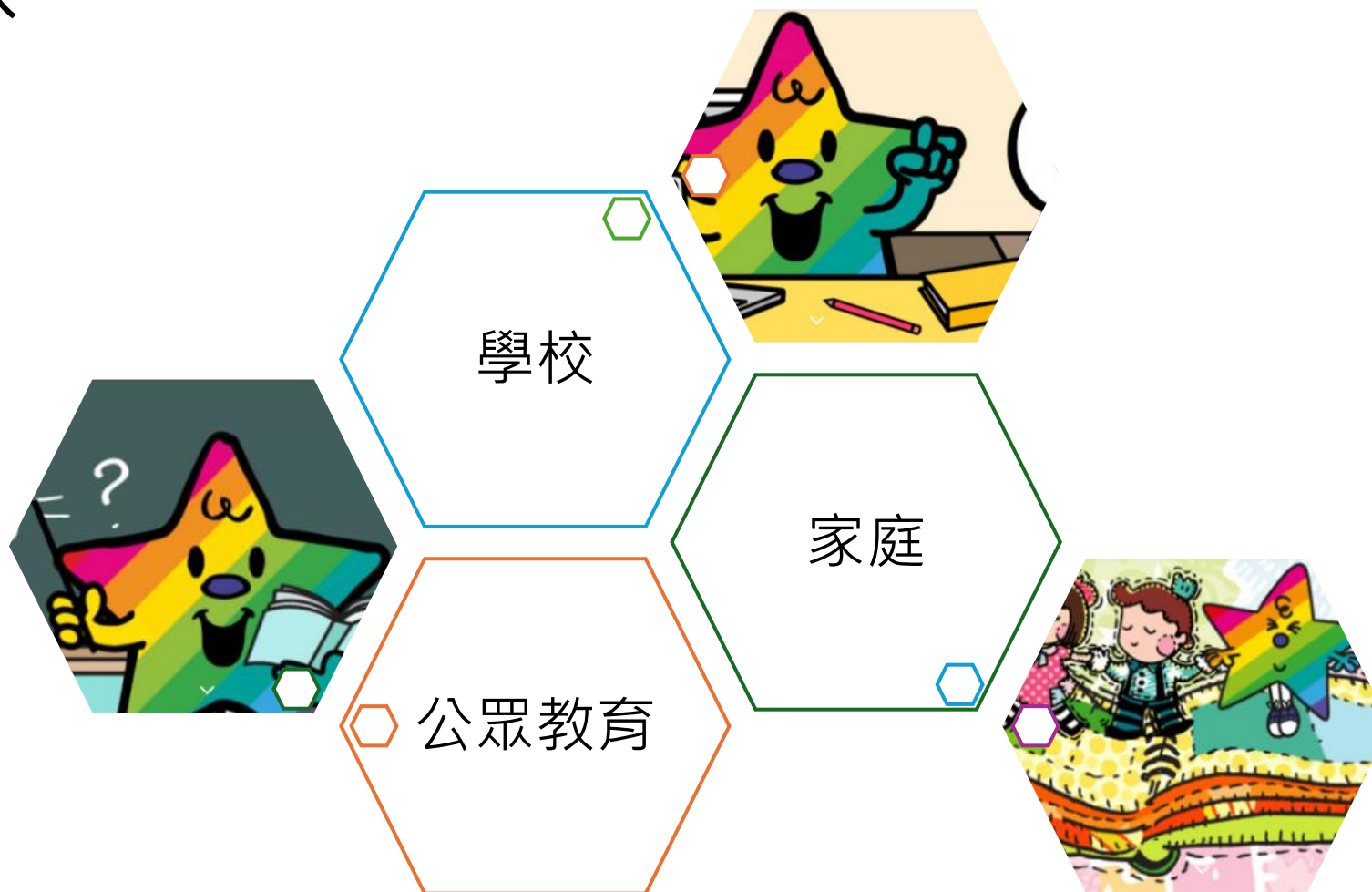
有興趣了解或支援自閉特色學童的普羅大眾

啟程





團隊





計劃總結
展覽



「賽馬會喜伴同行計劃」 喜伴共融同樂日2025

氣球扭扭樂



園藝親子
工作坊



爆笑小丑趣劇



復活節
尋蛋樂



《閃閃去冒險》
故事劇場



日期：2025年4月19日(星期六)

時間：上午10:00 至 下午5:00

地點：舍區 Quarryside (鯉魚涌海善里20號)

活動程序

10:00 - 10:30

開幕禮



10:30 - 17:00

「賽馬會喜伴同行計劃」
總結展覽

復活節尋蛋樂

10:40 - 11:00
12:30 - 12:50
16:30 - 16:50

爆笑小丑趣劇

11:15 - 12:15
13:00 - 14:00
15:15 - 16:15

氣球扭扭樂

12:15 - 13:45
15:00 - 16:30

園藝親子工作坊
*須預先報名

14:00 - 15:00

《閃閃去冒險》
故事劇場





Faculty of
Social Sciences
The University of Hong Kong
香港大學社會科學學院

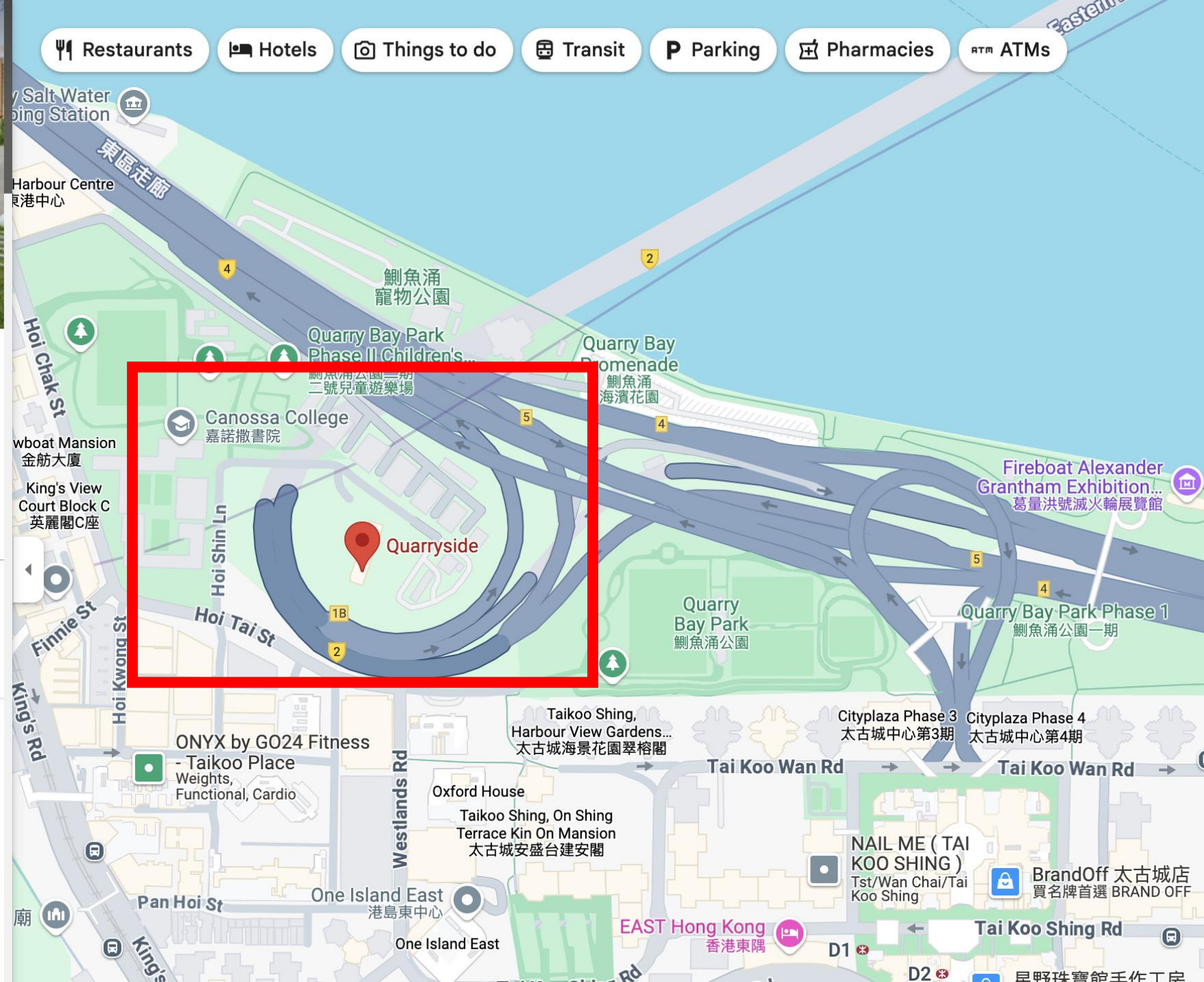
社
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Soci^{ti}st



賽馬會喜伴同行計劃（公眾教育）團隊

香港大學社會科學學院

×





Faculty of
Social Sciences
The University of Hong Kong
香港大學社會科學學院

社
科
人
Societist



賽馬會喜伴同行計劃（家庭支援）團隊

賽馬會喜伴同行計劃（家庭支援）團隊

15

18

21

23

25



項目總監：曾潔雯教授

透過18間地區中心培訓及支援家長，並發展
A-POWER「喜伴力行」家庭支援服務框架

項目總監：黃蔚澄教授

引入世界衛生組織親子技巧訓練課程，並評估成效

東華三院、香港基督教女青年會、香港耀能協會
、救世軍及協康會於2022年出版「星語童遊」
，以「五大原則」及「十大技巧」為框架

OPEN

Adapting and pretesting the World Health Organization's Caregiver Skills Training Program for children with autism and developmental disorders or delays in Hong Kong

Paul Wai-Ching Wong^{1,2,3,4}, Yan-Yin Lam², Janet Siu-Ping Lau², Hung-Kit Fok² & The WHO CST Team^{3*}

The World Health Organization Caregiver Skills Training Program (WHO-CST) was developed to strengthen caregivers' skills in supporting children with developmental delays and the caregivers' well-being. The WHO-CST Hong Kong (HK) was adapted, and pre-pilot tested to support families with children suspected of having developmental delays and autism spectrum disorder and to empower the caregivers to foster their children's learning, social communication, and adaptive behavior. A sequential mixed-methods research methodology was undertaken to examine the adaptation process and initial implementation experiences. The acceptability, feasibility, and perceived benefits of the WHO-CST were assessed using stakeholders' and caregivers' qualitative and caregivers' quantitative pre- and post-intervention feedback. The data included materials generated from (1) three consultation meetings with stakeholders; (2) detailed reviews of the translated and adapted WHO-CST materials by master trainees ($n = 10$) trained by the WHO-CST representatives; (3) needs assessment focus group interviews with caregivers ($n = 15$) of children with autism spectrum disorder; and (4) pre- and post-CST program qualitative focus group interviews and quantitative evaluation. Consultation with stakeholders suggested that the program was acceptable for the local community, but the home visit and fidelity components were initially considered to be challenges towards the feasibility and sustainability of the program. Caregivers in the needs assessment focus groups gave widely diverse views about the program's uniqueness, length, delivery mode, and the inclusion of videotaping in-home visits. Post-intervention comments by caregivers about the program were mainly positive, while the MTs were critical of the content and length of the training and fidelity process. As one of the first high-income locations to adopt the WHO-CST, the evaluation findings of the WHO-CST-HK indicate that it is feasible and acceptable to implement the program in a metropolitan area where families have busy work schedules and are very conscious of privacy issues. The study results suggest that the WHO-CST program in HK and other high-income countries require scaling up and further evaluation of its implementation in real community settings. This involves systemic and contextual changes to allow task-sharing between professionals and non-specialists at the macro level. Furthermore, technology should be used to support the supervision of non-specialists. In addition, easier access to the WHO-CST materials at the micro level is required to ensure equity, equality, diversity, and inclusion of diversified families of children with developmental delays.

Autism spectrum disorder (ASD) is characterized by the persistent display of at least two types of restricted behavior patterns, interests, or activities and a persistent deficit in social communication and interaction across multiple contexts¹. The 2010 Global Burden of Disease study revealed that 52 million (1 in 132) people have

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OPEN ACCESS

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Front. Psychiatry 13:915263.
doi: 10.3389/fpsy.2022.915263

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Acceptability and feasibility of the World Health Organization's Caregiver Skills Training Programme (WHO CST) delivered via eLearning, videoconferencing, and in-person hybrid modalities in Hong Kong

Janet Siu-Ping Lau^{1,2*}, Simon Man-Kin Lai¹, Florence To-Sau Ip¹, Paul Wai-Ching Wong¹, WHO CST Team³, Chiara Servili³, Erica Salomone^{3,4}, Laura Pacione^{3,5}, Stephanie Shire⁶ and Felicity L. Brown^{7,8}

¹The University of Hong Kong, Hong Kong, Hong Kong SAR, China, ²WHO CST Regional Technical Focal Point, Geneva, Switzerland, ³Department of Mental Health and Substance Use, World Health Organization, Geneva, Switzerland, ⁴The University of Milano-Bicocca, Milan, Italy, ⁵Division of Child and Youth Mental Health, Department of Psychiatry, University of Toronto, Toronto, ON, Canada, ⁶The University of Oregon, Eugene, OR, United States, ⁷Research and Development Department, War Child Holland, Amsterdam, Netherlands, ⁸Amsterdam Institute of Social Science Research, University of Amsterdam, Amsterdam, Netherlands

Background: Local children with developmental disabilities were deprived of learning opportunities due to recent social and health incidents, resulting in elevating challenging behaviors and familial conflicts. This study explored the acceptability and feasibility of the World Health Organization's Caregiver Skills Training Programme (WHO CST) in alternative delivery modes under new normal and post COVID-19 period.

Method: CST was delivered via eLearning (EL), videoconferencing (VC), and in-person hybrid (IP) modes to 34 parent-child dyads, being randomly assigned to modes of asynchronous non-interfering EL ($n = 9$), synchronous with online coaching VC ($n = 7$), synchronous with in-person coaching IP ($n = 9$) and Wait-list Control WLC ($n = 9$). Data from two standardized scales of General Health Questionnaire (GHQ-12) and Strengths and Difficulties Questionnaire (SDQ), and Post-session and Home Visit Feedback Form by Caregivers that included both structured and open-ended questions were collected before and after intervention. Both quantitative and qualitative approaches were used in studying the collected data.

Results: High levels of acceptability and feasibility of the training programme were supported by ratings on comprehensiveness and relevance, agreement with their personal values, duration, and usefulness. IP and VC groups yielded more positive changes than EL and WLC groups with 3, 16, 13, and -3% in General Health Questionnaire (GHQ-12), -13, -15, -6 and 0% in Difficulties-total, and 36.5, 35.5, 5.8 and 2.4% in Prosocial Scale at Strengths and Difficulties Questionnaire (SDQ) for EL, VC, IP, and WLC groups respectively from baseline



Post COVID-19

賽馬會喜伴同行計劃（家庭支援）團隊

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培訓家長及導師「星語童遊」

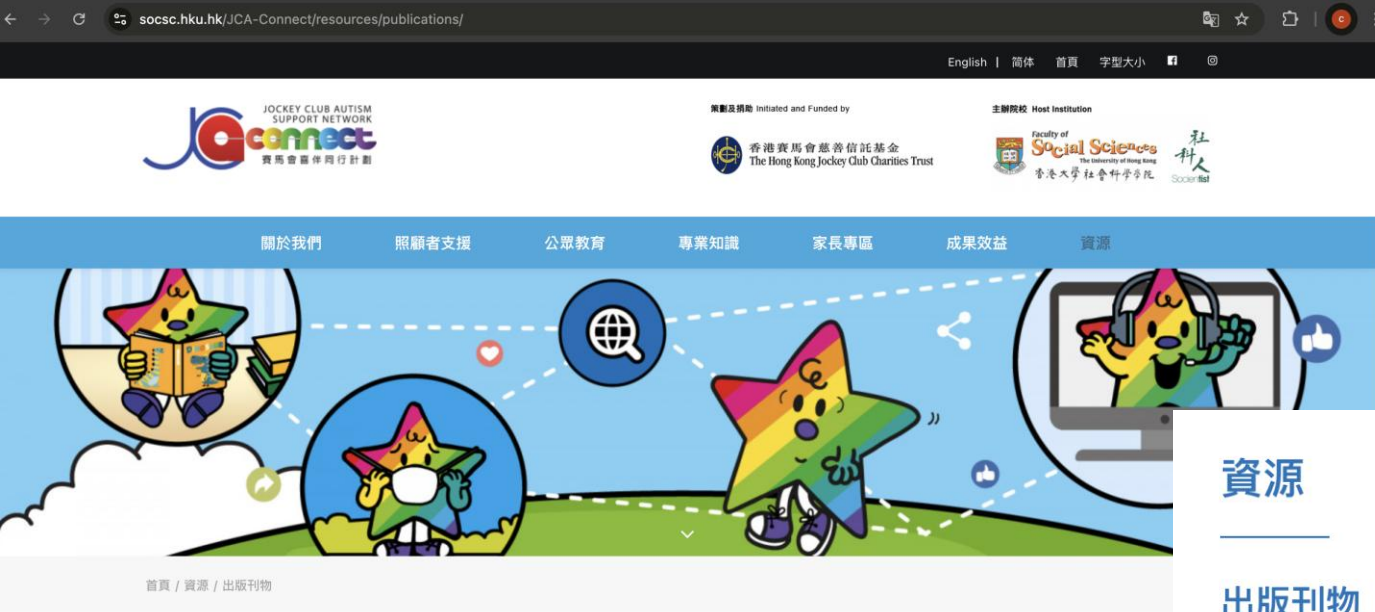
東華三院製作「星語童遊」專業人員網上學習平台

- 評估「星語童遊」的成效及持續發展
- 與 Autism Speaks 合辦種子導師培訓
- 參與世界衛生組織親子技巧訓練課程工作小組
- 學習最新版的世界衛生組織親子技巧訓練課程



賽馬會喜伴同行計劃（家庭支援）團隊





資源

出版刊物

[網站連結](#)[出版刊物](#)

資源

出版刊物



親子技巧實用錦囊小冊子

名稱: 親子技巧實用錦囊小冊子

機構: 香港大學社會科學學院「賽馬會喜伴同行計劃」家庭支援組

資源種類: 指引/訓練指南

目標對象: 家長/公眾

語言: 中文

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賽馬會喜伴同行計劃——案例分析

名稱: 賽馬會喜伴同行計劃——案例分析

機構: 香港賽馬會慈善信託基金

資源種類: 報告

目標對象: 公眾

語言: 中文及英文

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「賽馬會喜伴同行計劃」
項目總監

香港大學社會工作及
社會行政學系副教授
臨床心理學家

王學雯 女士

「賽馬會喜伴同行計劃」
研究項目經理



Faculty of
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社
科
人
Scientist



「星語童遊」— 世界衛生組織親子技巧訓練課程
持續發展研究分享會

「在家中放一張桌子」

讓照顧者成為孩子愉快學習的伙伴



2024.07.16 [星期二]

下午2時30分至3時30分

ZOOM Webinar - 粵語



世界衛生組織親子技巧訓練課程

World Health Organization Caregiver Skills Training



Caregiver skills training
for families of children
with developmental
delays or disabilities

Participants' guide
group sessions 1-9






導師網上資源套

1. 課程簡介
2. 課程編制及推行指引
3. 導師手冊
4. 參加者手冊
5. 家訪指引




**World Health Organization**

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Caregiver skills training for families of children with developmental delays or disabilities - Introduction

Introduction

27 April 2022 | Toolkit



Download (504.3 kB)

Overview

This is the first part of a five-part package that provides guidance on caregiver skills training for families of children aged 2–9 years with developmental delays or disabilities.

The *Caregiver skills training for families of children with developmental delays or disabilities* (CST) aims to provide caregivers with skills that they can use at home to improve their child's engagement in activities and communication, and to promote positive behaviour and skills for daily living.

This introduction describes how each of the elements of the package can be used. It provides an overview of the course structure and content as well as the requirements for delivering the training to caregivers.

The caregiver skills training package includes the following materials:

- [Introduction](#)
- [Adaptation and implementation guide](#)
- [Facilitators' guide: group sessions 1–9](#)
- [Participants' guide: group sessions 1–9](#)
- [Home visit guide for facilitators](#)

WHO TEAM

Mental Health, Brain Health and Substance Use (MSD)

EDITORS

World Health Organization


NUMBER OF PAGES

20

REFERENCE NUMBERS

ISBN: 9789240048836

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課程背景

- More than **50 million children have a developmental disability such as an intellectual disability, autism, or a speech disorder**. Without appropriate support, these conditions often limit these children's ability to benefit from the educational and social opportunities that others take for granted. They are often denied access to school and are more likely to experience violence, neglect, and other forms of abuse. Their caregivers are often stigmatised, isolated and impoverished. Despite this, most children with developmental disabilities and their families do not have access to the care and support they need.
- For caregivers of children with developmental disabilities, parenting programmes can be particularly beneficial in increasing their confidence and parenting skills. They can also lead to improved well-being of both caregivers and children.
- In view of this, WHO, along with international partners, has developed a five-part package on ***Caregivers Skills Training for families of children with developmental delays or disabilities (CST)*** (*the 5 CST documents are available below*).



課程目標：幫助孩子



學習用手勢及說話表達

Learn to use gestures and words to communicate.



增加與人互動的時間

Spend more time sharing engagement in activities and routines with you and others.



表現出恰當的行為，減少難處理的狀況

Show appropriate behavior more often with fewer challenging behaviors.



學習新技巧，在日常生活更自立

Learn new skills to be more independent in day-to-day activities.



課程目標：幫助照顧者



自信能夠協助孩子溝通及學習新技巧

Feel more confident helping your child to communicate and learn new things.



與孩子結連去享受及分享日常活動

Connect with your child by enjoying and sharing daily activities.



結識其他有相近經歷的照顧者

Meet other caregivers who have similar experiences.



學習照顧自己的身心健康

Learn ways to support your own health and well-being.

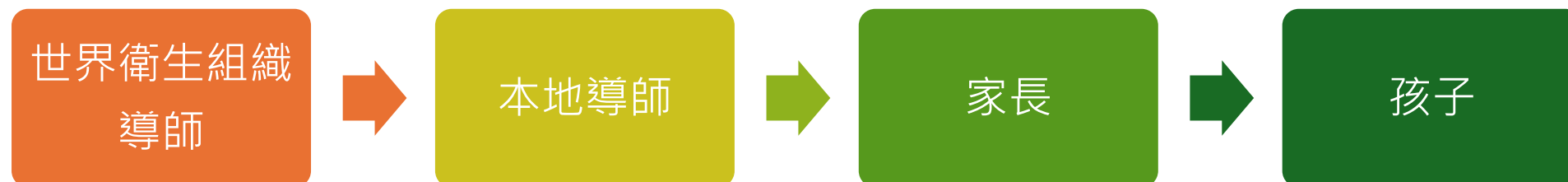


課程設計概念



課程設計概念

- Parent-mediated/parent-implemented intervention 由家長執行的介入方法





由家長執行的介入方法

Journal of Autism and Developmental Disorders (2023) 53:4147–4163
<https://doi.org/10.1007/s10803-022-05688-8>

ORIGINAL PAPER



Effects of Parent-Implemented Interventions on Outcomes of Children with Autism: A Meta-Analysis

Wai Man Cheng¹ · Timothy B. Smith¹  · Marshall Butler¹ · Tina M. Taylor¹ · Devan Clayton¹

Accepted: 14 July 2022 / Published online: 22 August 2022
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Abstract

Children with autism spectrum disorder (ASD) have been shown to benefit from parent-implemented interventions (PIIs). This meta-analysis improved on prior reviews of PIIs by evaluating RCTs and multiple potential moderators, including indicators of research quality. Fifty-one effect sizes averaged moderately strong overall benefits of PIIs ($g = 0.553$), with studies having lower risk of research bias yielding lower estimates ($g = 0.47$). Parent and observer ratings yielded similar averaged estimates for positive behavior/social skills ($g = 0.603$), language/communication ($g = 0.545$), maladaptive behavior ($g = 0.519$), and to a lesser extent, adaptive behavior/life skills ($g = 0.239$). No other study, intervention, or participant characteristic moderated outcomes. PIIs with children with ASD tend to be effective across a variety of circumstances.

Keywords Parent-mediated interventions · Home-based services · Family delivered services · Parent training · Autism spectrum disorder · Meta-analysis

有助改善孩子的:

- 正向行為及社交技巧
- 不恰當行為
- 語言及溝通

<https://link.springer.com/content/pdf/10.1007/s10803-022-05688-8.pdf>




由家長執行的介入方法



Original Article

Parental experience of parent-mediated intervention for children with ASD: A systematic review and qualitative evidence synthesis

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Cyrille Colin^{2,5}, Sandrine Touzet^{5,6} and Marie-Maude Geoffray^{1,2}

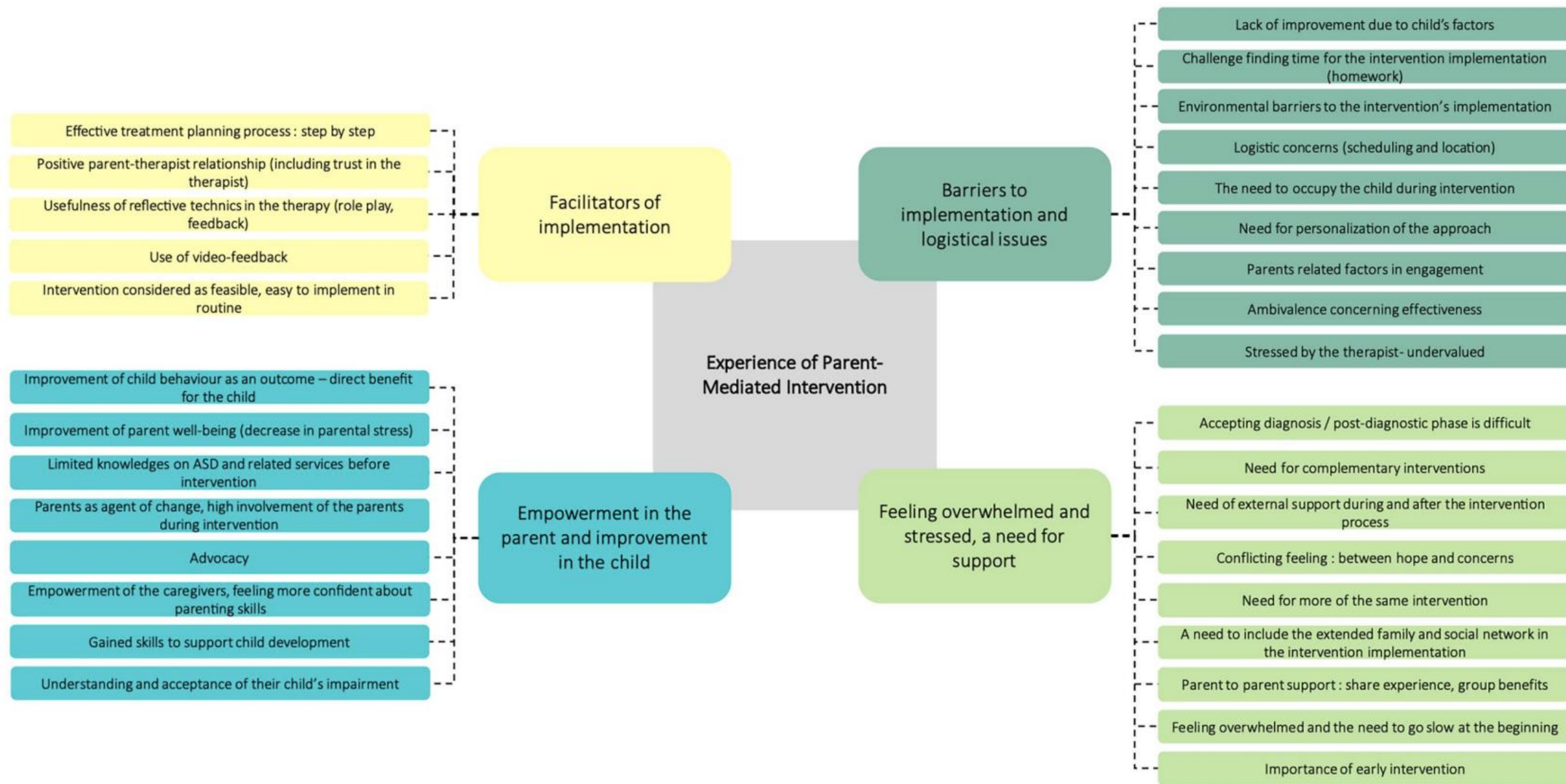
Autism
1–20
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Abstract

While the effectiveness of parent-mediated interventions in the field of autism spectrum disorder is well documented, information on the experience of parents involved in parent-mediated interventions is limited. We performed a systematic review with qualitative evidence synthesis to explore the experience of parent-mediated interventions in parents of children with autism spectrum disorder. PubMed, Scopus, PsycINFO, CINAHL, and Sociology Collection were searched from the date of their creation until 25 February 2022. Qualitative studies reporting parents' experience of parent-mediated interventions were included. Two independent reviewers assessed the risk of bias. The findings of the selected studies were extracted and synthesized using the meta-aggregation method. The results are reported according to PRISMA and ENTREQ guidelines. A total of 23 studies were synthesized representing 345 participants. We found 34 categories that were summarized in four synthesized themes: barriers to implementation and logistical issues, feeling overwhelmed and stressed (a need for support), facilitators of implementation, and empowerment in the parent and improvement in the child. Parents' experience of parent-mediated interventions in autism spectrum disorder is balanced between positive outcomes for them and their child, emotional struggles, and some difficulties in implementing parent-mediated interventions. Based on these results, we propose new ways to improve implementation of parent-mediated interventions and research in the field.

23個研究 345 個參加者的分享

- 家長及孩子的進步
- 情緒上的掙扎
- 實踐上的攔阻





A Triadic Model of Early Intervention

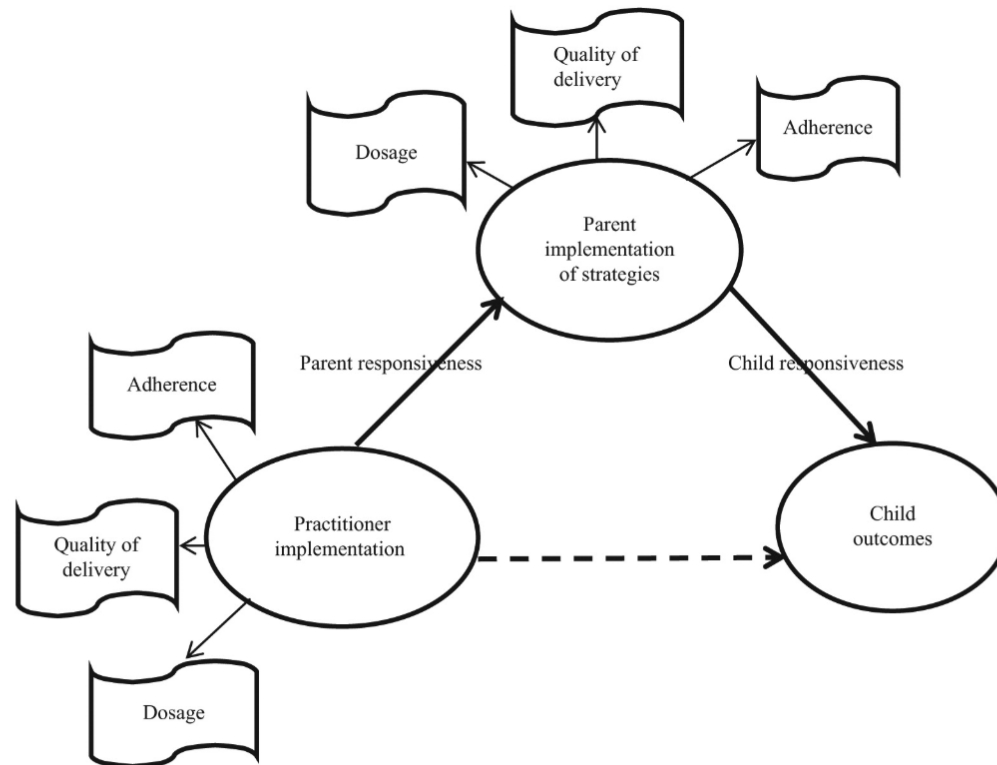


Figure 1. Triadic model of early intervention incorporating four elements of fidelity of implementation at practitioner and parent levels.

1. The provider effectively teaches and coaches the parent to use specific strategies for supporting child development;
2. Parents learn these development supporting strategies during the home visit; and
3. Parents apply these strategies accurately, consistently, and often enough to make a difference in the course of their child's development



照顧者 = 執行者

對孩子的理解

- 需要（如感覺統合統需要）
- 行為背後的動機
- 喜好
- 能力

與孩子的關係

- 互動
- 時間
- 耐性
- 設立界線

技能

- 觀察
- 跟隨孩子的步伐
- 為孩子訂定學習目標及內容
- 欣賞及讚賞孩子

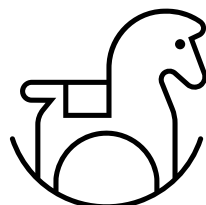
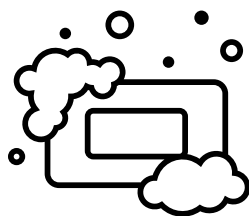
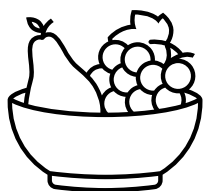
自我關懷

- 呼吸練習
- 欣賞自己
- 朋輩支援
- 回顧

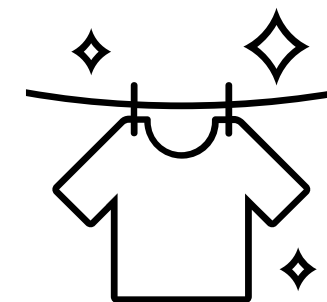


課程設計概念

- Naturalistic intervention 自然介入



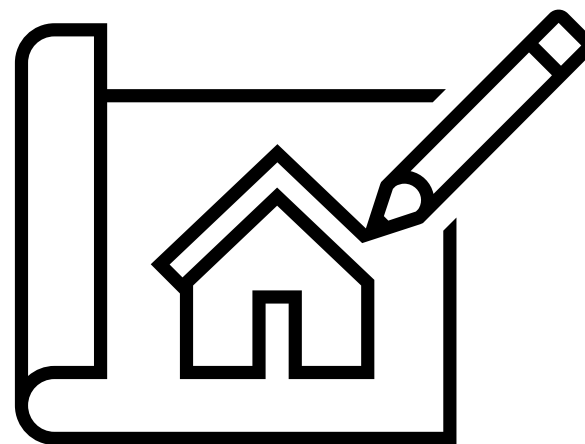
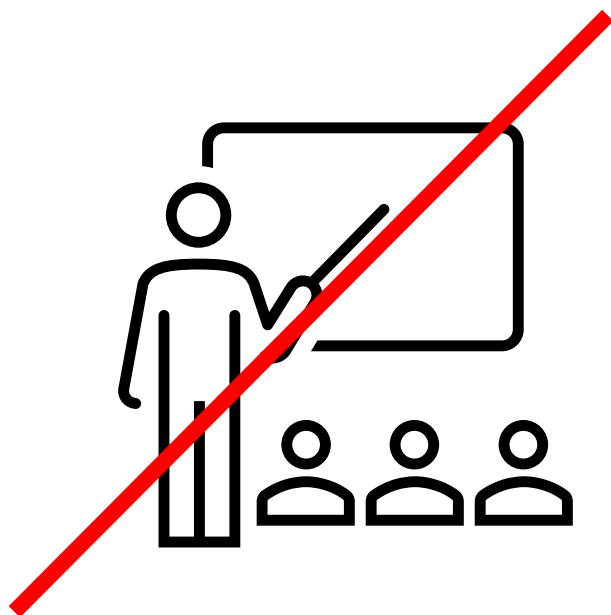
- ☐ 應付日常生活的挑戰
- ☐ 把握學習機會
 - 表達
 - 自理
 - 生活概念
 - 與人互動
- ☐ 製造學習機會
- ☐ 參與家庭生活





課程設計概念

- Naturalistic intervention 自然介入



- ☐ 觀察及聆聽
Look & Listen
- ☐ 示範及描述
Show & Say



課程編排



家長小組及家訪的雙軌學習模式

9 節小組



3 個家訪



- 認識
- 評估
- 接觸其他家庭成員



- 跟進
- 示範
- 了解需要



- 跟進
- 示範
- 總結



Home visit schedules at a glance

	Home visit 1	Home visit 2	Home visit 3
Timing	<i>Before session 1</i>	<i>Between session 5 and session 6*</i>	<i>After session 9</i>
Objective of the visit	<ul style="list-style-type: none">Get to know the family and establish goals	<ul style="list-style-type: none">Re-evaluate goalsProvide tailored support	<ul style="list-style-type: none">Re-evaluate goalsProvide tailored supportLonger-term plans
Assessment component	<ul style="list-style-type: none">Assessment of child/caregiver needsInterview with the caregiverAdministering facilitator-child interactionObserving caregiver-child interaction	<ul style="list-style-type: none">Assessment of child/caregiver needsObserving caregiver-child interaction	<ul style="list-style-type: none">Assessment of child/caregiver needsObserving caregiver-child interaction
Goal-setting component	<ul style="list-style-type: none">Establish goalsComplete goal-setting worksheet	<ul style="list-style-type: none">Re-evaluate goalsConsult and adjust worksheet if necessary	<ul style="list-style-type: none">Re-evaluate goalsConsult and adjust worksheet for longer-term goals
Skills training component	<ul style="list-style-type: none">First demonstration of strategies [optional]	<ul style="list-style-type: none">Coaching and demonstration of strategies	<ul style="list-style-type: none">Coaching and demonstration of strategies

Step 3: Complete the child's current level of skills charts

Complete part 3: child's current level of skills

Put an X next to all behaviours observed and note how frequently/consistently these were observed, as in the example:

Child's name: *Ryan*

Current level of communication to request			
Not yet using gestures or words to request			
Eye contact (Looks at you or the object)			x
Gestures:	Reaches to request		
	Gives to request (e.g. gives jar for you to open)	x	
	Points to request		
Language:	1 word to request	x	
	2 words together to request		
	Multiple words and gestures together to request		
Notes: <i>Combines eye contact and single words on most occasions</i>			

Current level of communication to share			
Not yet using gestures or words to share			
Eye contact (Looks at object, then you, then back to object)			x
Gestures:	Shows to share		
	Points to share		
	Gives to share (e.g. gives you a drawing to show you)		
Language:	1 word to share		
	2 words together to share		
	Multiple words and gestures together to share		
Notes: <i>Eye contact when loud noise from street; no response to other opportunities</i>			

Current level of play			
Not yet playing with people or objects			
People Games (no objects yet)			x
Simple play with objects			x
Put-together play			x
Early pretend play			
Advanced pretend play			
Notes: <i>very simple put-together play with blocks</i>			

家長小組及家訪的雙軌學習模式

Barton, E. E., & Fettig, A. (2013). Parent-Implemented Interventions for Young Children With Disabilities: A Review of Fidelity Features. *Journal of Early Intervention*, 35(2), 194–219. <https://doi.org/10.1177/1053815113504625>

照顧者受訓地點	項目	
照顧者的家	8	23%
社區設施（如診所、學校）	12	34%
家 + 社區設施	11	31%
家 / 社區設施	3	9%
不明	1	3%
總共		35

Lieberman-Betz, R. G. (2015). A Systematic Review of Fidelity of Implementation in Parent-Mediated Early Communication Intervention. *Topics in Early Childhood Special Education*, 35(1), 15–27. <https://doi.org/10.1177/0271121414557282>

照顧者受訓地點	項目	
照顧者的家	14	58%
診所	7	29%
家 + 診所	2	8%
不明	1	4%
總共		24



實證為本的課程



1. 建構方法
 1. 以綜合的研究結果為起點 systematic review and meta-analysis
 2. 大型的專家諮詢（21 個國家）extensive expert consultation
2. 初試
3. 引入地區時進行的評估
4. 持續發展小組



實證為本的課程

- 明確的架構

家訪

- 時間
- 目的
- 流程
- 觀察及討論內容

小組

- 目的
- 流程
- 重點
- 技巧



第一課：讓孩子投入參與



整理空間：移走令孩子分心的物件及製造安全的互動環境



提供 2 - 3 個選擇，
跟隨孩子的選擇



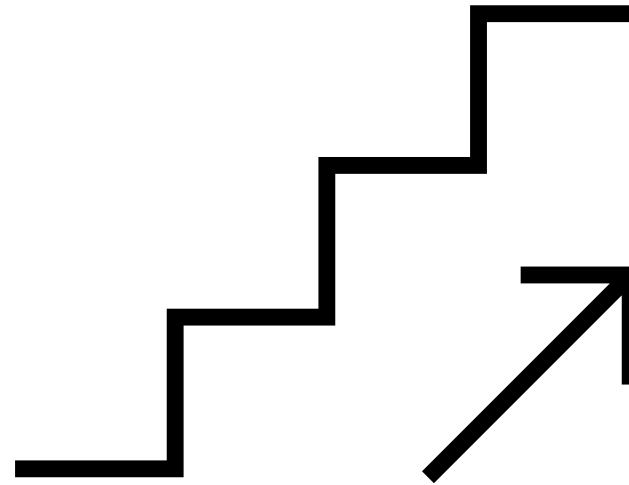
到孩子的面前，同視線，
讓活動在你們中間進行

- 重點：
1. 所有孩子都能夠學習及培養新技巧。
 2. 孩子在冷靜、輕鬆的狀況下最容易學習。
 3. 你可以透過日常活動及遊戲去協助孩子學習。



課程編排

- 階梯式的學習模式





課程編排

處理問題

- 7 避免出現難處理的行為，幫助孩子持續投入及保持冷靜
- 8 教導其他選項去取代不恰當行為
- 9 生活解難及自我關懷

訂定學習目標及方法

- 4 認識孩子的溝通方法
- 5 增強孩子的溝通能力
- 6 利用小步驟及協助階梯教導新技巧

建立常規

- 1 讓孩子投入參與
- 2 讓孩子持續投入參與
- 3 與孩子建立共同參與的遊戲及家務常規

課程編排：建立常規

1.

讓孩子投入參與

- 認識學習的最佳時機
- 環境設置
- 互動方法

2.

讓孩子持續投入參與

- 留意孩子的喜好
- 遊戲方式
- 選擇家中及遊戲活動

3.

與孩子建立共同參與的遊戲及家務常規

- 認識常規
- 建立常規

課程設計及 編排

設計概念

- 由家長執行的介入方法
- 自然介入

編排

- 家長小組及家訪的雙軌學習模式 (9 + 3)
- 實證為本的課程
- 階梯式的學習模式
- 以常規活動為核心



Faculty of
Social Sciences
The University of Hong Kong
香港大學社會科學學院

社
科
人
Societist



常規活動



常規活動

- 家中的日常活動 > 重覆出現的學習機會

家中常規 Home Routines

- 食飯
- 睡覺
- 著衫 / 除衫
- 除鞋
- 洗手/洗面
- 晚餐後收拾碗筷
- 取出袋中的東西
- 晾衫
- 餵小動物
- 執床

遊戲常規 Play Routines

- 車
- 積木
- 泥膠
- 波
- 書
- 拼圖
- 公仔



常規活動

- 常規活動指：
 - 孩子及照顧者**共同參與**的遊戲及家常活動
 - 在常規活動中，你是孩子的**伙伴**，兩人在其中都積極參與
 - 常規活動有清晰的**小步驟**，讓活動**有故事性**
 - 常規活動可以**重覆做**，孩子會覺得過程**有趣**，又可以學到小步驟



常規活動





常規活動

建立常規

1. 選擇活動
2. 設計活動
3. 每天 5 分鐘
4. 按孩子的進度改變活動方法及目標



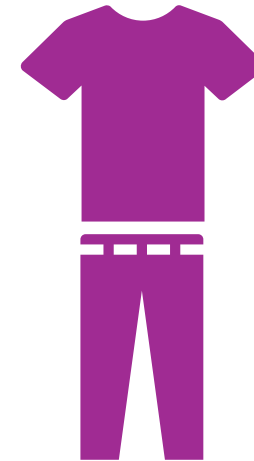
照顧者在常規中的角色

- 設計學習目標
- 跟隨孩子的遊戲方式
- 教導新技巧
- 觀察孩子的學習進度



常規活動

- 50/50 ?
- 重覆 ?



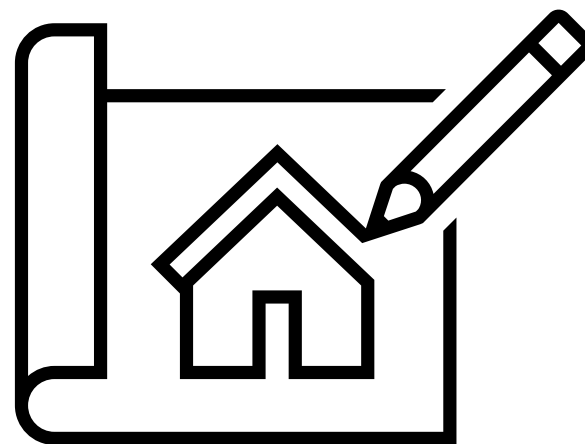
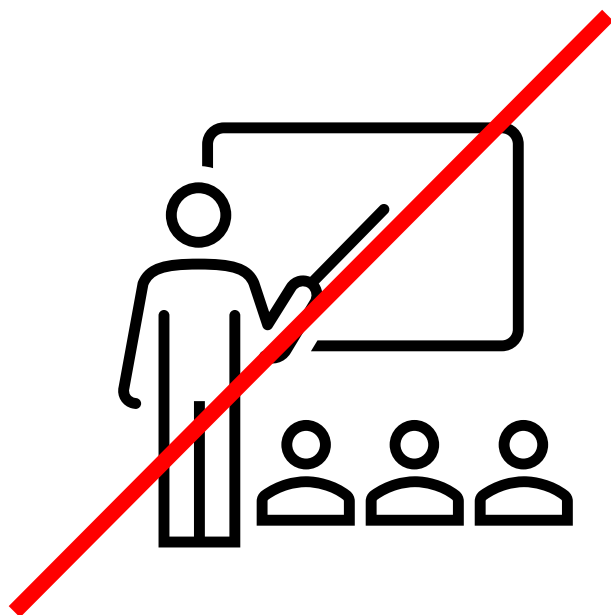


教材運用



課程設計概念

- Naturalistic intervention 自然介入



- ☐ 觀察及聆聽
Look & Listen
- ☐ 示範及描述
Show & Say



觀察及聆聽 Look & Listen

1. 觀察孩子的行為
 - 行為溫度計
 - 行為的前、中、後
2. 留意孩子的喜好
3. 找出孩子的遊戲方式
4. 留意孩子的學習進度
5. 留意孩子的好行為，並予以讚賞



觀察孩子的行為





行為溫度計 Behavior Thermometer



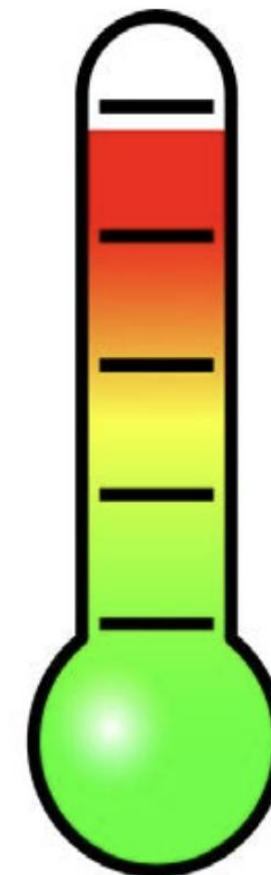
發高燒



輕微發燒



正常/舒服









留意孩子的喜好：女孩 - Laila

1



2



3



4



5



6





留意孩子的喜好

7



8



9



示範及描述 Show & Say

示範

1. 孩子現時的身體語言
 - 眼睛
 - 手
 - 聲音/語言
2. 更好的表達方法？

描述

1. 孩子現時的說話程度
 - 1 組詞語
 - 2 組詞語
 - 3組或以上的詞語
2. 下一步？





教材運用

- 重點 Key messages
- 技巧 Skills
- 框架（如 參與程度、遊戲方式、表達）
- 故事
- 圖畫
- 角色扮演
- 練習



反思：課程重點

1. 讓孩子有機會學習
2. 認識孩子的特性
3. 跟隨孩子的步伐
4. 擴展孩子與人相處及自理的能力



問答時間 Q&A ?