

SSLD & HAPPY COMMUNITY

A. KA TAT TSANG, PHD
UNIVERSITY OF TORONTO
AUGUST 2010

知行易徑

SSLD Applications Series

A. Ka Tat Tsang, Ph.D.

曾家達

Factor-Inwentash Chair in Social Work in the Global Community

Director, China Project

Associate Professor of Social Work

University of Toronto

Email: [*k.tsang@utoronto.ca*](mailto:k.tsang@utoronto.ca)

Website: <http://kttsang.com/>

SSLD Website: <http://ssld.kttsang.com/>

Synopsis

3

- This presentation introduces an intervention/practice model for practitioners: SSLD (Strategies and Skills Learning and Development)
 1. Defining health, well-being, and happiness
 2. The SSLD perspective: Focusing on managing the environment, meeting needs, and achieving goals and aspirations
 3. Introducing the SSLD procedure

What is SSLD?

4

A learning system that helps people to expand their repertoire of strategies and skills through systematic learning, so that they become more effective in meeting their own needs and achieving their goals in life.

The Development of SSLD

5

- Based on earlier work on Social Skills Training (SST) by Michael Argyle (Oxford University) and his colleagues
- I started learning and applying SST in the 1970s:
 - treatment for adults with schizophrenic disorder
 - social skills training for children with infantile autism, with parallel training for their parents and caregivers
 - skills training for people who wished to improve their self-confidence and interpersonal relationship

The Development of SSLD

6

- Since then I have applied SST to a wide range of practice situations in mental health, social service, and human development, in Asia and in Canada
- Since the 1990s, I have developed approaches and procedures that increasingly emphasize (1) learner-centered design, (2) multiple contingencies thinking – addressing particular circumstances and needs, (3) empowerment, and (4) intersecting diversity
- In 2005, after reviewing the features and characteristics of my learning model, I decided to use a new name SSLD to distinguish it from the original SST Model

Programs and Interventions with Similar Names

7

- **Social Skills Training**
- Social Effectiveness Therapy
- Social Competence Training
- Assertiveness Training
- Life Skills Training
- Skills Coaching

SSLD has been be applied in many contexts:

8

- Counseling and psychotherapy
 - Individual
 - Couple and family
 - Group
- Self-help groups
- Psycho-educational interventions: Education, learning and training programs
- Corporate training, management training and organizational development
- Community work (development, organization, and social action)

SSLD has been be applied to:

9

- Mental health issues:
 - Schizophrenic disorder
 - Autistic spectrum disorder
 - Social phobia
 - Insomnia
 - Addiction and gambling
- Relationship and intimacy
 - Dating
 - Couple counseling
- Health promotion and management of chronic conditions

SSLD has been be applied to:

10

- **Cross-cultural work**
 - Counseling, psychotherapy, social work
 - International management
- **Community development, AOP (Anti-Oppressive Practice)**
 - Advocacy, activism, grassroots leadership development
 - Immigrant settlement
- **Human resource and organizational development**
 - Recruitment and employment
 - Front desk reception
 - Coaching and team building

SSLD in the World

11

Canada

- Carefirst Seniors and Community Services Assn.
- Centre for Information and Community Services
- Factor-Inwentash Faculty of Social Work, University of Toronto
- Family Services Association of Metro Toronto
- Hong Fook Mental Health Association
- Mt. Sinai Hospital
- Yee Hong Center for Geriatric Care

Hong Kong

- Chinese University of Hong Kong
- Hong Kong Christian Service
- University of Hong Kong
- Yan Oi Tong Community Services Centre

SSLD in the World

12

China

- Beijing Institute of Technology
- Tsinghua University Medical School
- State Commission for Population and Family Planning
- Shandong University
- Shenzhen University
- Jiannan Community Redevelopment Project after the 512 Sichuan Earthquake

Korea

- Seoul Mental Health Hospital

New Zealand

- New Zealand Social Workers Association
- Auckland University
- Problem Gambling Foundation

Definition of Health

World Health Organization (WHO)

13

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

It is the extent to which an individual or group is able to realize aspirations and satisfy needs, on the other hand to change or cope with the environment.

Happiness is subjective, or at least involves subjective appraisal, sense making, and/or experience.

境由心生

時間與存有

Happiness has to be understood with regard to a temporal frame. The long duration frame (e.g., I have lived a happy life) articulates a different experience than the mid-term or phase-specific experience (e.g., my years in Beijing were my best), and the short-term transient state (e.g., I'm absolutely thrilled by this chocolate mousse cake).

No one is happy all the time. Our subjective state of happiness inevitably changes over time, and across situations.

好景不常

名實

多質性

Happiness is not a singular feeling or state, but polythetic (consisting of a combination of various elements) – ranging from biological sensory experiences, to emotional states, cognitive or thinking process, action or behaviour. People use the same word happiness to refer to many different experiences; and can use different words to describe similar experiences.

More often than not, we experience a mix of happy and unhappy events and processes. For example, a person with cancer or disability (which can be, but not necessarily, a cause of unhappiness), upon learning that his or her child is going to get married (which can be a reason for celebration or worry), may feel happy, unhappy, ambivalent, or other emotions. The dominant mode is dependent upon the person's construction or sense-making process.

諸
行
無
常

擁抱痛苦

Some form of unhappiness is almost inevitable. Being able to deal with suffering and negative things in life is a condition for the experience of meaningfulness, and that of transcendence.

Dimensions of Happiness

20

Dimension	Features	Examples
Sensory pleasure, stimulation, feeling “high,” ecstasy	Instant, momentary, mainly biological, can be produced or mimicked neurochemically	Drug, sex, physical comfort, good food
Goal attainment, getting what we want	Instant, momentary, but as a result of a relatively longer process or task. Often described as satisfaction.	Bought a new dress, getting a desired job or promotion
Completion of a task of project, accomplishment	Sense of accomplishment. Usually associated with a positive sense of self (self-efficacy)	Finishing your home improvement project; giving birth to a child; earning an academic degree or professional qualification

Dimensions of Happiness

21

Dimension	Features	Examples
Successful avoidance of suffering or disaster	Critical moment of relief, the sense of being fortunate or lucky, thankfulness or gratitude, source of joy can be attributed externally (luck, Buddha's charity, God's grace) or internally (I made the right decision/move)	Surviving a major earthquake, tsunami, an armed robbery, or a major surgery
Luck, good fortune	Usually not associated with self-efficacy. The "happiness" may not last long	Winning the lottery, given the best seat in the house, striking a good deal

Dimensions of Happiness

22

Dimension	Features	Examples
Fulfilment, feeling contented	More pervasive than incidental, momentary satisfaction, mid-range to long-duration temporal frame	Being in a gratifying intimate relationship; enjoying the overall state of life; being appreciated and cared for
Discovery, breakthrough	Joy associated with creativity, the making of something new. Again, this stems from the self, we celebrate an expressive act of the self.	Major scientific discovery; creation of a significant work of art; major career transition; leaving a dysfunctional relationship

Dimensions of Happiness

23

Dimension	Features	Examples
Meaning and/or purpose	Satisfaction and fulfilment derived from the meaningfulness associated with the process, includes ethical and moral fulfilment	Building a clinic for a village in a poor community; spending time in prison for a worthwhile course,
Transcendence	Going beyond the common-sense world, or what one has been familiar with; shift in perspective and the way one experiences the world; drastic shift in value orientation	A different/higher state of being; achieving philosophical/religious/spiritual awakening, insight

What Is a Community?

24

A community is a collective of people sharing common needs and characteristics.

- Geographical location: district, village, town, neighborhood
- Social category: age, profession, citizenship, sexuality
- Common needs/interest: real estate agents, corn farmers, caregivers, employees
- Shared characteristics: skin color, health status, diagnosis

Goals of Community Work

25

Changes among members of the community:

1. Motivation: needs and aspiration
2. Cognition: Thoughts, analytic frames, beliefs, values
3. Emotion: Feelings, subjective experience
4. Body: Physical state, health, embodiment
5. Behavior: Action, strategies, skills

Changes in the environment:

1. Physical environment: Services and facilities (e.g., housing, clinics, schools, public transportation, etc.)
2. Social environment: Policies, legislation, culture, norms, organizations, institutions, etc.

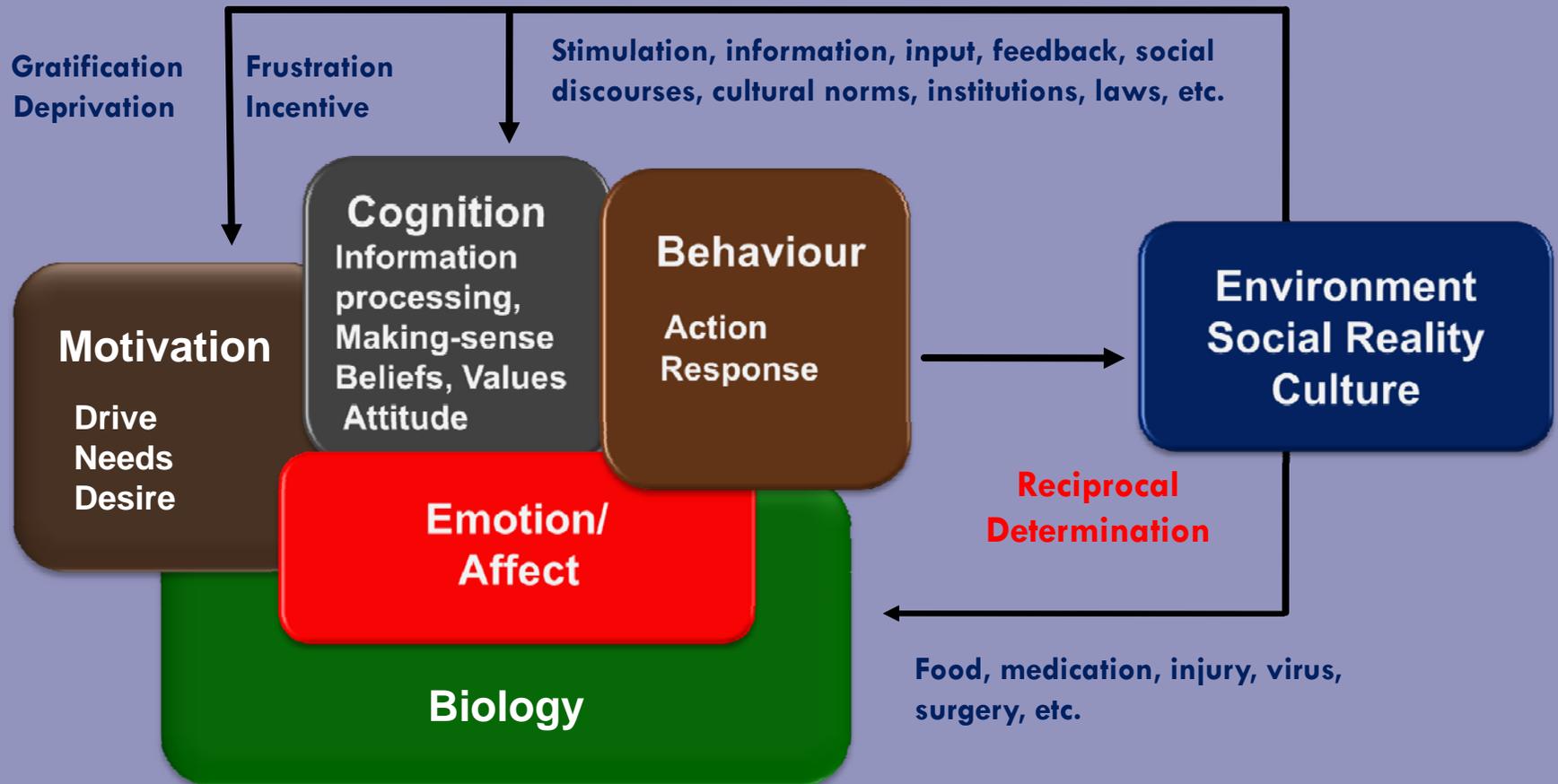
Basic Theoretical Premise

26

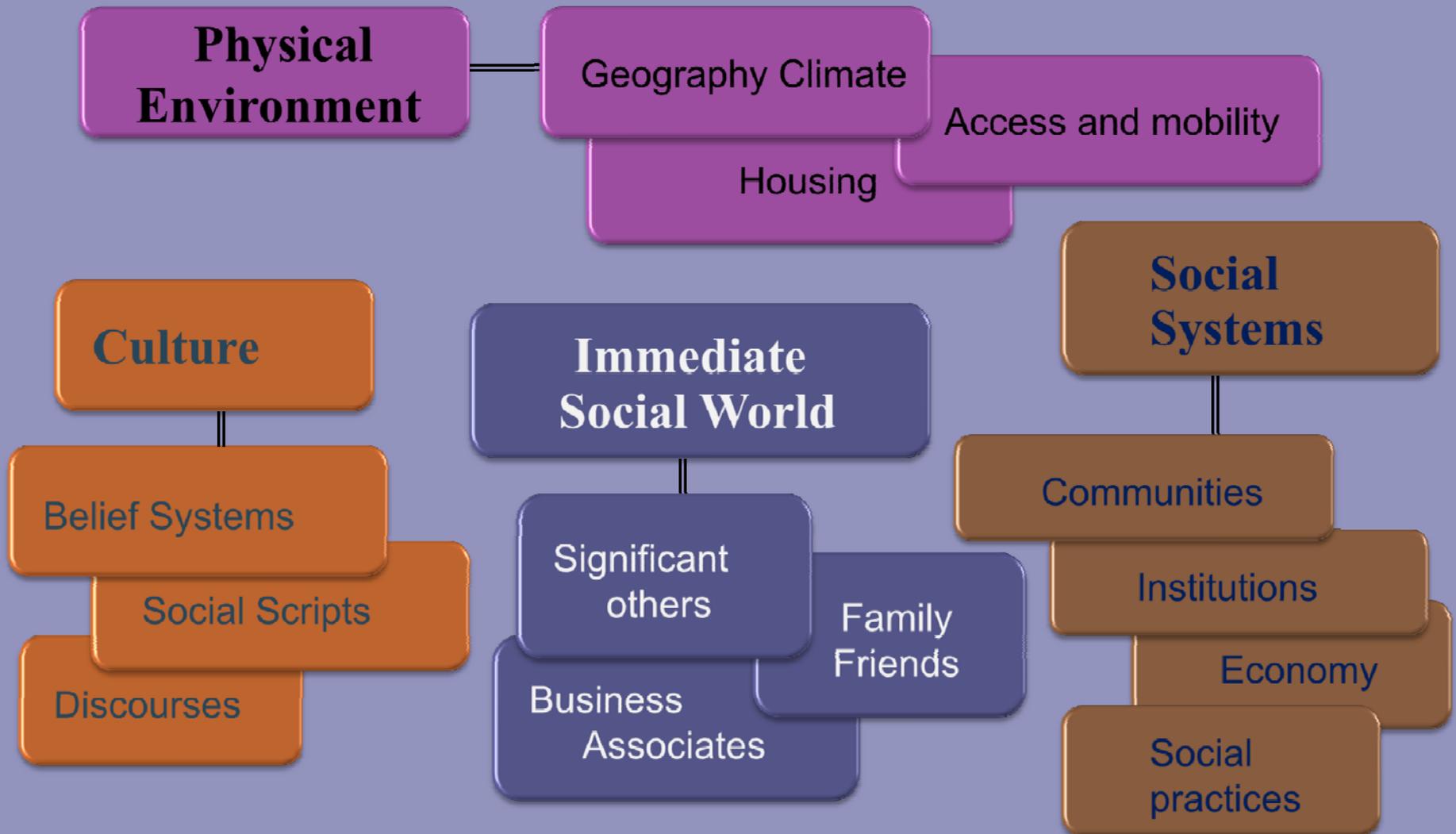
- Most human behaviours are motivated and goal-directed; the individual is conceived as an active agent
- Human action is embodied and mediated by biological, cognitive, and emotional processes
- Human action and external environmental realities interact with each other; and there is a process of mutual influence and transformation
- Most human behaviours are acquired through social learning: Informal everyday situations and structured programs

The Person and the Life-World

27



Environment & Social Reality



Basic Theoretical Premise (cont'd)

29

- Human behaviors vary in their effectiveness in addressing needs
- Problematic behaviours are ineffective or socially inappropriate attempts to meet human needs
- The mastery of effective strategies and skills can replace and/or displace previously learned ones that are ineffective or inappropriate

Case Illustration 1: Addiction

30



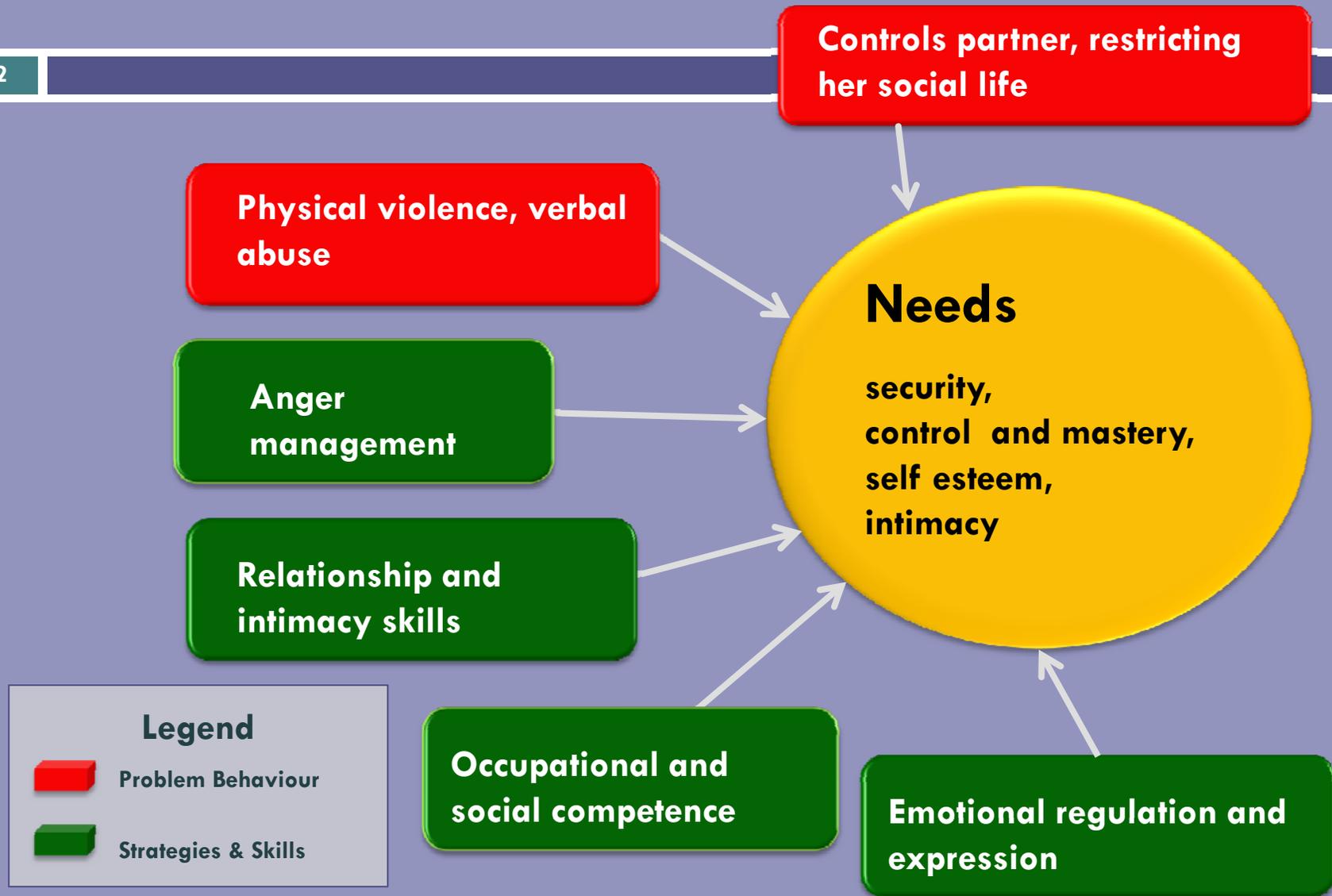
SSLD How Does It Work?

31

- Problem presented
- Needs assessed
- Goals set
- Systematic Strategies and Skills Learning and Development
- Goals achieved
- Needs met
- Problem solved

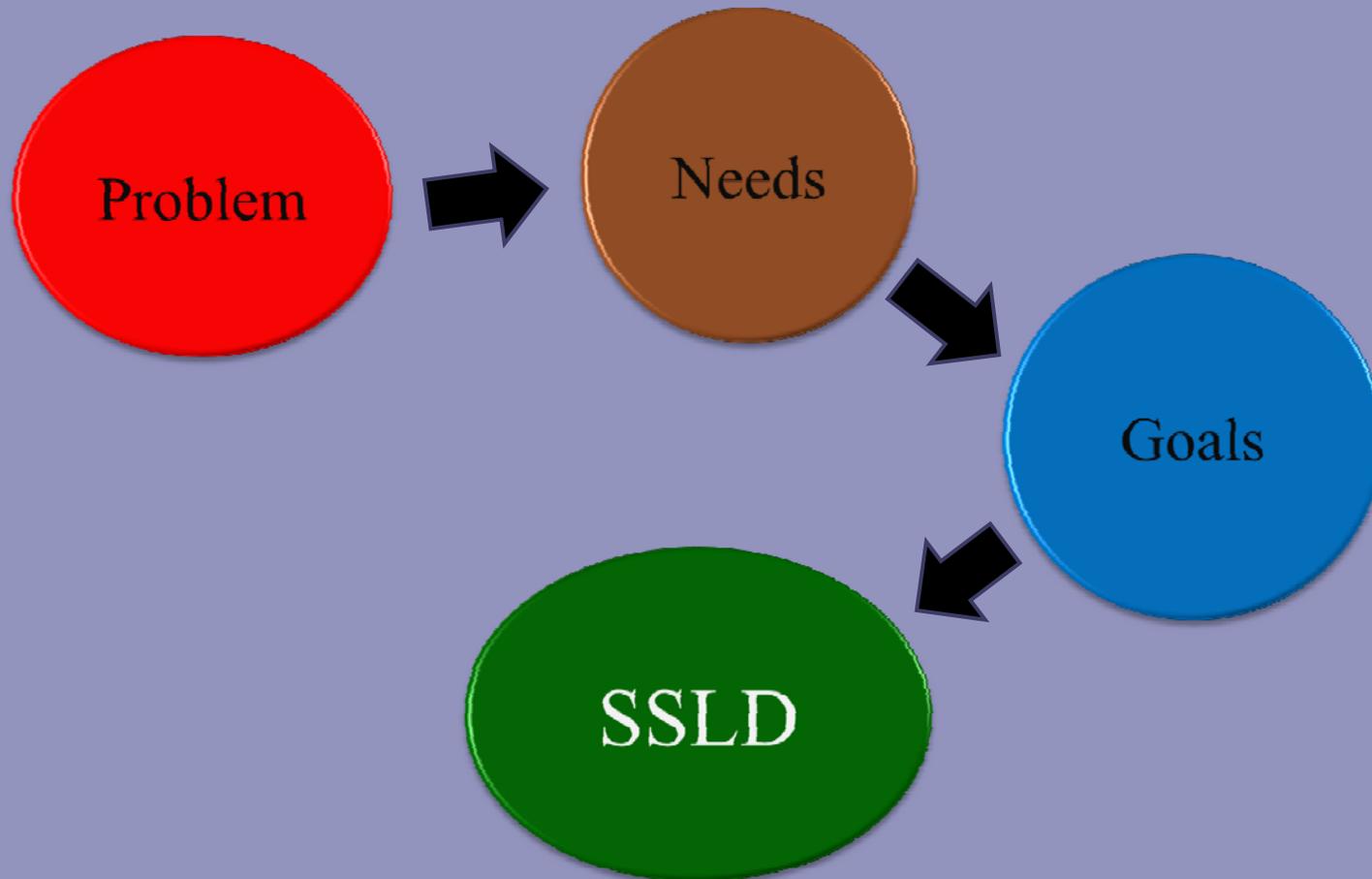
Case Illustration 2: Partner Abuse

32



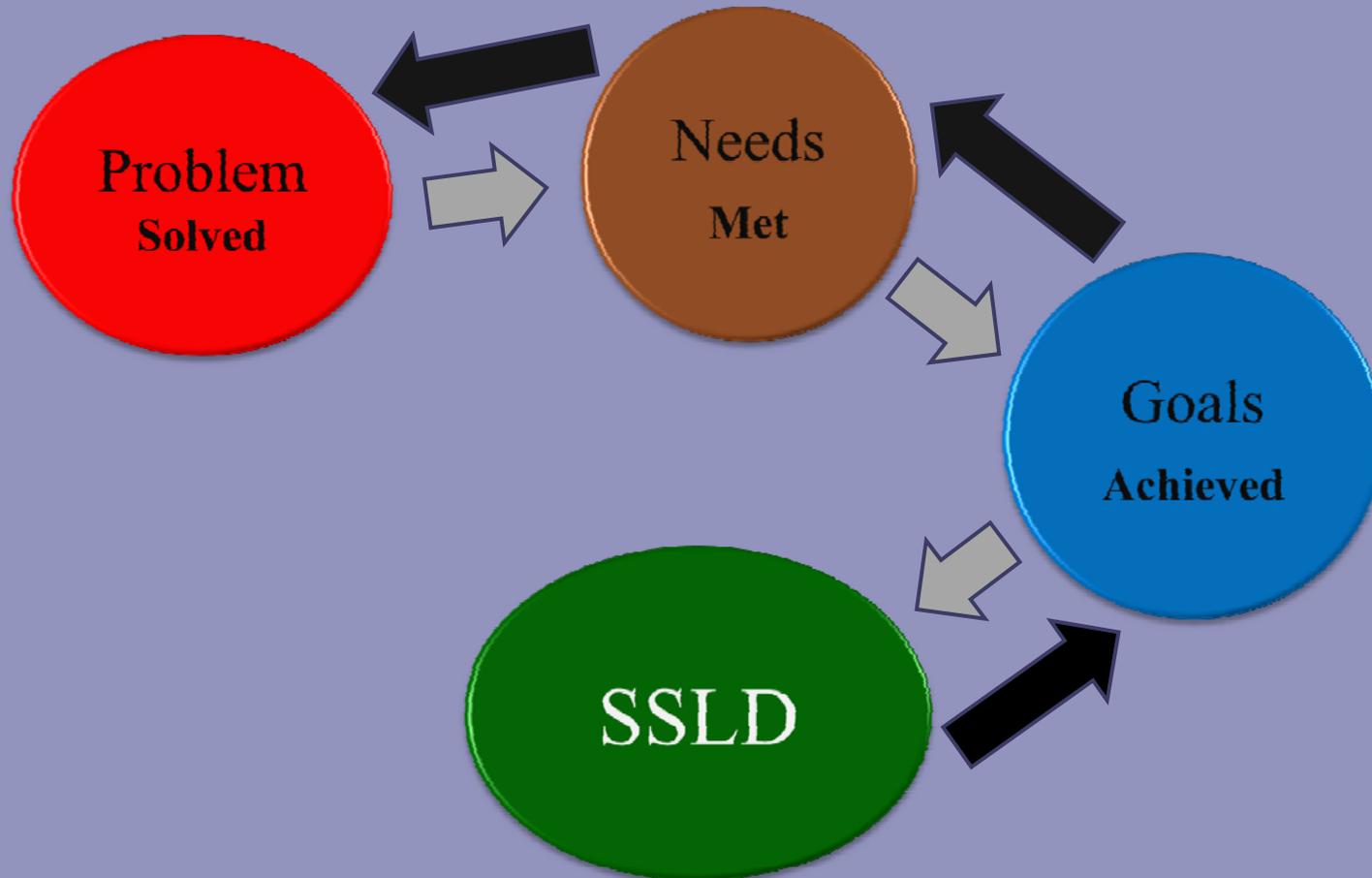
SSLD Step 2: Getting into Action

33



SSLD How Does It Work?

34



Case Illustration 3: Community Members without Water Supply

35



SSLD Intervention Procedure

36

1. Engagement
2. Problem Translation: Needs assessment and goal setting
3. Intervention Plan and Program Design
4. Implementation: Systematic learning and development of strategies and skills, including leadership
5. Organizational Development: Leadership, vision, maintenance and sustainability, capacity, self-sufficiency, autonomy
6. Termination/exit of worker, or transformation of relationship

Engagement

37

1. Entrance, self introduction, establishing trust
2. Understanding of community needs, circumstances, characteristics, and capacity (N3C)
3. Individual engagement:
 - a) Establishing shared understanding (#2 above)
 - b) Common goal
 - c) Positive emotional bond
4. Creating the community that we seek to engage:
 - a) Naming, defining (needs, cause/goals, characteristics, membership),
 - b) Setting the organic process in motion (meeting, facilitating exchange, motivating, identifying/cultivating leadership)

Problem Translation, Needs Assessment & Goal Setting

38

1. Collaborative N3C assessment with community members and emerging leaders
 - N3C (needs, circumstances, characteristics, capacity)
 - Sectors/subgroups, individuals – compatibility, complementarity

2. Strategic goal setting:
 - Priorities, and contingent relationships among goals and objectives
 - Incrementalism and intervention logic
 - Define outcome indicators/ markers/measures: E.g., Community Participation Scaling (Tsang, 1981, 2010).

Community Participation Scaling

(Tsang, 1981, 2010)

39

6. Organizational Leader	Direction, vision, coaching, succession, organizational development
5. Task Leader	Posters, telephone tree, signature campaign
4. Active Participant	Suggestions, questions, helps out
3. Passive Participant	Comes to meetings/activities
2. Active Respondent	Interested, greets, talks, asks for information
1. Passive Respondent	Answers calls, provides information
0. Non-Respondent	
-1. Negative Respondent	Opposes, blocks, undermines

Intervention Plan and Program

40

1. Designing implementation plan, project management and division of labor
2. Identifying and specifying learning needs: What members and leaders need to learn and develop
3. Management and administrative functions: Assess resource implications, costing, logistics

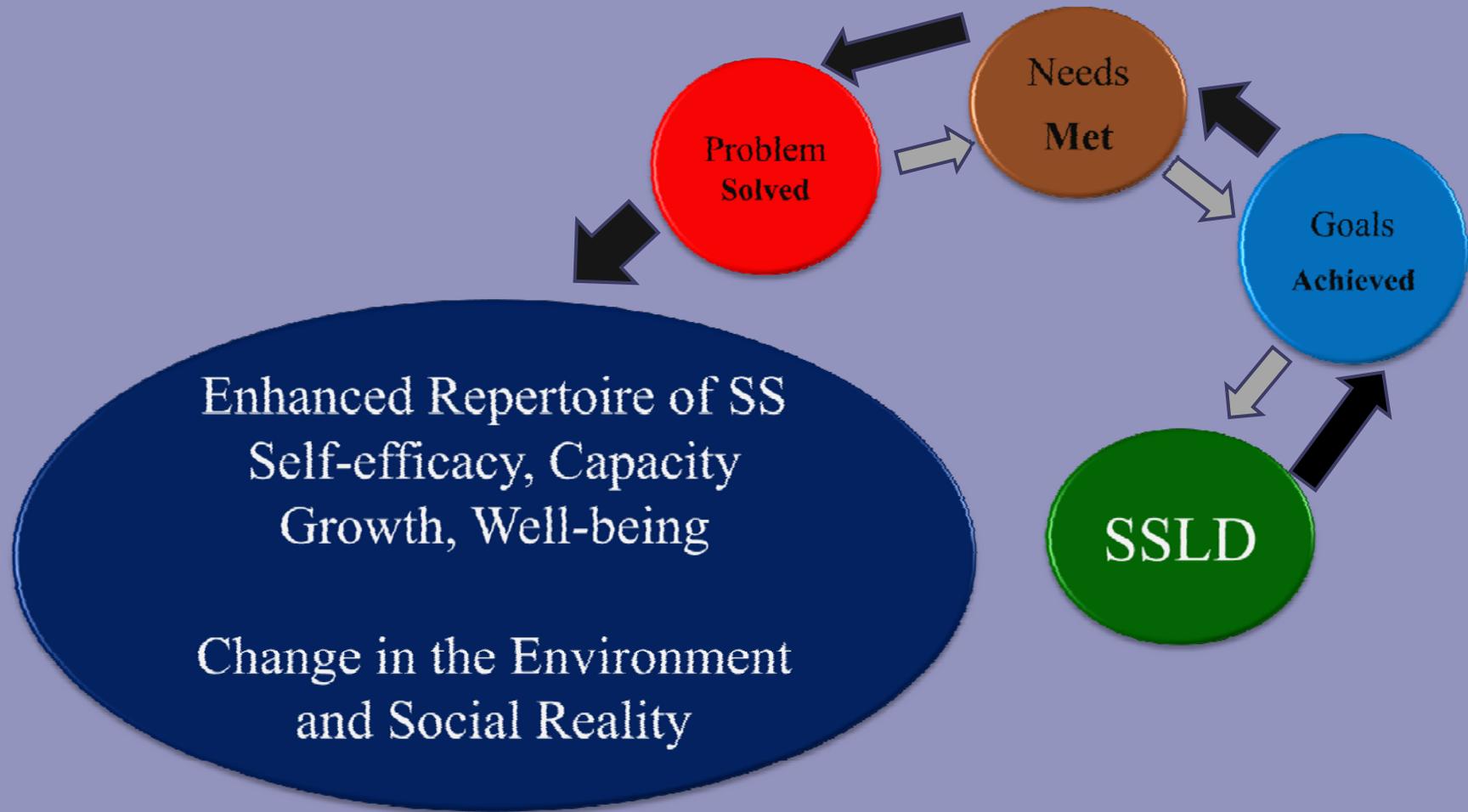
Experiential Learning

41

1. Observation, instruction, study, modeling and beyond
2. Simulation, role-play, video-recording and review
3. Incrementalism: Positive expectancy, task management, and self efficacy
4. 4Rs: Real-life practice (homework), report back, review, refinement
5. Learning how to learn
6. Learning how to train and develop members and leaders

SSLD Goes Beyond Problem Solving

42



SSLD Goes Beyond Problem Solving

43

With SSLD, the client does not only have the problem solved, but will acquire an **expanded repertoire of strategies and skills**, which are more effective in meeting needs and achieving goals. This will lead to improved **self-efficacy**, associated with an enhanced **capacity** for addressing the demands and challenges in life. The client experiences personal **growth** and is more likely to attain **well-being**.

The client, applying newly learned strategies and skills, will bring about **change in the environment and social reality**.

SSLD Outcome

44

1. Clients acquire more options through expanding their repertoire of strategies and skills
2. Client goals achieved, needs more effectively met
3. Previous strategies, which are ineffective or inappropriate, are no longer necessary
4. Client action brings about change in the environment and social reality, personal and/or collective
5. Client self-efficacy (agency, autonomy) enhanced
6. Clients become less dependent on practitioner
7. Clients can become leaders, instructors or coaches, and help others

SSLD Features

45

1. Educational instead of medical paradigm/metaphor
2. Learner-centered instead of trainer-centered
3. Need-oriented and goal directed
4. Multiple contingencies thinking
5. Comprehensive conceptualization of human experience and action
6. Strategies and life-goals in an extended temporal frame
7. Innovation and creation of new strategies and skills through collaborative generation with clients
8. Client-centered practice: Engages with the particular needs, circumstances, characteristics and capacity (N3C) of clients
9. Empowering through increasing option and capacity building

More About SSLD

46

- SSLD Website: <http://ssld.kttsang.com>

- Watch out for the new book

Tsang, A.K.T. (forthcoming). *Social Skills Training and Beyond: Learning to Change Lives through the SSLD Approach.*

- Contact Email : k.tsang@utoronto.ca