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**Exploring Culturally Competent Telepractice in
Early Communication Intervention: Cultural Considerations in
Working with Parent-Child Pairs in Malaysia**

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requirements for the degree of

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Abstract

Current recommendations within the field of early communication intervention (ECI) includes a family-centred approach, the establishment of a collaborative relationship and using naturalistic learning opportunities as a context for intervention delivery. These suggestions have led to the development of a triadic intervention relationship which involves the family-speech-language therapist (SLT) and family-child relationship. However, the practical application of these recommendations in both contexts of the intervention relationship need to be guided by the families' cultural values. The cultural construct of individualism-collectivism has been recommended as a way of understanding the relationship between the individual's cultural value patterns and how this might be displayed in their communication behaviours. The mode of telepractice was used in this exploration of delivering ECI cross-culturally as it enabled the investigation of the triadic relationship and provided access to a culturally different context. Despite the capacity of telepractice to provide services across cultures, no studies have been published on its delivery of ECI cross-culturally.

A practitioner inquiry design was chosen to explore the implementation and investigation of my personal practice in delivering ECI while adjusting it to meet the families' cultural needs. An adapted version of the Internet-based Parent-implemented Communication Strategies (iPiCS; Meadan et al., 2016) programme was delivered to 2 parent-child pairs from Malaysia, a nation that has been identified to exhibit cultural value patterns that align with collectivism. The qualitative data collection methods were also used to support ongoing planning and implementation of ECI. This included ethnographic interviews, field notes, parent-child observations and self-reflections which were analysed using an inductive and a deductive approach. The key findings that emerged were the themes (1) Engagement and Collaborative Strategies, (2) Experience of Early Intervention (EI), (3) Parenting Values, and (4) Perception of Support. These themes were discussed and presented as a Cultural Practice Model for SLTs to use when delivering cross-cultural ECI.

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Chapter One: Introduction

1.1 Background

This study explores the field of early communication intervention (ECI), cross-cultural delivery using the mode of telepractice. Within the field of ECI, speech-language therapists (SLTs) are faced with the challenge of skilfully engaging and providing relevant communication intervention to families from diverse culture groups, with young children (0-5 years) who have a communication difficulty. Effective intervention at this stage is crucial as the first few years of a child's life have been recognised as the best opportunity to maximise their development potential (Blackman, 2003). Current ECI practice recommendations such as a family-centred approach, collaborative relationships and naturalistic learning opportunities, have been suggested as practises that position the intervention for positive outcomes (Bruder, 2010). The values underlying these recommendations encourage the development of a triadic intervention relationship (i.e., family-SLT and family-child) where the SLT supports families to learn strategies that can be used in their daily activities to encourage their children's communication development (Woods, Wilcox, Friedman, & Murch, 2011).

The triadic relationship provides a context for SLTs to consider how cultural values held by families may influence their relational behaviours. In order to explore this, the cultural construct of individualism-collectivism has been suggested to effectively depict the connection between an individual's cultural values and their communication behaviour (Hwa-Froelich & Vigil, 2004). This continuum is recognised as a way of "understanding potentially different patterns of thinking, feeling and acting" (Bowe, Martin, & Manns, 2014, p. 5) for the individual. Individualist values acknowledge equality in a relationship and accordingly demonstrate direct, assertive communication (Hanson, 2011b). However, collectivist values prioritise the attainment of relational harmony through behaviours such as acknowledging a person's status and using an indirect communication style (Merkin, 2015). Although various culture groups and their characteristic communication patterns are discussed throughout this thesis, it is recognised that each member shares the group's commonalities in varying degrees.

Telepractice is a service delivery mode that uses telecommunication technology to provide speech-language therapy by distance (Speech Pathology Australia, 2014). Delivering ECI through telepractice aligns with recommended ECI practices (Hamren & Quigley, 2012) as the distance imposed automatically situates families as the main interventionists for their children. Shprintzen & Golding-Kushner (2012) demonstrated how telepractice met the needs of internationally based families who were unable to access specialist services in their own locale. The preliminary evidence suggests the potential of telepractice as a viable service delivery option, particularly to meet the needs of underserved areas (Cason, 2009). The prospective international reach has cross-cultural implications that creates further impetus for SLTs to understand and provide culturally competent communication services.

This thesis seeks to explore the provision of cross-cultural ECI through telepractice to Malaysian families. A qualitative study design is employed to allow rich description of the process involved in gaining insight into relevant cultural considerations and using this understanding to support ECI delivery.

1.2 Rationale for this Study

The motivation behind this study is an intertwining of my personal, professional and academic journey. From an academic standpoint, telepractice provided an ideal situation for the exploration of delivering ECI within a different cultural context, in alignment with ECI recommendations. To date, few telepractice intervention studies exist in the field of early intervention (EI), the broader group which encompasses ECI. Studies that were found typically included other EI professionals such as occupational therapists (OT) and physiotherapists (PT). Only one study was identified to have robust evidence and adequate description about the intervention and research methods used. However, none of these studies explored cultural competency.

As a New Zealander, born and raised in Malaysia for a third of my life, I have become increasingly aware of the subtle, yet pervasive nature of culture. As an SLT, I have encountered challenges with a number of families from diverse ethnic groups in New Zealand, for example different Asian ethnic groups. Despite adopting recommended

ECI approaches, evidence-based communication strategies and using adult learning strategies, I remained at most minimally successful in engaging these families to support their children's communication development. Growing up in an immigrant family allowed me to relate to the families' challenges in engaging within an intervention relationship. Although personal experience allowed me to see both points of view, I lacked knowledge to deliver effective ECI through understanding the families' cultural values and their communication needs. Given my personal involvement in this research, I will use the personal pronoun to refer to myself throughout the thesis. This encompasses my role as a researcher and an SLT.

1.3 Research Aims

The objective of this research was to gain insight into the types of considerations SLTs need to be aware of in the pursuit of delivering culturally competent ECI, through the following questions:

1. What cultural considerations need to be made in delivering ECI, cross-culturally, through telepractice, to the family?
 - a) How were cultural considerations identified?
 - b) What were the cultural considerations identified?
2. What were the communication and socio-cultural outcomes perceived by the family?

1.4 The Research Context

Although I was based in New Zealand, the participants were recruited from Malaysia. As a multi-ethnic, multi-religious and multi-linguistic nation, Malaysia was chosen for two main reasons. In addition to providing a setting to investigate ECI cross-culturally, my upbringing in Malaysia gave me a sense of cultural familiarity with setting chosen. I reasoned this as an advantage in terms of awareness, understanding and responsiveness to potential cultural differences.

1.5 The Structure of the Thesis

Chapter 1 has provided background information to this study, including my motivation in pursuing it and the research context. This is followed by a critical review of the

literature, in Chapter 2, in the areas of culture, ECI and telepractice, to gain further insight into the importance of this topic. Chapter 3 describes the steps I took to execute this study, with discussion of the considerations in designing it. Chapter 4 presents the study's key findings which are discussed in Chapter 5, in light of the literature evidence and in response to the research questions. The thesis concludes with Chapter 6, an examination of the study's credibility, the implications of the findings for the field of speech-language therapy and suggestions for future research.

Chapter Two: Literature Review

2.1 Introduction

This chapter reviews culture in the context of delivering early communication intervention (ECI) through telepractice. It begins by highlighting the influence of culture on relational and communication behaviour. This is followed by an introduction of the individualist-collectivist dimension as a construct to explore cultural communication values, which is then discussed within the context of Malaysia. After this, ECI and its current recommended practices are described. Next, the applicability of common ECI practices to different cultural groups are considered by exploring the triadic intervention relationship of the family-speech-language therapist (SLT) and the family-child. Finally, the current state of the telepractice evidence-base is reviewed.

2.2 Culture and Communication

Culture is defined as a: "meaning system that consists of patterns of traditions, beliefs, values, norms, meanings and symbols that are passed on from one generation to the next and are shared to varying degrees by interacting members of a community" (Ting-Toomey & Chung, 2012, p. 16). From birth, a newborn is optimally positioned within a social environment that models expected behaviour within different contexts (Hofstede, 2001). This exposure influences the formation of what is valued or not valued, and forms an individual's internal processing of information that contributes to their belief system (Ting-Toomey & Chung, 2012). However, it is often only through being positioned in unfamiliar cultural situations that deeply set values and beliefs surface (Bowe et al., 2014). Within a seemingly routine situation, when something culturally unfamiliar takes place, the individual is confronted with an opportunity to become aware of another worldview and reality. For instance, a Chinese immigrant in New Zealand may prefer traditional soups and medicines over recommended medical advice from the doctor. Here, the perceptions of achieving health and wellness differ. A person may not understand why people behave a certain way because they are not aware of the "deep value-based explanatory system of that culture" (Ting-Toomey & Chung, 2012, p. 42).

The phrase "culture is communication and vice versa" (S. Chan & Chen, 2011, p. 285) encapsulates the influential nature of culture on communication behaviour. Becoming culturally responsive and being a competent communicator happens through the process of socialisation. Children learn what and how to communicate (i.e., say or do), by observing those around them and receiving feedback for their attempts. These experiences shape their cultural knowledge of valued communication and interaction behaviours (Hwa-Froelich & Vigil, 2004), a process that continues throughout their lifetime. As such, being a competent communicator is synonymous with knowledgeably navigating and adapting to socially agreed upon rules of a specific culture (Hwa-Froelich & Vigil, 2004). Understanding these rules are a pre-requisite to building effective cross-cultural relationships (Merkin, 2015), a necessary skill in this increasingly globalised world.

2.3 The Cultural Dimension of Individualism-Collectivism

The dimension of individualism-collectivism, a core cultural value pattern, has been recognised as an effective method to depict the relationship between an individual's cultural values and their communication (Hwa-Froelich & Vigil, 2004). Hofstede (2001) proposed this measure as an indication of cultural differences between nations. The cultural pattern of individualism is generally found in North America and Europe, while the cultural pattern of collectivism is typically found in the Pacific Islands, Asia, South America and Africa (Ting-Toomey & Chung, 2012). This dimension explores who carries the responsibility within a relationship (Hwa-Froelich & Vigil, 2004) and strongly contributes to a sense of self-identity (Ting-Toomey & Chung, 2012).

Individualism is a behaviour pattern that elevates the importance of the individual over the group, while collectivism prioritises the needs of the group rather than that of the individuals (Bowe et al., 2014). This pattern is expressed through the needs, rights and desires of either the individual or the group. Underlying these differences are values of independence and equality for the individualist, and harmony and 'face-saving' for the collectivist (Triandis, 1995). Face represents an individual's image, which is associated with social standing in collectivist cultures (Yee, 2016, p. 124). The fundamental values

of both cultural patterns lead to observable differences in relational and communication behaviour (Ting-Toomey & Chung, 2012).

With regards to communication, members of the individualist group emphasise equality between individuals and therefore can be direct and assertive (Hanson, 2011b). The group also demonstrate value for verbal skills right from a young age as parents actively encourage their children to communicate (van Kleeck, 2013). Collectivist communication behaviours differ as they are characterised by the need to achieve harmony and maintain 'face', which stems from the high value placed on relationships (S. Chan & Chen, 2011). To ensure harmonious relationships, communication is adjusted to acknowledge the individual's status by considering "age, sex, education, occupation, social status, family background, and marital or parental status" (S. Chan & Chen, 2011, p. 286). This approach is viewed as a sign of respect toward the other person. An indirect style of communication is also used to ensure both parties maintain 'face' and avoid potential conflict (Merkin, 2015).

The individualist and collectivist values also penetrate the field of education. An individualistic oriented education system is focused on children developing their independence as unique individuals (Hwa-Froelich & Vigil, 2004). This reinforces the individual's ultimate goal to successfully support themselves as independent adults. Within schools in collectivist communities, maintaining harmony and 'face' in the student-teacher relationship is still seen as being of utmost importance (Hofstede, 2001). Families with collectivist values interpret educational success as their children's capability to provide and care for them in the future, continuing the cycle of interdependence (Hwa-Froelich & Westby, 2003).

This cultural dimension enables reflection upon generic value patterns that exist within a cultural group which is a necessary step to understanding an individual's culture (Ting-Toomey & Chung, 2012). Nevertheless, it is essential to appreciate the intricate interaction of factors that influence the development of each member's cultural alignment and expression of those values (Hanson, 2011a), such as level of education, which part of the country the individual lives in and generational status (van Kleeck,

2013). This contributes to complex cultural identities which often involve a fusion of local and global cultures (Ting-Toomey & Chung, 2012). Therefore, it is crucial to avoid making assumptions of an individual based on cultural generalities, instead it is crucial to recognise the person's individual and family differences.

2.4 Collectivism in Malaysia

A seminal study by Hofstede (1980) of national culture, established Malaysia as a collectivist nation, a cultural alignment which has since been maintained (Ting & Cheah, 2013). Underlying this national cultural identity is a fusion of three distinct major ethnic groups, their respective religion, spoken languages and dialects. The majority of Malaysians are ethnic Malays and Natives (61.7%), followed by Chinese (20.8%) and Indians (6.2%; Department of Statistics Malaysia, 2017). While Malays tend to adopt the official religion, Islam (61.8%), Chinese are typically Buddhist (19.8%) or Christian (9.2%), while Indians tend to align with Hinduism (6.3%; Department of Statistics Malaysia, 2010). Each group speaks Malay, the national language, their ethnic vernacular and often a dialect as well (Lian & Abdullah, 2001). The historic colonisation of the Portuguese, Dutch, British and Japanese further adds to the diversity present in Malaysian culture (Lian & Abdullah, 2001).

While each race is distinguishable in their traditions and respective religious practices, Abdullah (2005) found only minor differences in cultural values between the racial groups. She utilised a self-developed instrument, a 48-item questionnaire, that investigated frequently used concepts in cross-cultural management literature. These were shame, harmony, belief in God, respect for others, time orientation, relationships and high context communication. Interestingly, Fontaine and Richardson (2005) expressed similar findings, acknowledging the general trend that research evidence confirmed more "converging cultural values than diverging values" (p. 64). The only noteworthy difference between the ethnic groups identified in both studies was in relation to 'religiosity'.

A shift in certain traditional collectivist cultural value patterns was also confirmed in several studies. R. Chan, Edo, and Bee Hussain (2016) characterised the change as an

openness to an emergence of individualistic cultural patterns. With regards to an employment context, the individualistic values of competitiveness and ambition have emerged (Zawawi, 2009). Fauziah and Kamaruzaman (2010) reasoned this to be influenced by the rapid economic growth and associated social structural changes. However, as a whole, Malaysia is still described as having a collective stance with respect to "social relations, self-sacrifice and family integrity" (Fauziah & Kamaruzaman, 2010, p. 168).

2.5 Delivering Early Communication Intervention

Understanding the function of culture in communication is critical for effective delivery of communication intervention. Early engagement in ECI is important to "alter developmental trajectories and prevent secondary complications" (Guralnick, 2005, p. 313), thus ameliorating potential negative outcomes. Within ECI, the SLT's role and responsibility is to "support caregivers in becoming competent and confident in their capacity to help their children with disabilities develop communication" (Woods et al., 2011, p. 380). The awareness and understanding of the families' culture enables the SLT to communicate effectively and to provide appropriate communication support to them.

The ecological model (Bronffebrenner, 1992) and social interactionist theory (Vygotsky, 1978) have made major contributions to the ongoing refinement of ECI practice (Sylva, 2005). They form the foundation of ECI by acknowledging that, in addition to their inherent traits, the child's learning and development is influenced through interaction with their immediate environment (Pappas & McLeod, 2009). This includes the social and physical environments that they are in, for example, interacting with family members during a mealtime (Bruder, 2010). Social interaction with a linguistically knowledgeable adult, using appropriate scaffolding and support, provides the child with an opportunity to gain new language (Paul, 2007).

In line with these theoretical frameworks, the practice recommendations have moved toward a model of providing support to those who have the greatest ability to make an impact (Jung, 2010). This translates into practices that SLTs are encouraged to adopt

such as: following a family-centred approach, establishing collaborative relationships and utilising naturalistic environments as learning opportunities (Bruder, 2010). The term family within the ECI context often refers to the parents, but also includes extended family members or a significant person involved in the child's life (Verdon, Wong, & McLeod, 2016).

The first ECI recommendation of family-centred practice is defined by collaborative relationships with families through (a) valuing their beliefs and decision making, and (b) supporting the natural functioning of families (Dunst, Trivette, & Hamby, 2007). The second ECI recommendation of collaboration includes families and extends to the team involved with the them. This is characterised by respect and equality in partnership, evidenced by reciprocity amongst members; effective communication skills; demonstration of commitment by supporting families toward their goals; and trust. These values portray that "common sense and ordinary human decency are at the heart of positive partnerships" (Blue-Banning, Summers, Frankland, Nelson, & Beegle, 2004, p. 181). The third ECI recommendation refers to natural learning opportunities that occur in families' day-to-day life and provide the context for their children to engage in experiences and interactions which are importantly "functional and socially adaptive" (Dunst, Raab, Triveffe, & Swanson, 2010, p. 65). Taking advantage of these activities in intervention allows skills to be repeatedly practiced in a real-life context, making redundant the need to generalise skills into everyday life (Shelden & Rush, 2001). Each recommendation purposefully enlarges families' capacity to support their children (Raab & Dunst, 2004; Woods et al., 2011).

These ECI recommendations represent a set of values underlying service provision to families and their children with communication difficulties. In short, it commits to equality in relationship with families by strengthening their capacity to support their children, using day-to-day activities. The triadic nature of the relationship between the family-SLT and family-child necessitates two essential SLT skills. First, the SLT needs to competently communicate and provide adequate support for the adult to learn new skills, in line with adult learning principles (Knowles, Holton, & Swanson, 2011).

Secondly, the SLT is required to effectively retrieve information to understand family norms to support the family-child interaction (Woods et al., 2011).

2.6 Family-SLT Relationship

One of the triadic relationship components that needs to be considered in delivering culturally competent services is the family-SLT relationship. Building this relationship in the context of a family-centred approach involves two distinct processes: engagement and working in a collaborative partnership to achieve an agreed upon outcome.

However, little has been discussed about how to apply this operationally within an intervention relationship (Blue-Banning et al., 2004) and in different cultural contexts (Kasahara & Turnbull, 2005). Examples of these two processes that align with ECI recommendations are discussed.

2.6.1 Family engagement.

The acknowledgement of the ecological model and establishment of natural learning opportunities as the intervention context, has made gathering information about families' daily lives essential to achieve positive outcomes (Woods & Lindeman, 2008). The initial engagement frequently involves a communication process that is designed to gain knowledge about both the child's developmental needs as well as the support needs required by the family (McWilliam, 2010a).

As such, the ethnographic interviewing process has been repeatedly advocated as a tool that is not only responsive, but culturally appropriate (Hwa-Froelich & Vigil, 2004; van Kleeck, 2013; Westby, 1990). It is an unstructured interview that uses open-ended questions to invite families to describe and elaborate on their life experiences (Westby, Burda, & Mehta, 2003). This fluid forum presents a means to inquire of the families' context and culture, particularly around communication (Paul, 2007), while following their lead. The method allows the inherent values and beliefs underlying the families' communication practices to emerge while facilitating an authentic understanding of the communication context of the family-child relationship. The interview uses two main types of open-ended questions: descriptive questions and structural questions (Westby et al., 2003). Descriptive questions, for instance 'Tell me what happens during

mealtime', are asked to find out the families' perception of an event (Westby, 1990), while structural questions encourage exploration of patterns present in the families' descriptions, such as 'What other activities do you do during playtime?'. Structural questions not only elicit greater detail from the families, but information about how they organise their knowledge (Spradley, 1979). Despite the face validity of this process, there has not been any published investigations around its effectiveness in practice within the field of communication disorders.

In addition to this, the process of Routines-Based Interviews (RBI) has been recognised as a family-centred information gathering approach. The RBI is a semi-structured interview central to the Routines-Based Early Intervention model (RBEI; McWilliam, 2010b) that has six steps. Professionals work together with families to gather information about their day-to-day lives and form functional goals that contribute to intervention planning (McWilliam, Casey, & Sims, 2009). First, the family is informed of what to expect during the session and asked about their main concerns for their child and family. Second, the family describes their entire day. Third, the interviewer identifies or prompts for information in each routine about: what each member of the family is doing at during a routine and the child's actions, social relationships, engagement and independence. Fourth, the family is asked about their satisfaction with the routine discussed. Fifth, after the description of their day, the family's concerns that have arisen throughout the discussion about their day are communicated back to them. Following this, the family is asked what they would like support in. Finally, the RBI process ends with writing the goals, which can be family or child oriented, with measurement criteria.

Despite widespread use, its evidence base is only emerging (McWilliam et al., 2009). In one study, 16 families were randomly assigned to participate in either an RBI or a traditional process in developing an individualised family service plan (IFSP; McWilliam et al., 2009). The results indicated that families who participated in the RBI had written goals that were more functional, achieved more goals and were more satisfied with the process. As the methods behind this were not explained, these findings should be cautiously interpreted. Other studies have also found that RBI was

useful in producing functionally written goals (Boavida, Aguiar, & McWilliam, 2014; Hughes-Scholes, Gatt, Davis, Mahar, & Gavidia-Payne, 2016; Hwang, Chao, & Liu, 2013). However, two of these studies concluded that additional training was required to support their participants goal writing skills (Boavida et al., 2014; Hughes-Scholes et al., 2016).

2.6.2 Collaborative partnership.

Coaching has been recommended as an effective collaborative strategy incorporating adult learning techniques to support families in gaining knowledge and learning new skills (Woods et al., 2011). In this relationship, partnership is essential as "the coach promotes the learner's (coachee's) ability to reflect on his or her actions as a means to determine the effectiveness of an action or practice and develop a plan for refinement and use of the action in immediate and future situations" (Rush & Shelden, 2011, p. 8). This builds on the families' capacity to provide ongoing support for their children in the context of their daily environment. Coaching is a cyclical process that involves collaboration through five steps including joint planning, observation, action, reflection and feedback (Rush & Shelden, 2005). While coaching is a specific process, it uses a combination of known SLT strategies, including listening, modelling, joint problem solving, prompting and sharing feedback (Peterson, Luze, Eshbaugh, Jeon, & Kantz, 2007). On the basis of research and personal experience, Akamoglu and Dinnebeil (2017) added an extra step of evaluation, where the SLT and the family discuss their experience of the coaching process and plan what will happen next.

Meadan, Angell, Stoner, and Daczewitz (2014) explored the effects of coaching in five parent-child pairs. Each child was aged between 3-5 years and had a diagnosis of Down syndrome (DS). The intervention, the Parent-implemented Communication Strategy (PiCS; Meadan, Angell, et al., 2014) programme involved an initial 1-hour training session followed by two-to-three coaching sessions a week for an average of 4-months. Coaching was found to correlate with an increase in high quality use of a communication strategy. It was also demonstrated to be more effective than the training session. The programme's fidelity was ensured through the use of session protocols and further fidelity checks from a research team member who was not involved in the

intervention. Besides this, the parent-child interaction videos were consistently assessed according to a codebook by a primary observer, and 30% of the videos were assessed by a secondary observer. The strength of this study's procedures confirms the validity of findings.

Similarly, Brown and Woods (2015) found an increase in the parents' strategy use following coaching, which resulted in increased child use of the communication target. The participants included parents and a younger group of children aged 1-2 years who had been diagnosed with DS, developmental disabilities and Autism spectrum disorder (ASD) who were coached following a prescribed protocol. The sessions were reviewed by two separate observers for fidelity. Wright and Kaiser (2017) also found coaching effective when implementing a specific teach-model-coach-review (TMCR; Kaiser & Roberts, 2013) model. The parents exhibited gains in their use of the strategy after coaching. While the investigation of TMCR does not specifically assess the effectiveness of coaching as a strategy, each component of this model is used within the coaching strategy.

2.6.3 Cultural consideration of family-SLT communication processes.

The discussed family-SLT practices involve individualistic values of equality and reciprocity (Hanson, 2011b) which are vital to establishing a partnership. Each practice requires the SLT to follow the families' lead using strategies that encourage their engagement. Contrastively, for individuals with collectivist values, relational hierarchy is likely to guide their interaction and communication behaviours. Relationally, SLTs are likely to be revered as the expert, due to the high value placed by parents on education (Lian & Abdullah, 2001). Hwa-Froelich and Westby (2003) discovered this in their investigation that, while the American early childhood system required teachers to pursue a partnership with the family, the South-East Asian families perceived teachers as being in a position of importance. However, contrary to the traditional Japanese cultural values that align with collectivism, Kasahara and Turnbull (2005) discovered that Japanese mothers with children who have special needs desired family-professional relationships to be equal; recognising the families' contribution in the relationship and empowering the families to support their children in the life they choose to lead.

The perceived status of the SLT within this relationship can influence the effectiveness of the family-SLT process. Within the Malaysian context, those perceived to be in positions of authority are often shown deference through ritualistic behaviours, titles and obedience (Gom, Jiony, Tanakinjal, & Sigaul, 2015). This may be demonstrated by communication that is perceived as compliant, less expressive and non-assertive, in comparison with their individualist counterparts (Abdullah, 2005). These behaviours are purposeful for a collectivist group as they strive to maintain harmony and 'face' within a relationship (Abdullah, 2005). A difference in opinion may be seen as a challenge, which is interpreted as disrespectful as it can result in the loss of 'face' (Lie & Lick, 2007) and cause shame, another powerful force in guiding culturally appropriate actions within a relationship (Abdullah, 2005). Individuals are taught to value the wellbeing of the group above their own (Mohammad & Azman, 2014). Hwa-Froelich and Westby (2003) suggested that the roles and expectations of each member and the intervention activity need to be clearly communicated to avoid confusion.

Considering the potential Malaysian context, the anticipated communication style in each family-SLT process such as open-ended questions during information gathering and/or reflective questions in coaching needs to be considered. For example, 'What happens during your day?' or 'How do you think that went?' Although 'open-ended', these questions inquire directly about the families' lives, thoughts and feelings which, without clear explanation, can be considered unrelated to the intervention process or very personal. As the aim of these processes is to gain further insight into the families' situation or perception about an event, follow up questions may lead to discussion around topics that families may perceive as being taboo, such as disability (S. Chan & Chen, 2011). The SLT may be perceived as rude and the relational harmony may be disrupted, causing the family to lose 'face', which is central to the continuity of the relationship. During the coaching process, 'face' needs to be considered particularly when giving feedback (Yee, 2016). Yee (2016) also identified that Chinese people typically struggle with responses to reflective questions relating to emotions. Even if families disagree with an aspect of intervention, they may exhibit compliant behaviours and avoid asking questions if they do not understand what is said (Lian & Abdullah,

2001). This has the potential to negatively affect the engagement and the development of a collaborative relationship with families.

2.7 Family-Child Relationship

The family-child relationship is the second component of the triadic relationship and is important to consider in exploring the parent-child communication strategies suggested within naturalistic learning opportunities. The SLT is expected to be in tune with the norms of each family they work with; that is, who interacts with the child and how they interact, as well as the typical activities they routinely engage in (Woods et al., 2011). This knowledge is necessary in the process of understanding each family's patterns of behaviour and the value behind them.

2.7.1 Parent-child communication strategies.

In alignment with the ecological and social interactionist views, intervention is conducted with families in their everyday routines. Specific interaction and communication strategies are taught to the family members, often the main caregiver or parent, to support their child's communication development. A meta-analysis conducted by Roberts and Kaiser (2011) confirmed the effectiveness of parent implemented intervention. Their studies were inclusive of children with developmental delay, ASD and DS. Given the key role families play in their children's lives, increasing their capacity leads to increased intervention opportunities.

The recommended naturalistic strategies are typically characterised by language modelling, responsive communication, incidental teaching strategies and balanced turn taking (Roberts & Kaiser, 2011). These strategies stem from empirical research based on interaction behaviours of mothers with their typically developing child (Girolametto, Greenberg, & Manolson, 1986). The focus is on adapting the physical and linguistic environment of the child to ensure it is rich in language input and opportunities for child communication (Finestack & Fey, 2013). These strategies are often taught within approaches such as general stimulation, focused stimulation and milieu teaching strategies (Finestack & Fey, 2013).

General stimulation and focused stimulation use similar techniques such as: "(1) following the child's lead, (2) talking about the object to which the child is attending (i.e., parallel talk), and (3) responding to the child's verbalizations with semantically and grammatically contingent responses" (Finestack & Fey, 2013, p. 285). The approaches contrast in that focused stimulation has specific language targets while general stimulation does not. Hanen It Takes Two to Talk™ (Pepper & Weitzman, 2004) is an international parent programme that utilises both approaches in their intervention package. Although the language input is modified, the child is not required to produce language (Finestack & Fey, 2013). Milieu teaching strategies involve arranging the environment and using prompts such as modelling, mand model, time delay and incidental teaching to elicit the target word from the child (Paul, 2007). If the child does not say the target word, a specific sequence is followed that increases the level of prompting for the child to say the word (Finestack & Fey, 2013). These approaches align with a social interactionist perspective where the adult adjusts their communication to the child's developmental level and then gradually increases the complexity of their communication, while reducing the support provided as the child's communication skills develop (Bohannon & Bonvillian, 1997).

The following studies about communication strategies were also discussed in reference to their coaching component in section 2.6.2. In Meadan et al. (2014) parents' perceptions were obtained through a questionnaire and interview about the intervention programme, which involved coaching parents to use milieu teaching strategies. The social validity questionnaire found that parents enjoyed using the strategies, found it easy to implement and that they were effective in achieving their children's goals. The average parents' score for each item were between 4.3 to 5.0, with 5 being the highest level of satisfaction. This study also found that the children typically responded when the strategies were used and initiated communication when the parents used the time-delay strategy.

Wright and Kaiser (2017) explored the effectiveness of enhanced milieu teaching (EMT) with four parent-child dyads, where the children aged between 28-33 months, were diagnosed with DS. EMT combines the use of responsive strategies such as

balanced turn taking, semantically contingent responses, expansions and descriptive talk and milieu teaching strategies (Hancock & Kaiser, 2006), similar to strategies used in general and focused stimulation approaches. All parents reached criterion levels for the use of the strategies, however the responses of the children were variable. While two children made progress in gradual language acquisition (words or sign), the other two had variable responses. The authors suggested that the mixed outcomes could be due to the unfamiliarity of the generalisation assessment which used materials that were not used in the intervention.

Brown and Woods (2015) on the other hand explored an intervention model "KidTalk-TaCTICS Project" (KTP), which combined EMT with Family Guided Routines-Based Intervention (FGRBI). FGRBI focused on utilising prioritised family routines during the day as opportunities to use the learnt intervention strategies with their child. Regardless of diagnosis, the children appeared to increase in their communication skills congruently with their parents' use of the strategies.

2.7.2 Cultural consideration of parent-child strategies.

The described naturalistic intervention approach focuses on families adapting their communication and interaction styles to provide rich language input and opportunities for their children to communicate. The foundation of these strategies is based on solid research of communication behaviours of typically white, middle-class families in North America (van Kleeck, 1994) and therefore the results are likely to reflect individualistic values and beliefs. As parents tend to "adopt culturally specific parenting practices, which in turn facilitate culturally desirable behaviours from the child" (Liu & Guo, 2010, p. 109), understanding the parenting style provides key insight into typical family-child interactions and the values that guide them. Several areas should be considered when working in different cultures, that is: family structure and roles in the relationship, the value placed on 'talk', and how children are believed to learn language (van Kleeck, 2006).

An authoritative parenting style has been associated with individualism, while an authoritarian parenting style has been linked with collectivism (Keshavarz & Baharudin,

2009). However, Hong, Baharudin, and Hossain (2012) stated that Confucian parenting philosophy, which largely guides Chinese parenting styles, suggests the adoption of both authoritative and authoritarian parenting behaviours. The authoritative parenting style demonstrates warmth and support, valuing the child's independence but maintaining firm boundaries (Liu & Guo, 2010). Contrastingly, the authoritarian parenting style has been described as emphasising the need for strict discipline to ensure the child's obedience (Keshavarz & Baharudin, 2009). This is important as the child's behaviour is perceived as a reflection of "the parents' ability to provide proper guidance" (S. Chan & Chen, 2011, p. 270). Parents within the Chinese culture are also described as having a tendency to avoid showing emotion in childrearing (Liu & Guo, 2010). Additionally, an individual's parenting style is also influenced by their role and responsibility as a parent or family member. For example, it is reported that some Asian mothers are closer to the child and responsible for their behaviour, while some fathers may appear distant and have limited interactions with their child (S. Chan & Chen, 2011).

According to the survey results from the study by Johnston and Wong (2002), they found that Chinese mothers, living in Canada, believed that their children learnt best through direct instruction. The Chinese mothers also disagreed with a statement within the survey that play supported a child's learning. A study by Parmar, Harkness, and Super (2004) comparing Euro-American and Asian parents yielded similar results. Although the authors found that the Euro-American parents described the benefits of play to include their child's holistic development, Asian parents identified play to benefit the child socially and physically, however did not see it as supporting the child's cognitive development (Parmar et al., 2004). This was echoed by Hwa-Froelich and Westby (2003) where South-East Asian parents indicated that "observation, imitation or practice and hard work" (p. 310) were the main ways that a child learns, and instead of play, parents saw acts of care as more meaningful in showing love.

Filial piety is typically held as a value among Asian cultural groups (S. Chan & Chen, 2011). It is described as the "children's absolute loyalty to the family as well as parents' responsibilities in raising their children" (Hong et al., 2012, p. 1020). Obedience,

unconditional submission and dependency in this relationship are of utmost importance to the parent as this is a way of gaining 'face' (S. Chan & Chen, 2011). Within a family context, children are not expected to have their own opinion as their parents' guide their understanding of what is good or bad (R. Chan et al., 2016). Therefore, encouraging independence can be viewed as a threat by families with collectivist values (Liu & Guo, 2010).

In light of the descriptions of cultural behaviours, Yong and Wong (2015) questioned the use of commonly recommended ECI parent-child interaction strategies and their functionality within the Malaysian cultural context, a nation which has been aligned with collectivist cultural patterns (Fauziah & Kamaruzaman, 2010). Yong and Wong (2015) proposed that this illuminates a further need to explore more appropriate communication strategies that embrace "the language teaching and learning beliefs of Malaysian culture" (p. 12). Strategies that require parents to adjust themselves to their children such as 'get down to their child's level', 'follow the child's lead' and 'balance turn taking with their child' (Pepper & Weitzman, 2004) may conflict with the parents' need to maintain control. These strategies typically occur within the context of play, which may not be perceived as a context for learning (Yee, 2016). Besides this, the skill of listening in collectivist communities may be seen as a sign of respect and interest, especially to someone who is in authority, such as a parent or elder (S. Chan & Chen, 2011). Therefore, careful consideration is required when delivering ECI cross-culturally as suggesting communication strategies that require adult adaptation of their communication or the environment may conflict with the families' values and beliefs (van Kleeck, 2013).

2.8 Telepractice

The mode of telepractice presents an increased opportunity for SLTs to engage in the cross-cultural delivery of ECI. Therefore, the discussed cultural considerations of family-SLT and family-child practices are particularly important to consider within this context. As a potential ECI service delivery option, telepractice emerged in direct response to a need to provide services to remote populations (Houston, Stredler-Brown, & Alverson, 2012). Research began over 50 years ago but has only recently undergone

significant expansion (Speech Pathology Australia, 2014). Telepractice has been used with clients across the entire age range, for the purposes of screening, assessing, treating, following up and consulting (American Speech-Language-Hearing Association, 2014). Emerging research has identified telepractice to be generally effective in providing services in the areas of fluency, aphasia, dysarthria, voice disorders, apraxia, dysphagia, and general paediatric speech and language disorders (Edwards, Stredler-Brown, & Houston, 2012). This wide application of telepractice was echoed by the survey response of SLTs who delivered services through telepractice (American Speech-Language-Hearing Association, 2014). However, a call remains for further research, particularly around telepractice treatment outcomes (Houston, 2014).

2.8.1 Telepractice in early intervention.

Due to the nascent nature of telepractice, this section discusses the outcomes of early intervention (EI) studies, which encompass SLTs as well as other interventionists working in EI, such as physiotherapists (PT) and occupational therapists (OT). The physical distance in telepractice generates the ideal set of circumstances for the delivery of EI (Olsen, Fiechtl, & Rule, 2012). As the interventionist is not face-to-face with families and their children, a strong collaborative partnership is crucial to share knowledge and skills. This was noted by the OT and PT in the Kelson, Fiechtl, Olsen, and Rule (2009) study with four rurally based families, who reported that telepractice forced them to employ coaching techniques. They described feeling uncomfortable and were unfamiliar with the level of collaboration needed to work with the parents over telepractice, as they tended to be child-centred in their face-to-face visits. Olsen et al. (2012) observed the differences in behaviour of the interventionist between the telepractice and face-to-face context. There were 17 interventionists involved across 2-years which included the roles of PT, OT, SLT, special education and child development providers. The interventionist used telepractice and continued with a monthly face-to-face visit with 10 rurally based families. Coaching strategies were used more frequently over telepractice than in face-to-face visits. It was further identified that the parents and the interventionist engaged in more EI programme related discussion, such as their children's health, than in face-to-face visits. This finding aligns with the idea that using a family-centred approach requires greater understanding of families,

what their daily life looks like and what is important to them (Woods et al., 2011). Other benefits included time and travel cost savings, as noted by studies conducted with rurally based families (Cason, 2009; Kelson et al., 2009; Olsen et al., 2012). These parents commented on the benefits of being able to have more regular sessions (two-to-three times a month instead of once a month), a familiar environment for their children and a safe setting (i.e., for one child who had compromised immune system).

McCullough (2001) specifically focused on SLT delivery of telepractice to five families, four of whom had children with DS and one with Cornelia de Lange syndrome. The parents and the SLT identified that their children made substantial gains in their communication development. The parents were positive about the programme and indicated that they would recommend this experience to others. Kelson et al. (2009) did not report on the parents' perception of their children's progress, while Cason (2009) found both parents felt that their children had made progress. Although the parents were generally satisfied with the programme in Olsen et al. (2012), one parent preferred face-to-face visits while another parent reflected on the benefits of both approaches, "In the home visits, [the service provider] did more one-on-one with [child's name] and was able to interact, which he liked. On the virtual visits, she told me ways I should interact with him to get him to talk. Both were good" (p.275). More recently, a comparison study of 48 parents with children with hearing loss, verified that parents in the telepractice and face-to-face groups perceived similar levels of support, knowledge, and confidence in supporting their children's development (Behl et al., 2017).

Thus far, these small-scale studies contribute evidence toward the feasibility of telepractice in ECI. Unfortunately, they lack description of intervention procedures and therefore the ability to be replicated. Olsen et al. (2012) had also mentioned choosing "families of various cultural and linguistic origins" (p. 270) without discussing what they were and whether this was consequential. While the experience of telepractice is mainly positive, substantial evidence needs to be obtained to confirm its effectiveness. Of note is that telepractice contributes to the increased adoption of ECI recommendations and associated practices.

2.8.2 The internet-based parent-implemented communication strategies programme.

The Internet-based Parent-Implemented Communication Strategies (iPiCS; Meadan et al., 2016) programme was the only researched telepractice intervention model at the time the present study was implemented. This programme grew out of a face-to-face ECI programme referred to as the Parent-Implemented Communication Strategies programme (PiCS; Stoner, Meadan, & Angell, 2013) discussed in sections 2.6.2 and 2.7.1. The objective of both intervention programmes was to create an effective "coaching model that can easily be adapted to coach parents to implement a wide variety of communication interventions" (Stoner et al., 2013, p. 115) using naturalistic strategies. The steps included:

“(a) share a vision and establish long-term and short-term goals; (b) teach parents the intervention strategies; (c) set session goals and implement the intervention strategy; (d) observe parent, give feedback and evaluate the process; and (e) monitor progress and set new objectives” (Stoner et al., 2013).

The foundation of iPiCS (Meadan et al., 2016) was based on the socially valid and effective PiCS programme (Meadan, Stoner, et al., 2014). A team of 20 reviewers, including parents who have children with special needs, SLTs and special education early childhood teachers, examined pre- and post-intervention videos of eight parent-child dyads presented in a random order. The results indicated that progress was observable between the two videos.

Research on iPiCS (Meadan et al., 2016) investigated three mothers, with children who had been diagnosed with ASD. This programme taught milieu teaching strategies through an initial training session, followed by regular 30-minute coaching sessions, twice weekly for approximately three and a half months. Coaching took place in three phases: (1) developing a plan to practice the strategy (pre-observation), (2) observing the parents practicing the plan (observation) and, (3) reflection and feedback (post-observation). The strategies were introduced one at a time. Video-feedback took place fortnightly, that is reviewing videoed parent-child interactions to highlight the parents’

progress and areas to continue working on. Similar to outcomes from PiCS (Meadan, Angell, et al., 2014), parents demonstrated the ability to use the strategies accurately following their coaching sessions. The parents indicated a high level of satisfaction with all aspects of the intervention, stating that they felt empowered to use their newly learnt skills. The parents also reported that their children had improved in their communication skills verbally and non-verbally, had more positive interactions and were more involved in family activities.

The study delivered high fidelity intervention, through completed checklists for the training and coaching components by the SLT, and a second member who reviewed all training session videos and 30% of the coaching session videos. As for the parents' use of the strategy, a coding manual was used to ensure consistent analysis of parent-child interaction videos. This included videos from before intervention, the training session, all coaching sessions and videos on random non-coaching days to observe for generalization of the strategy use. Each video was coded by the SLT and a second reviewer. Interrater reliability of at least 80% was needed in each coding category.

The iPiCS (Meadan et al., 2016) intervention study added to the evidence base a clearly defined telepractice programme and research procedures, with robust outcomes for both the parents and their children, which extended to their family context. Although the sample size was limited, these case studies provided detailed information as to the procedures followed and the progress that parents made through a telepractice programme, enabling future the replication of the study. This provided a strong foundation method for the current intervention study.

2.9 Conclusion

Cultural values play a key role in shaping communication behaviour. The current literature suggests that ECI recommendations and practices may conflict with cultural practices of certain groups, particularly those who align themselves with collectivist values. The exploration of telepractice highlighted its potential to increase accessibility to SLT services, which suggests that providing ECI cross-culturally may become the norm. While evidence around telepractice in ECI is emerging, information to guide

cultural practices when delivering ECI via telepractice is non-existent. This study's objective is to contribute knowledge to the field around the process involved in identifying cultural considerations, when working cross-culturally through telepractice. The study's design and methods for ECI delivery via telepractice are presented in the next chapter.

Chapter Three: Methodology

3.1 Introduction

This chapter sets out the steps I took to deliver early communication intervention (ECI) to two families (parent-child pairs) in Malaysia, through telepractice. The aim of this study was to discover considerations for delivering culturally competent practice in the context of ECI delivery. The chapter begins with the research questions guiding this inquiry and explains the chosen research design. Next, details are provided about the process of recruitment and the participants involved. The following section discusses the intervention procedure, data collection methods and the technology used. Then, a description of the data analysis method is given. In the final section, the ethical considerations of this study are explored.

It is important to note that originally three parent-child pairs agreed to participate. However, the study involved data collection from multiple sources across multiple phases resulting in a large body of data. Preliminary content analysis revealed similar patterns for two parent-child pairs compared to the other pair's contrasting patterns. In consultation with my research supervisors, a decision was made to include data from only one of the similar pairs and the contrasting pair in the final data analysis for this study. A full and comprehensive analysis of all three pairs was beyond the scope of a Master's research project.

3.2 Research Questions

This study was guided by two research questions:

1. What cultural considerations need to be made in delivering ECI cross-culturally, through telepractice, to the family?
 - a) How were cultural considerations identified?
 - b) What were the cultural considerations identified?
2. What were the communication and sociocultural outcomes perceived by the family?

3.3 Research Design

Practitioner inquiry, a qualitative approach, was used to investigate the delivery of culturally competent ECI through telepractice. Based on the research questions, the inquiry required the chosen research design to allow the participants' reality to be expressed from their perspective. The characteristics of a qualitative approach enabled rich descriptions of the participants' experience and social event to be gathered (Creswell, 2014). Furthermore, it permitted flexibility in the data collection process and the ability for findings to emerge inductively (Bryman, 2016).

3.3.1 Practitioner inquiry.

Practitioner inquiry is recognised as an umbrella term representing a group of research approaches (Heikkinen, de Jong, & Vanderlinde, 2016). Cochran-Smith and Lytle (2009) identify practitioner inquiry as encompassing five major approaches including: self-study, participatory action research (PAR), the scholarship of teaching, using practice as a research site and teacher research. They note that central to each branch are characteristics of a practitioner-researcher, using one's professional site for research, collaboration, and systematic collection and analysis of data. Broadly defined, practitioner inquiry is "workplace research or development work within a professional field that is carried out by practitioners, who are personally involved with the professional practices, actions and activities of the field" (Heikkinen et al., 2016, p. 2).

I initially considered using PAR, specifically the participant intervention model (PIM; Natasi et al., 2000) as my research design. However, my study did not meet two criteria of PIM, which are: (1) that the participants collaborate as co-researchers (Altrichter, Kemmis, McTaggart, & Zuber-Skerritt, 2002) and (2) that the research follows iterative cycles of inquiry (i.e., looking-thinking-action; Creswell, 2015). Instead, self-study, expressed as "inquiries at the higher education level by academics involved in the practice of teacher education" (Cochran-Smith & Lytle, 2009, p. 40) was identified as a more suitable design. Cochran-Smith and Lytle (2009) further clarified that the practitioner is anyone involved in the field of education.

Aligning the study with the characteristics of practitioner inquiry, I was a speech-language therapist (SLT)/practitioner-researcher, delivering ECI (practice), using telepractice (work site), systematically exploring my practice through ethnographic interviews, field notes, parent-child observations and self-reflections (data collection methods). With respect to the branch of self-study, I was an academic conducting a master's study to explore my professional practice. I was positioned within the study, which was beneficial to investigate the intricacies of cultural competency. It also facilitated critical reflection of my own professional practice which is an expected process for all practitioners.

3.4 Recruitment and Participants

Prior to commencing recruitment, I aligned the recruitment process and research goals by defining clear inclusion and exclusion criteria for the participants. The recruitment criteria included parent(s) and/or family member(s) who had a child aged between two-to-three years, who communicated at the single word level or below. The adult participant was required to be proficient in English (both written and spoken modalities) and to have access to technology needed to conduct telepractice. The only exclusion criteria were an inability to commit to the requirements of the intervention.

A generic purposive sampling approach was employed, where “sampling is conducted purposively but not necessarily with regard to the generation of theory and theoretical categories” (Bryman, 2016, p. 412). Dr Tze-Peng Wong, an SLT and university lecturer in Malaysia, was my local contact and cultural supervisor. She forwarded a copy of the ‘Recruitment Letter’ and ‘Participant Information Sheet’ (Appendix A and B) to her network of SLT colleagues, who then passed the information to families with the potential of meeting the recruitment criteria. Potential participants who emailed me to express interest in the study were contacted through a WhatsApp phone call with the purpose of sharing information about the research and to determine whether they and their children met the recruitment criteria. They were asked to respond to the research invitation when they were ready. If they chose to participate, a shared folder was created for them on DropboxTM and they were requested to sign the ‘Participant Consent Form’ (Appendix C). This medium facilitated reciprocal sharing of documents and

videos throughout the intervention process. The next sections describe the participants involved in the study.

3.4.1 Family-child participants.

The participants involved were three parent-child pairs. Of the two parent-child pairs discussed in this study, both parents were mothers, Linda and Samantha. Linda participated with her daughter, Danielle, who had Down syndrome (DS) while Samantha participated with her son, Jasper, who was preliminarily diagnosed with Autism spectrum disorders (ASD). Danielle was aged 2;4 and Jasper aged 2;2 at the beginning of intervention. Danielle communicated using a few single words, but mostly signs and vocalisations. While Jasper used a few single words occasionally, he preferred to lead his parents by the hand, make sounds and use body language. Both pairs lived in different states within Malaysia (further information included in the Results chapter).

3.4.2 The researcher and the SLT.

My involvement in this research study was as a participant, performing the role of the SLT, in addition to the researcher. This was important to clarify, given the qualitative nature of the practitioner inquiry design. As a researcher, I formed the research questions, crafted the methods, and analysed the data collected, and as an SLT, I delivered the intervention. Nevertheless, I recognised that both roles were often essential to complete a task. This is characteristic of practitioner inquiry, where the distinction between practice and inquiry becomes blurred (Cochran-Smith & Lytle, 2009). I chose to approach this exploration by merging my two roles together and consequently presenting an integrated perspective in the discussion of this study.

Throughout this study, I constantly self-reflect on what contributed to the way I functioned as an SLT; such as my training and skill, cultural background, values and life experiences. This element, critical to qualitative research, known as ‘reflexivity’, is described as a situation where “the inquirer reflects about how their role in the study and their personal background, culture, and experiences hold potential for shaping their interpretation” (Creswell, 2014, p. 186). These reflections contributed to the refinement of my approach to intervention and formed one of my data sources.

3.5 Procedures

The ECI service provided to the parents occurred in three phases: Assessment, Planning-Intervention and Wrap-Up (Figure 1). The Planning-Intervention Phase procedures were based on an adapted form of the Internet-based Parent-implemented Communication Strategies (iPiCS; Meadan et al., 2016) programme. The sessions were adjusted to enable the parents' involvement without their children being present. This adaptation was important to allow greater ability to participate in this study given the differences in time zone and variability of family routines. Each parent had their sessions at the place of their choice and I conducted the intervention from my home in New Zealand. When parents were unable to attend a session, it was rescheduled to the next available day and time. The intervention was conducted in English and video recorded with consent. I regularly wrote field notes and self-reflections to support ongoing intervention planning.

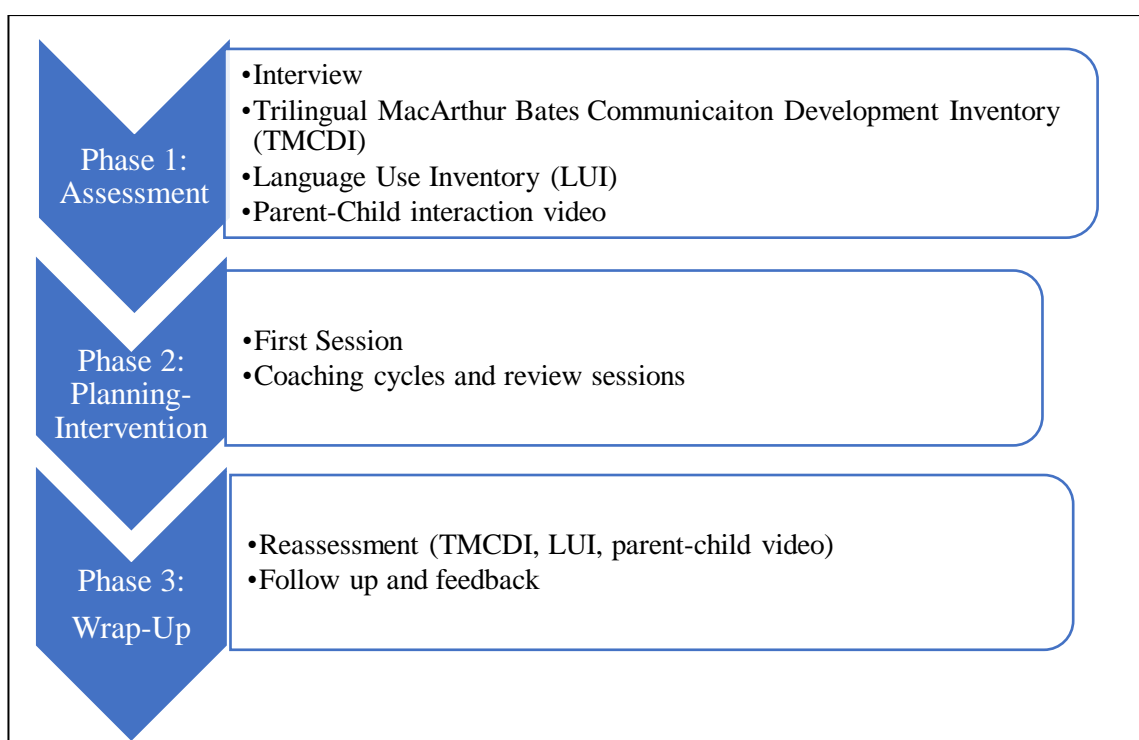


Figure 1: Summary of intervention phases and activities

3.5.1 Phase 1: Assessment.

The Assessment Phase included an interview session, two parent reports and a video clip of the parent-child interaction. The rationale for the assessment choices was to capture the multilinguistic and multicultural context of Malaysia, and for its usability through telepractice. The objective was for me to engage in a family-centred approach that demonstrated value for the families' unique context. At the point of this study, there were no standardised language assessments for Malaysian children between two-to-three years of age (T. P. Wong, personal communication, June 1st, 2017). Therefore, qualitative information was gathered and integrated to provide descriptive information about the parents' and their children's interaction and communication skills. It was vital to have an accurate communication profile for intervention planning given the distance imposed through telepractice.

The first assessment activity was an interview session which involved the parents describing a typical day for them and their children (Appendix D). From this, essential information was gathered about their children's functional communication skills, communication partners and the contexts where communication frequently occurred. This was crucial for setting appropriate goals and activities, and as importantly, a process to enable engagement, leading onto a foundation for collaboration. After the interview, the parents were provided with a handout in their DropboxTM folder that guided them to complete the assessment process. The Trilingual MacArthur Bates Communicative Developmental Inventory (TMCIDI; Low, 2009) and the Language Use Inventory (O'Neill, 2002) were parent reports chosen to gather information about the children's vocabulary and language use respectively. Together, these assessments presented a descriptive picture of the children's current language use, form and function (Bloom & Lahey, 1978).

Lastly, the parents were asked to video themselves interacting with their children for five-to-seven minutes in a daily activity. This observational assessment method was selected to assess both parents' and their children's functional interaction and communication behaviours in a real-life, naturalistic setting. As parent interaction styles and play have been identified as varying between cultures (Yong & Wong, 2015), the

video allowed initial examination of cultural and linguistic features present. The features that were considered in the analysis of the video were based on aspects that had been discussed in the literature such as the parent-child communication behaviours, types of strategies that may be used and the context of the pairs' interaction. The video was shared by the parents through the parent-SLT Dropbox™ folder.

3.5.2 Phase 2: Planning-implementation.

The intervention block involved a 'First Session', followed by two coaching sessions a week and a weekly review session. This block was intended to last 10 weeks, or 20 sessions in total and is described in the subsequent sections. This phase differed from iPiCS (Meadan et al., 2016) in that it omitted a training session, as I believed that based on ECI recommended practices, coaching sessions presented a context that was adequate in exploring culturally competent practice. Besides this, the First Session was not part of the original programme structure; however, I incorporated the goal setting questions as used in iPiCS (Meadan et al., 2016) within this session. The weekly review was also an additional component to the programme. Finally, the coaching procedures and strategies shared remained the same, although the criteria used to progress from one strategy to another was adjusted.

3.5.2.1 First session.

The plan for the First Session of the intervention block was to share assessment results from the Assessment Phase, set intervention goals, and share information about ECI and the intervention process. In alignment with a family-centred approach, I aimed to acknowledge the parents' intimate knowledge of their children and their understanding of ECI. I followed recommendations from King, Servais, Bolack, Shepherd, and Willoughby (2012) to listen using "skills involved in understanding the other person and demonstrating this understanding" (p. 460) before communicating information. A reflective communication style was used to encourage the parents to contribute their thoughts and ideas. The aim was to encourage engagement which was required as part of a collaborative partnership. This strategy had a dual function of providing insight into the families' cultural context and collecting data for my inquiry.

First, the parents were given feedback about the assessment results. The objective was to communicate with them my understanding of their children, and to invite them to clarify or provide further information. This was followed by goal setting which was intended to be a forum to “understand the parents’ visions for their children” (Stoner et al., 2013, p. 115). After the session, the tentatively set goals were made available to the parents through DropboxTM. This allowed them to confirm that these indeed were their goals before finalising them, with the purpose of demonstrating the value of their input in this partnership.

Following this, I facilitated a discussion to integrate shared understanding around ECI and language development. I asked open-ended questions to find out the parents’ personal experiences and knowledge about these topics and based my explanation on the knowledge they shared. The rationale for this method of sharing information was to establish a collaborative relationship (Kasahara & Turnbull, 2005). Two handouts were used as a visual aide for discussion (Appendix E and F). ECI recommended practices and values were discussed and linked to the strategies and activities of this intervention, for example, it was explained that coaching was used to provide the parents with strategies to support their children in their daily life.

3.5.2.2 Coaching cycle and review.

Coaching followed the same cyclical process of iPiCS (Meadan et al., 2016) that is, pre-observation, observation and post-observation (Figure 2). The strategies were introduced in the following order: environmental arrangement, modelling, mand modelling and time delay. In the pre-observation component, I shared about the strategy using a handout (Appendix G) and video, as in iPiCS (Meadan et al., 2016) however, I used resources adapted with cultural relevance in mind. Once the parents understood the purpose and function of the strategy, an action plan (Appendix H) was co-created for them to practice the strategy in their daily routine. The plan was role played in the session for practice. The next component involved observing the parents using the strategy with their children through a video clip that was shared in between sessions. Finally, the post-observation component took place in the subsequent session, where the video was reviewed together. As the parents shared their perception of how the video

went, reflective questions were asked to encourage them to analyse their use of the strategy. This took place prior to providing feedback and suggestions. The post-observation component concluded with a summary of the discussion. Coaching provided “a structured method for accomplishing such partnerships with the focus on sharing skills, knowledge and experiences to develop competence and confidence in the key people...influencing a child’s life” (Rush, Shelden, & Hanft, 2003, p. 34).

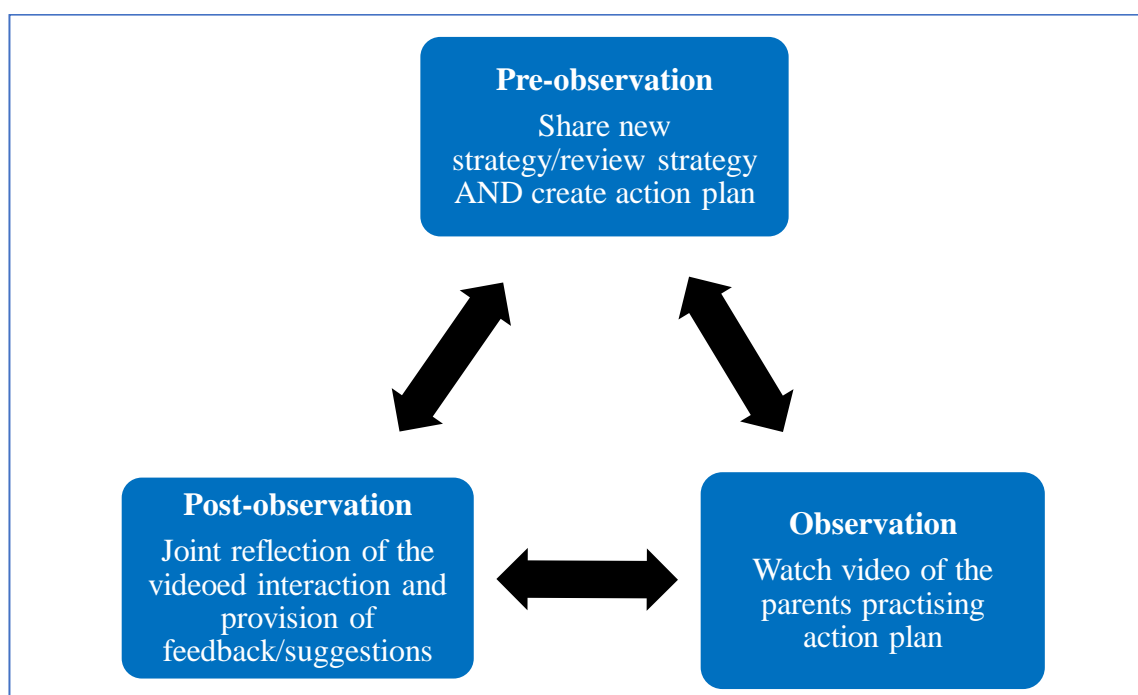


Figure 2: The coaching cycle

The coaching cycle reviewed the same strategy multiple times to support the parents’ enactment of the strategy in different daily activities (Stoner et al., 2013). However, unlike iPiCS (Meadan et al., 2016) which had specific performance criteria relating to the parents’ use of the strategy, this study did not use pre-determined criteria for progression to the next strategy. Instead, information was gathered through parent discussion, compared to their video and progress that was made between each video was observed. Once there was joint agreement on the parents’ perceived competence and confidence in using the strategy independently, a new strategy was introduced in the following cycle. The intervention concluded once the parents were coached to use all strategies or after 20 intervention sessions were completed.

An additional component to iPiCS (Meadan et al., 2016) was a 10-minute review that took place weekly, immediately after a coaching session. It began with an open question prompt or followed the parents' lead in a topic they brought up. These are recommended strategies for gaining a deeper understanding about the parents' personal experience of the intervention (Westby, 1990). This step was included to continually ensure the delivery of culturally competent intervention through an open forum with the parents.

3.5.3 Phase 3: Wrap-up.

This phase included the parents completing the TMCDI (Low, 2009), LUI (O'Neill, 2002) and a five-to-seven minute video of their parent-child interaction, following the same process described in the Assessment Phase. A final session was also held for joint sharing of the progress that was noticed about the parents and their children, using information from the assessment to supplement discussion. The session concluded by expressing appreciation to the parents for their commitment to the intervention programme and answering any questions they had.

3.6 Data Collection

The intervention procedures that supported ongoing intervention delivery doubled as data for analysis to address the research questions. The collection methods of ethnographic interviews, field notes, parent-child observations and self-reflections were selected for their fundamental ability to capture the different dimensions of my relationship with the parent-child pairs. Obtaining multi-faceted information was essential to exploring the evolving nature of collaboration and cultural competency in ECI. Each data source was collected in all phases of intervention.

3.6.1 Ethnographic interviewing.

The ethnographic interviews provided critical information to ascertain a description of the families' norms and what is important to them (van Kleeck, 1994). Tracy (2013) suggested many benefits of interviews including eliciting opinions and experiences, discussing events that are not able to be observed (e.g., daily life or the past) and even

the ability to provide a framework of how they understand their world. I followed the recommendation of being “present” and listening (Stoner et al., 2013) with the aim of showing the parents that I valued their communication.

Ethnographic interviews took place once in both Assessment and Wrap-Up Phases for 60-minutes each, and weekly in the Planning-Intervention Phase, 10-minutes each time. The Assessment and Wrap-Up Phase followed a dynamic protocol (Appendix D). In the Planning-Intervention Phase the parents were asked their opinion of the intervention in general or sometimes more specifically about an aspect of intervention, for example their experience with reflective questions. Other times, a conversation topic from the coaching session was continued as it related to an aspect of intervention, such as a parent’s question about a communication strategy.

Each phase focused on comprehending a slightly different aspect of the parents’ ‘world’ and experiences. The Assessment Phase focused on the parents’ day-to-day routine. The aim was to understand the families’ norms, including activities, people involved, how interaction and communication took place, particularly with their children. The Planning-Intervention Phase provided the opportunity to explore the parents’ ongoing perception and experience of the intervention, while the Wrap-Up Phase allowed them to share their overall perception of the intervention, the impact it had on their families, and the use of telepractice. Although, each phase had a ‘theme’ to focus on, the goal was to follow the parents’ lead and to gain a view of each event through their eyes (Westby et al., 2003). Questions asked focused on drawing out further information to understand the parents. Each interview session was transcribed to obtain an accurate account of the parents’ voice (Tracy, 2013).

3.6.2 Field notes.

Field notes enabled information to be gathered about "either the context or the phenomenon being studied" (Yin, 2014, p. 114). As the information was obtained through direct-observation (via video) and participant-observation (actual intervention sessions), the notes described my observation of what took place within the session; this included topics discussed, parents’ responses, information shared, changes within the

session and so on. In this simple and unstructured format, there was great flexibility for information to be captured to meet the needs of the research question. Field notes were written for all phases, for each session, initially in the form of brief notes which were written in full after reviewing the video recording of the session. This typically happened within the same day to ensure all relevant thoughts and impressions were recorded.

3.6.3 Parent-child observation.

A direct-observation method was used for videos shared of the parent-child interaction. This observation method was chosen to assist comprehension of both parent-child interaction and communication in real life (Marshall & Rossman, 2016). After reviewing the video uploaded by the parents onto the shared Dropbox™ folder, notes were specifically recorded about the parents' use of an intervention strategy, how their children responded and relevant contextual information within the video. This information supplemented verbal description given by the parents through the ethnographic interviews. This took place once during the Assessment and the Wrap-Up Phase and multiple times during Planning-Intervention Phase. The number of videos in the Planning-Intervention Phase was dependent on the number of coaching cycles that were completed. These videos were part of the observation component of the coaching cycle, allowing me to review the use of the strategies.

3.6.4 Self-reflection.

Self-reflections enabled the expression and documentation of my internal processing in relation to delivering intervention. This included "thoughts, feelings, fears, desires and needs" (Ortlipp, 2008, p. 703) which influenced all intervention activities. Exploring and expanding on these areas led to an understanding of values and beliefs underlying my thoughts and actions. It also provided a forum for my personal views to be exposed and challenged, assisting the learning process (Jasper, 2005). For this reason, self-reflections were selected as data to reveal more intimate information about my involvement within the intervention relationship and process.

After each session, I wrote a self-reflection to capture the overall 'feeling' of the session and any aspects that 'stood out'. The unstructured format permitted me to start the reflection by describing what stood out and then to explore the circumstances surrounding this. Ortlipp (2008) expressed this process as bringing "the unconscious into consciousness and thus open for inspection" (p. 703). My reflections were written within a day of the session, but mostly immediately after the session to accurately capture my internal processing. To address the risk of "over indulgence of the 'self' in embellishing what is recorded" (Lamb, 2013, p. 85), I used this process to document my reflection within the context of describing the event, which provided a process to display my integrity (Jasper, 2005).

3.7 Technology

Ease, accessibility and minimal cost were prioritised in choosing technology and Internet programmes. The intention was to remove barriers for families to participate in this study. The technology required was Internet access and a device to video conference, such as a laptop, desktop, cell phone or tablet. With this technology, the parents accessed the recommended free Internet programs: Zoom, Dropbox™ and an email account. The Internet programs were used in delivering intervention and collecting data. Zoom, a videoconferencing tool, allowed the sharing of handouts and videos using the screen share function. Each session was video recorded, using Zoom, for reviewing and transcribing interviews post-session. This was beneficial for detailed, specific analysis of what was said and the way it was said (Bryman, 2016). Dropbox™, was used to create a parent-SLT folder for sharing assessments, handouts and videos. Email and WhatsApp were used as communication tools.

3.8 Data Analysis

Content analysis was used to analyse the data for the two parent-child pairs. This is defined as "any qualitative data reduction and sense-making effort that takes a volume of qualitative material and attempts to identify core consistencies and meanings" (Patton, 2002, p. 453). This can be approached either deductively or inductively (Elo & Kyngäs, 2008). While a deductive approach is used to evaluate the study's data against "prior assumptions, theories, or hypotheses identified or constructed by an investigator"

(Thomas, 2006, p. 238), an inductive analysis allows themes or patterns to emerge from the raw data (Patton, 2002). Thomas (2006) asserted that the absence of constraints was an advantage in the inductive approach as it enabled the identification of unexpected key findings. Nevertheless, DeCuir-Gunby, Marshall, and McCulloch (2011) advocated the use of both inductive and deductive approaches to allow the integration of "the theoretical underpinnings of a study with the data that has been generated by the study" (p. 152). Based on this, a deductive and inductive approach were chosen to anchor the data in current literature while allowing additional findings to emerge that would contribute to furthering knowledge in the studied phenomenon.

The steps taken in this study were largely based on the description of approaches in the articles by DeCuir-Gunby et al. (2011) and Thomas (2006). They are reported as follows. The first step, common to most processes in qualitative analysis, was to prepare the raw data (Marshall & Rossman, 2016). Raw data from each parent-child pair were grouped by source and then separated into three datasets according to the intervention phases. An example of a specific dataset was Linda-Danielle's (parent-child pseudonym) self-reflection source from the Assessment Phase. Separating data into these subgroups allowed triangulation across parents, sources and phases. The data were read and re-read to allow familiarisation and immersion.

Next, a framework (Appendix I) was prepared together with my supervisor, based on literature around the development of collaborative relationships to guide deductive analysis. This encompassed themes relating to family-SLT relationship, which is central to ECI delivery (Dunst et al., 2007). The framework was then reviewed with consideration of cultural differences in collaboration. For example, the code 'parenting roles' was placed under the framework theme of 'alignment', as the literature identified that the parents' perception of their parenting role could conflict with the suggested communication strategies (van Kleeck, 2013). In addition to this, potential labels associated with the framework themes were listed within the framework, such as 'authoritarian parenting' linked with parenting role, which was recognised in the literature to be a common Malaysian parenting style (Keshavarz & Baharudin, 2009).

Examining the data against collaborative relationships supported the study's inquiry of cross-cultural considerations in delivering ECI.

Once the data and framework were prepared, an iterative process of open coding began. This was defined as the process of "generating names and labels for phenomena identified in the data" (Marshall & Rossman, 2016, p. 222). The unit of data that was coded was based on meaning, rather than a specified length of text (DeCuir-Gunby et al., 2011). This was to avoid losing important contextual information, a noted weakness of this method (Bryman, 2016). By following a process where the same unit of data could be coded more than once, and a chunk of data could remain un-coded (Thomas, 2006), the codes represented meaning. The data were analysed by reading the text in small sections, such as a paragraph of text. It was first read and reviewed against the deductive framework and coded accordingly. Next the same section was read for any themes or patterns that could be coded inductively. The focus of the inductive analysis was to identify themes inherent in the data aligning with the research objectives that were unexpected or did not appear through the process of deductive coding. As these themes emerged, a label was given to code this phenomenon. This practice was repeated throughout the datasets.

While coding, a codebook was simultaneously created. Codes were entered into a codebook with a definition, the text example and a reference to the dataset the code was used in (Table 1). As the codebook continued to expand, it was regularly reviewed, developing and adjusting the code and its definition to ensure it maintained accuracy in capturing the analysis that took place. My supervisor was also involved in reviewing the codebook several times during the process, to ensure that the codes and definitions were clear, aptly representing the coded examples. This enhanced the methodological rigour of the process.

Code name	Definition	Example	Data source
Affirmation	Comments made to highlight the positive things that the parents have done.	I hope the biggest thing you take out from this session is that you are doing the strategies well and that they have really been supporting Jasper as we can see. (SJ)	SJ1: T, SR SJ2: T, FN, SR SJ3: T LD1: T LD2: T, FN LD3: T

Table 1: Code book excerpt

The next stage of coding involved refining and redefining codes based on their similarities. Codes could be combined to create a single code or were grouped under a broader category (Thomas, 2006). For example, the code 'roles and responsibilities' was a superordinate label created to express all codes related to family members involved in the child's life and what they did. Besides this, codes were reviewed for their relevance to the research question and the strength of their evidence in the data. Codes were left out of the iterative process if they were viewed as irrelevant in answering the research questions, redundant, or were weak (i.e., did not converge with other data sources). For example, the code 'expectation of SLT intervention' had evidence in one data source, from one parent and was therefore excluded from further analysis. This was part of the process of condensing the data. Based on recommendations by Thomas (2006), the described process continued until the codes were refined and condensed into a maximum of eight key themes that were relevant to the study's objectives.

3.9 Trustworthiness

Within qualitative studies, trustworthiness has been established as a measure of quality consisting of credibility, transferability, dependability and confirmability (Hwa-Froelich & Westby, 2003). This section discusses the actions taken to enhance this study's methodological rigour, in relation to the four criteria.

Credibility refers to the "attempt to demonstrate that a true picture of the phenomenon under scrutiny is presented" (Shenton, 2004, p. 63). One method used to strengthen credibility was the triangulation of multiple data sources, which were purposed to reveal

"different aspects of empirical reality and social perception" involved in creating an informed picture of each case (Patton, 2015, p. 661). These sources also enabled the investigation of potential information patterns within and between parents, phases and sources, thus further contributing to the credibility of the findings. The criteria of transferability involved allowing readers to make their own decisions about the applicability of the study's findings to other similar situations (Bryman, 2016). Multiple data sources were additionally obtained to create thick descriptions for each case thus providing a clearer context to the presented findings. To support dependability, rich descriptions for the research methods were provided to enable other researchers to repeat the study (Krefting, 1991).

Finally, in order to establish confirmability, the study recognised the influence of my perception in interpreting the results (Shenton, 2004). As a constructivist, I reflected on the major influences that have shaped my cultural values and beliefs. I was conscious of my integrated value and belief system that was shaped by my life experience as a child of an immigrant family from Malaysia who had grown up in New Zealand. In relation to my SLT experiences, these were shaped by my training and five years of experience within the New Zealand ECI context, which valued and adopted ECI recommendations. I had also received further training in supporting parent involvement such as through coaching and general adult learning strategies. These were major frameworks from which my experiences within this study were perceived and processed, and therefore acknowledged as guiding my engagement in reflexivity. Additionally, my supervisor took part in the data analysis process by reviewing a portion of data that was coded, jointly developing the framework for deductive analysis and examining the codebook. The involvement of another analyst allowed for the boundaries and definition of codes to be challenged and clarified.

3.10 Ethics Consideration

Part of my responsibility was to consider the ethics of this research study. In addition to a self-review, I consulted with my supervisor and a cultural supervisor to ensure that the cross-cultural nature of the study was reflected. The cultural supervision with Dr. Tze-Peng Wong, involved an initial Skype meeting to discuss my study, reviewing and

providing feedback for my study methods, and answering my emails as queries came up. The following paragraphs share the key ethical issues that were discussed and how they were managed.

Firstly, demonstrating cultural sensitivity and responsiveness was paramount in my study. This was considered in the chosen research design, which allowed adaptation and adjustment of intervention plans throughout the intervention process, based on my ongoing learning of what culturally competent practice looked like. In addition to this, a supervision relationship was sought and established for cultural support in delivering intervention. Based on her experience of working as an SLT with Malaysian families, Dr. Tze-Peng Wong provided practical recommendations about the research and intervention design, for example, suggesting appropriate assessment tools. Furthermore, to assist communication, the participant inclusion criteria required parents to be fluent in both written and spoken English. This was intended to support comprehension of information and to ensure the parents had the ability to question or raise concerns during the study.

Secondly, I acknowledged the vulnerability of my participant group. They were parents with young children with a communication difficulty, who were culturally different, and living in a country. Based on the literature and personal experiences interacting with the Malaysian culture group, I was aware of potentially being viewed as the 'expert' due to the value placed on education and hence educators (Lian & Abdullah, 2001). This conflicted with an ECI approach which expected the parents to engage as equals (Bruder, 2010). All these aspects accentuated the importance of the informed consent process in providing the parents with accurate information about what this study entailed. As the children were not at an age capable of giving consent due to their limited language and cognitive skills, the parents were responsible for making an informed decision for them and their children. Besides this, a discussion of the parents' and my roles and responsibilities took place to ensure understanding of the expectations of this intervention study. This happened prior to commencing the study and during the First Session (section 3.5.2.1).

Thirdly, the unfamiliarity of certain activities such as being video recorded and the ethnographic interview were considered a possible source of emotional discomfort. Prior to the intervention, the process and purpose of video recording and the interview steps were explained to the parents, so they were aware of what to expect. They were also reminded of their rights in the study. During the interviews, I actively tuned into the parents' nonverbal communication and offered to take a break or to conclude the interview if needed. The parents were encouraged to connect with trusted family members or friends if they were perceived to need emotional support. Professional support was not suggested unless requested, as culturally, this could cause the parents to lose 'face' (Westby, 2009).

Finally, the privacy and confidentiality of each parent-child pair was carefully managed. All documents and video recordings were stored on a computer that was secured with a password login. Each parent-child pair was given a pseudonym which was used in all transcripts, documents and in reporting the results to protect their identity. Other identifying details, for example names of preschool or ECI workers were intentionally excluded.

3.11 Conclusion

This study explored the complexities of culture by investigating the delivery of intervention to two parent-child pairs in Malaysia. As part of the exploration, this chapter outlined the research questions and design, recruitment process, participants involved, intervention procedures, data collection and technology used. It also examined the critical aspect of how information was interpreted through carefully detailing the steps involved in data analysis and examining its trustworthiness. Finally, the management of ethical considerations was scrutinized.

Chapter Four: Results

4.1 Introduction

The purpose of this study was to investigate the considerations involved in delivering culturally competent early communication intervention (ECI) to families. Data from ethnographic interviews, field notes, parent-child observations and self-reflections were analysed to present an integrated portrayal of the study's findings. This chapter introduces the parent-child pairs through narrative descriptions to provide a context for the content analysis. The coding process revealed four broad themes related to the research questions: Engagement and Collaborative Strategies, Experience of Early Intervention (EI), Parenting Values and Perception of Support (Figure 3). The final section on family outcomes provides a summary of findings related to the second research question. The narrative description for each parent-child pair provides an integration of the parents' enactment of intervention strategies and their perceptions of the intervention experience for themselves and their families.

4.2 The Parent-Child Pairs

This section reports on data generated through the Assessment Phase with the purpose of providing background information about each parent-child pair. This phase aimed to gather qualitative data about both parents' and their children's communication and interaction skills.

4.2.1 Linda and Danielle.

Linda and her husband Eric have Danielle aged 2;4 years and three other children, Jessica, Nathaniel and Melody, who were aged 11-years, 8-years and 4-months respectively when this study began. The parents identified themselves as ethnically Malaysian Chinese. This household included Linda's parents-in-law and three helpers, who supported the family with childcare responsibilities and were responsible for the household chores. Additionally, Linda's brother-in-law and his family often frequented the house during mealtimes and for after-school childcare. Linda mentioned that Danielle enjoyed interacting with her siblings and three cousins, who were of similar

age to her and her siblings. Linda reported that Danielle was exposed to several languages including English, Malay, Hokkien and Mandarin.

Linda completed her university studies in London and at the time of the study was working in her family's business. This business was separate to her husband's business that he owned and ran. Linda shared openly in the interview about the family's journey with Danielle. She knew of Danielle's diagnosis of Down syndrome (DS) prenatally which made her feel "more prepared for it" and allowed the family to embrace Danielle early on. From there, Linda commented that Danielle had exceeded her expectations in terms of her health and general development.

At the beginning of the study, Linda stated that Danielle was communicating using a combination of mostly sounds and vocalisations, but occasionally used single words. The assessment results described Danielle as communicating for a range of reasons, such as to request help, gain attention and to initiate a play activity. Her expressive vocabulary included a combination of nouns, verbs and prepositions. Linda shared that Danielle had been receiving consistent support from several different EI services (discussed further in section 4.5).

4.2.2 Samantha and Jasper.

Samantha was originally from Hong Kong where she met and married Dion, her Malaysian Chinese husband. While in Hong Kong, Jasper was born and the family regularly spent time with Samantha's parents, and her sister's family. When Jasper was about a year-old, Samantha shared that they moved to Malaysia to spend more time with Dion's elderly parents. Jasper also has a younger sister, Hailey, who was 5 months when the study began. Samantha reported that Jasper, who was 2;2 years at the start of the study, understood and was exposed to Cantonese, Mandarin, Malay and English. Although Samantha and Dion communicated with Jasper in English, they spoke Cantonese to each other.

Since moving to Malaysia, Samantha has been a stay-at-home mother. However, she had previously completed a Master's degree in performance piano and worked as a

music teacher. She mentioned that she had been in Malaysia for about a year but was still adjusting to the difference in the way of life; describing Hong Kong as "too stressful", but Malaysia as "too laid back". Samantha shared her hopes of learning how to drive a car to become independent, as she currently relied on others to get her places.

Samantha discussed her home life which was a structured routine, as a support for Jasper. Part of their daily routine was to visit Dion's parents who lived next door. Samantha described that her parents-in-law interacted with Jasper in an "old-school" way, elaborating with an example that they pushed a toy car back and forth with him while watching television. She valued having different people for Jasper to interact with. Samantha stated that Jasper's favourite toys were cars. However, in the Assessment Phase parent-child observation and self-reflection notes, I documented Samantha's ability to keep Jasper engaged while playing with foam mats by making the activity enjoyable. Samantha described her responsibilities as including housework and caring for Hailey, which meant that Jasper spent more time with Dion.

Samantha shared that Jasper currently had a preliminary diagnosis for Autism spectrum disorder (ASD) from a local paediatrician who was reluctant to formalise the diagnosis due to Jasper's young age. She discussed how Jasper mostly communicated through leading his parents. Samantha commented that Jasper's main purpose of communication was to request his parents' help. Although Jasper occasionally used single words, Samantha noticed several occasions where Jasper had used a word once but then was not observed to use this word again. She also stated that he had recently started "babbling". Jasper received regular support from different EI services (see section 4.5).

4.3 Thematic Analysis Outcomes

The inductive and deductive analysis identified the themes of Engagement and Collaborative Strategies, Experience of EI, Parenting Values and Perception of Support as key findings from this study. These themes were strengthened through the process of triangulating data from different sources, study phases and parent-child pairs. The following sections present evidence supporting each theme from both parent-child pairs.

Engagement and Collaborative Strategies	Experience of Early Intervention	Parenting Values	Perception of Support
<ul style="list-style-type: none"> • Understanding Family Activities and Expectations • Facilitating Reflection • Affirmation • Adaptation 	<ul style="list-style-type: none"> • Involvement in Early Intervention • Implementation of Early Intervention Strategies 	<ul style="list-style-type: none"> • Perception of Play • Parenting Behaviours 	<ul style="list-style-type: none"> • Support for the Child • Support for the Parent

Figure 3: Key findings of the thematic analysis

4.4 Engagement and Collaborative Strategies

The first research question aligned with my intention to identify strategies that encouraged engagement and facilitated collaborative partnership as a foundation for intervention. This partnership was seen as a medium for sharing information that would guide ongoing intervention planning. The cross-cultural nature of the relationship and service delivery mode heightened the necessity for awareness and understanding of family context, enabling thoughtful establishment of this relationship. The following sub-themes of Understanding Family Activities and Expectations, Facilitating Reflection, Affirmation and Adaptation evolved from my documentation of the strategies used and the parents' perceptions and experiences of them.

4.4.1 Understanding family activities and expectations.

The main strategy used to understand the families' activities and expectations were open-ended questions. This was part of the ethnographic interviewing strategy used to identify information that would support tailoring intervention to meet the families' situation and their cultural needs. Expressions such as "for me to understand your experiences" were used to explain the purpose of the interviews across all phases. Evidence for the use of this strategy and parents' responses were captured for both parents in each phase of the study, specifically the interviews, field notes and self-reflection sources.

The main open-ended question used in the Assessment Phase was "tell me what a typical day looks like for you". My self-reflection documented that I had learnt a lot about both families, however the minor difference was that Samantha provided a lot of information but "it was not as detailed as Linda". However, my self-reflection notes showed that Samantha's session still provided more relevant information than a traditional case history. Linda considered my information needs and once said, "I thought that was important, so you know who else is being in touch with Danielle at home". With Linda, my self-reflections indicated that I was surprised as "I expected, based on previous experiences with Malaysian aunties and Chinese mothers that it would need more prompting and support to get the information I need". Instead, my self-reflections documented that right at the beginning, "It felt like an equal and balanced relationship".

Samantha's information sharing grew over time. In the First Session of the Planning-Intervention Phase, I documented in my field notes that the open-ended questions used in goal setting resulted in Samantha sharing a lot of information. In response, my self-reflection captured my "surprise" in hearing her disclose information about herself and the family. This caused me to note down in my self-reflection about how parents really are experts of their own children. As this openness continued, in week 5, my reflections show my "surprise to see a show of emotions". During the week 6 interview, Samantha provided insight during an interview about her perception of open-ended questions, after being asked. "I really have to think about the thing [that] happen in our daily lives and then give you the answer". She elaborated with an example of how specificity helped her to respond. "If it's just ask like...what do you expect Jasper [to achieve] in the future, then it will be very difficult for me...So if you're saying two-or-three years, I [it] will be more easy [*sic*] to really visualise what I want". By the Wrap-Up Phase, I documented in my field notes that minimal prompting was required for her to elaborate in sharing. Instead my self-reflection shows how her sharing made me reflect deeply on how my role affects families lives and the dynamic of it. "I feel so much richer having known her and heard her story. It reminds me yet again the need to look beyond the surface and see how interconnected family life is to the parents supporting their children, especially with complex needs".

As I used open-ended questions to genuinely seek information about Linda, the interview showed several instances of her responding in kind, by asking open-ended questions about myself and my role. This happened several times during the Planning-Intervention Phase interview sessions. In one instance my self-reflections noted that once I had shared openly with her, my input led her to discuss further her personal journey and experience of this intervention. My Wrap-Up Phase self-reflection notes reinforced my feelings of reciprocity in this relationship, "There is a very nice symbiotic feel about it".

4.4.2 Facilitating reflection.

The use of reflective questions was aimed to support parents in gaining greater understanding about their own thoughts, emotions or actions. Within the Planning-Intervention Phase, these questions were typically asked during the coaching cycle post-observation component and regularly during the weekly interview to complement the use of open-ended questions. In either context, I began with a generic, open-ended question for example, "What happened there?" and then followed the parents' lead. My self-reflection recorded how this let me understand what was important to the parents at that present moment. Evidence came from the interviews, field notes and self-reflections within the Planning-Intervention Phase, for both parents.

My self-reflection documented that I had perceived Linda to be able to self-reflect from the beginning of the study. Her reflection led her to describe some of her behaviours as "Asian parenting". This process was documented within the interviews and self-reflections to occur in week 4, 7, 8 and 10. She first identified the conflict between "Asian parenting" behaviours and 'letting her child lead'. My field notes documented her comments indicating her awareness of her own actions that she deemed as "Asian parenting". My self-reflection notes captured my excitement at this moment where I felt Linda had "got it", that is, she appeared to understand the purpose of the strategy and how this related to her personal values. During the interview in the last session, Linda summarised her process of learning through her comments that showed recognition of her value for different communication styles. "I guess in certain, certain scenarios, it's a

[sic], ok to ask her to ‘say’ [tell her to say a specific word], but probably not for everything because they’re better methods, like modelling”. She then shared that she would like to reduce her use of the prompt as a result of this reflection. Linda appeared to appreciate the use of reflective questions saying, “The way you do it is a lot more insightful. There’s a lot more learning to it and I appreciate that...you got me thinking a lot and I’m like ‘Woah’”.

Initially, Samantha experienced some challenges with reflective questions and she offered personal insight into her experience of answering these during our regular interviews. “At first I am not quite used to this kind of questions. Because it ask[s] a lot of feelings of me...sometimes I’m not ready to share”. Similarly, she too eventually began to value these questions as it gave her confidence, “I am more confident as a mother because I know I’m doing the right thing, so it helps” and strength, “So parents have to be very strong. So, this type of question helps me to...know more about myself, so I find it very useful”. Samantha extended the discussion to her cultural and family norms, saying that reflective questions were uncommon. “My family or in Hong Kong...people don’t talk about feelings... they don’t ask me how I feel most of the time. Because...that’s the way they [were] brought up, so they thought child[ren] should be brought up like that”. Instead the focus was on academic work and extra-curricular activities. Both my field notes and self-reflections documented Samantha’s ability right from the beginning, to quickly reflect with minimal prompting following the review of her video on the impact of her behaviour in her interaction with Jasper.

4.4.3 Affirmation.

Affirmation was a strategy that was intentionally used with the parents throughout the study. The purpose of this strategy was for me to show that I valued the parents’ involvement in the partnership, in any manner they chose to demonstrate this. In addition to using it informally throughout the session, this was also part of the coaching cycle post-observation component, which included providing feedback. This theme was identified in all interviews, across phases for both parents. Additionally, this was present in my field notes for both parents’ in the Assessment Phase and Samantha’s self-reflections in the Assessment and Planning-Intervention Phase.

In my field notes, my stated intention for affirming Linda was to help her see the impact of her strategy use. In the post-observation component, I gave feedback that focused on what she had done well. One field note indicated my perception that Linda seemed to appreciate the affirmation given. Besides this, I affirmed Linda's questions and comments. "Fantastic, I really appreciate your questions as well and your insights into your learning". In the Wrap-Up Phase as documented in the interview source, Linda commented in a way that seemed to indicate that she found my affirmation constructive when asked what speech-language therapist (SLT) behaviours were helpful.

"I like that you're always very open and...you've never criticise...you always said 'yea, I know it's tough', so I didn't feel so dumb. I think it's good because it encouraged me to open up more and to share with you more and then you're always very encouraging...when Danielle has breakthroughs".

For Samantha, affirmation was used with a different purpose, specifically to encourage her in the way she supported Jasper. This intention was based on my self-reflection of a session that took place within third week of the Planning-Intervention Phase, I noted that she was quick to reflect on what she could do better, without stating what she had done well. In my self-reflections, I also considered her sharing about feeling stressed. "I [am] scared I made the wrong decision...And make him suffer or something". My field notes and self-reflections documented my response to encourage Samantha particularly when giving feedback after reviewing the video and following her sharing about the challenges. In several sessions, the interviews acknowledged her significance as his mother with comments like, "I hope the biggest thing you take out from this session is that you're doing the strategies well and that they have really been supporting Jasper". Samantha did not comment specifically about the affirmation she received and only spoke of what she did well in after I had prompted her with a question. However, my field notes documented that she continued to share openly with me in our sessions.

4.4.4 Adaptation.

In alignment with the practitioner inquiry model, my goal was to explore and adjust my practice to meet the families' cultural needs. This meant becoming aware of my SLT

actions and the impact these had on the parents. Data for this section came from both parents' Planning-Intervention Phase field notes, parent-child observations and self-reflections.

In my interaction with Linda, I adjusted my communication approach during coaching. In week 3 of the Planning-Intervention Phase, my field notes recorded an attempt to problem solve reflectively with Linda. My efforts to reframe a reflective question several times did not support her to generate ideas to resolve the problem. I changed my use of the reflective strategy by asking directly, "Could I make a suggestion?" before following up with feedback. Linda responded by clarifying what my suggestions meant before discussing how she would incorporate this suggestion in the way she used the strategy with Danielle. Her response suggested that direct communication may support her learning. However, post-session, my self-reflections identified a professional value that affected my choice of actions. Firstly, I wrestled with the idea that a direct method was characteristic of an 'expert model' interaction style which conflicted with my value of collaborative partnership. Secondly, I acknowledged the influence of my cultural value of respect, where I felt uncomfortable 'telling' someone older (with more life experience) than me what to do. I continued my reflection by identifying my need to understand the purpose instead of "immediately deciding this approach was 'bad'".

I tried different ways to reconcile my action with my values. During week 4, my field notes documented a change in the style of my coaching session by telling her, "I am going to be a bit more directive and give feedback straight away" while in week 5, I requested consent prior to providing direct feedback following reviewing the video together. In my self-reflection, I noted that I felt able to show respect by allowing the parent an opportunity to choose. As a result, I continued to use a slightly more directive style of coaching throughout the rest of the intervention. However, in week 10, I documented my concern of whether the direct approach style may have had a short-term drawback. My field notes for week 9 documented Linda's continued need for extra support to think of daily routines and how the strategies could be used in them.

As for Samantha, two adaptations were made based on her needs: introducing visuals as a strategy to support Jasper's communication and empowering Samantha to create her own action plans. Visual strategies were introduced based on Assessment Phase information of Jasper's communication skills, with Samantha's agreement. My field notes documented that Samantha was "engaged" and "motivated", evidenced by the visuals she had created and shown me in the next session. She described spontaneously how she had been using visuals in a specific activity with Jasper and my field notes recorded that she described accurately what an interaction should look like when using the visuals. However, from the following session onwards, we agreed that the visuals were to be an aide for language learning, rather than a communication tool as Jasper had begun learning words quickly and was using them consistently.

Samantha demonstrated appropriate use of the modelling strategy as noted in the parent-child observation of her first action plan, that was jointly created. My field notes and self-reflection of the session confirmed her understanding and ability to implement the strategy stating that she could "explain the sequence of communication behaviour", even picking up on "small behavioural changes", with minimal support to reflect. My field notes documented that I encouraged Samantha to create and practice her own plans for using the strategy in daily activities. The parent-child observation data continued to show appropriate enactment of the strategy, with my field notes and self-reflections confirming Samantha's accurate reflection of the video and receptiveness by implementing previous session's feedback.

4.5 Experience of Early Intervention

This section shares the participation and experiences of the parent-child pairs in various EI activities. This theme is elaborated as sub-themes with respect to their involvement in EI and implementation of EI strategies in the pairs' family context and daily life.

4.5.1 Involvement in early intervention.

Analyses of data from both parents' interview across all phases and additionally, Linda's Planning-Intervention Phase field notes and self-reflections, provided insight into the parents' involvement in EI activities outside of the study. In the interview, Linda

reported Danielle's EI activities included weekly SLT sessions that took place in therapy blocks, monthly occupational therapy (OT), bimonthly physiotherapy (PT) and attending a DS specific preschool (7 ½ hours weekly), in addition to a preschool for typically developing children (9 hours weekly). These activities continued throughout the duration of this study, while other activities such as music therapy and swimming lessons had stopped at some point during the year prior to the study. Linda commented that Danielle had "a very full schedule" but she wanted to start music therapy and swimming lessons again soon. She also recognised the importance of informal activities for development such as Danielle interacting with her siblings and cousins. Samantha attended weekly OT and SLT sessions with Jasper, based on recommendations from her paediatrician. Jasper also attended an ASD specific preschool (15 hours weekly). My self-reflection notes indicated that I had reflected on the huge investment each of the parents had made for their child in the pursuit of EI.

Linda's and Samantha's access to and experience of EI was different. While Linda only mentioned one instance of difficulty in accessing SLT, my field notes recorded that Linda enjoyed her SLT intervention at the university clinic describing it as "fun" as she learnt "creative" ways to engage Danielle in the suggested intervention activities through participating in the session. However, within the interview data, Samantha had commented about the difficulty of finding an available therapist, amongst the few based in her town, that had capacity to provide the regular, weekly intervention she wanted. Samantha continued sharing in the interview by giving a mixed response about the SLT sessions. Although, she stated that this session allowed her to "sit back and relax" knowing that Jasper was in good hands, she was also confused with the recommendations given by the SLT and did not feel able to ask "little questions" as she saw that this took away from Jasper's therapy time. She described the SLT session as structured, saying that her private SLT led the session "instead of explaining all the rationale behind all the strategy, so we just observe and get as much as we can and then we try to practice at home". Samantha supplemented her learning about ASD and strategies through Internet research. My self-reflections recorded that I gained greater understanding from both parents' perspective of how child-centred interventions benefited them.

My field notes documented Linda's positive connection with Danielle's preschool and this was confirmed in the Wrap-Up Phase interview where she stated, "I love the place and I like teachers, they're very caring...they know, the challenges". On the other hand, Samantha's connection with the preschool differed as she mentioned that "we [have] never be[en] able to go in[to] his school, so it's pretty mysterious what he is doing in his school". Overall, Samantha stated that she experienced a general lack of support for her and Jasper's development.

4.5.2 Early intervention strategies.

This theme describes the specific strategies parents had learnt from previous intervention experiences and their perception about its applicability to family life. While Samantha only discussed this in the Assessment Phase interview, data emerged for Linda across the Planning-Intervention Phase including data from the interview, field notes and self-reflections, and in the Wrap-Up Phase interview.

Throughout the initial interview, Samantha responded to the request to describe her day by sharing about her use of "all kind of techniques" taught by different therapists, with Jasper in daily EI activities. She demonstrated her commitment to enacting these strategies by giving several clearly explained examples of the steps she took in using a strategy. These included strategies she had researched and heard about through the different interventions such as: visuals, prompting, creating routines, sensory integration and turn taking. During the Planning-Intervention Phase, she brought up questions she had about strategies suggested through other interventions to ask about and to discuss its relevance in their family life.

My self-reflections indicated that Linda had learned some specific strategies. For example, I was surprised when she mentioned learning OWL (observe, wait, listen) within this study. This is a strategy from the It Takes Two to Talk Hanen Program™ for parents that had not been taught in the intervention for the current study. Similarly, in the Wrap-Up Phase in response to a question about her experience of the intervention, she discussed communication strategies that were not taught in this intervention as an

outcome. “I also learn that, things like waiting, things like stressing on certain key words...not asking long questions...keep it short when we’re giving instructions”. My self-reflection following this session noted my consideration of how although these strategies were not taught specifically, the study’s intervention programme may have reinforced previously learnt knowledge and strategies.

4.6 Parenting Values

The parenting values of Linda and Samantha are shared in this section, specifically in the area of play and parenting behaviours which are foundation activities for implementing the intervention strategies. Play included the specific way the parents interacted with their children, while parenting behaviours presented broad aspects of their parenting style that were shared or observed.

4.6.1 Perception of play.

Evidence for this theme came through a variety of sources for both parents. Linda’s included the Assessment Phase interview, parent-child observation and self-reflection; Planning-Intervention Phase interviews and field notes and Wrap-Up Phase interview and parent-child observation. As for Samantha, this included Assessment Phase parent-child interaction and Planning-Intervention Phase interviews, field notes and parent-child observations.

In the Assessment Phase interview, Linda commented that play had been part of Danielle’s bedtime routine and described it as "observing Danielle...to play her way". However, the Assessment Phase parent-child observation showed conflicting evidence as Linda directed the interaction. For example, she chose the toys to play with, gave instructions such as, “you sit there” and asked questions like, “what’s this?” I reflected on my surprise at the contrast between her description of play and observed interaction. However, in my self-reflection notes I considered the potential for factors such as other adults watching and being videoed that may have changed the interaction. Midway through the Planning-Intervention Phase, I asked Linda what play meant to her. This was in an attempt to support a 'water play' plan as the parent-child observations noted that Danielle had not participated in this over the four consecutive videos. My field

notes documented Linda's description of two styles of play: 'conscious play', which was adult-directed to meet intervention goals; and 'letting Danielle lead', which meant, "we've done those few things [intervention activities], then I let her explore the rest of the toys herself". Interestingly, this was different from the SLT strategy definition of 'letting the child lead'. As the discussion continued, Linda's reflection expanded her current perspective about play to include activities that did not need toys.

Within the context of an interview, Samantha shared insight into the perception of play in Hong Kong. Her experience as a piano teacher, gave her the impression that her students' parents felt that "playing is not important". She highlighted this as a reality for her nephew in Hong Kong, where education is prioritised, "It's always homework, tuition...extra-curricular activities". This norm contradicted with her personal experience of having playtime when she was young and her belief for how Jasper should learn. "He can learn so much better if we can make the task more fun". Her response to play was noted early on in my self-reflections, to contrast with my expectations of how Chinese parents tended to not see play as a purposeful activity. My expectations were shaped by my personal experience and through the literature. I also documented in my self-reflection of feeling surprised, specifically with her goal of teaching Jasper how to play on all the playground equipment. Her use of play was further evidenced in the parent-child observation data, both Assessment (before strategies were taught) and Planning-Implementation Phase (when strategies were taught) where she understood the importance of and chose highly motivating activities as communication opportunities for Jasper such as, the 'tickle game' and 'playing with shadows'. She shared about her attempt to create peer play opportunities for Jasper, which she believed differed from the other parents with children with ASD who chose to stay home because of the potential behavioural challenges they would face with their child.

4.6.2 Parenting behaviours.

Both parents' values came through in the Planning-Intervention Phase interviews, field notes, self-reflections and parent-child observations for Linda, and in the interviews for Samantha. Through reflective questioning, as documented in my field notes, Linda

shared that she was used to employing a drill-based approach to teach Danielle new skills. In week 4 of the intervention, Linda labelled this as “Asian parenting” and after asking her what this meant, she explained with an example:

“The Asian parenting style, you know it’s like, ‘Do it! Do it!’ You got to do it until I say do it because... it’s like...I want to see you read, I want to see you read some books now, ‘Read! Read!...I gotta see you do it! Oh and uh, do it for as long as I want you to do it.’”

Over time, Linda used “Asian parenting” to label specific actions she took in an interview. “I’m too quick to reach for the toothbrush...even though, it’s a routine already...that’s Asian parenting”. She explained the impact it had on Danielle, “We always think for the kids and not, not give them the independence”. Linda suggested a cultural reason for this, “I mean in Malaysia...it’s very, very common, so the helper would tend to do everything because nobody really wants to wait for the child”. However, Linda’s involvement with Danielle’s preschool had also taught her how to support Danielle to become independent in learning self-help skills. She stated in the interview that Danielle learnt many of these skills earlier than her two older siblings. Linda reflected that this study’s strategies required her to follow Danielle’s cues which contrasted with her described behaviours of “Asian parenting”. My field notes confirmed my perception that her interaction behaviours affected her opportunities to use the strategies. My self-reflection documented that Linda had openly discussed this with me and come to her own conclusion that she needed to stop doing things for Danielle.

My field notes described how Samantha chose to support Jasper in encouraging him to participate in situations he disliked or found difficult due to his sensory challenges. She also mentioned her careful nature in attempting to guide Jasper’s development appropriately by seeking out professional support, acknowledging that they might know a better way. My field notes document the depth of her questions that applied to supporting Jasper with learning skills for the future. However, as documented through the interview she often reflected on how she felt others may perceive her, especially if

they were not aware of Jasper's needs and the purpose behind her actions in supporting him. Samantha indicated that her husband might have difficulty using strategies consistently which she attributed to "being Malaysia" and as such, was "very easy going".

Another cultural expectation emerged through Linda's reflection about politeness in the interview. As a child, Linda experienced her parents' expectation to greet her elders. She elaborated with an instance where her mother described her friend as being "not very well brought up" because they did not greet her as "Aunty". Linda shared her desire "to make sure, the kids adhere to the cultural expectations". This was documented in one parent-child observation when Danielle was directed to call her grandmother and she did this immediately. For Samantha, the interview documented an example she gave of expectations of parenting when in public, "when Jasper [is] in a restaurant he's, he's doing, screaming 'ah, ah', aunties from next table will come over here and say, 'Aiyo¹, your kid cannot like that ah [should not behave like this], you have to control him, he's he is disturbing other peoples'[sic]". She described this type of feedback as commonplace.

4.7 Perception of Support

This theme describes the support the parents' perceived that they and their children received. The support from within the family and extended family is presented alongside the parents' views of the support that was given.

4.7.1 Support for the child.

Data emerged from Linda's Assessment and Planning-Intervention Phase interviews, and Samantha's Assessment and Planning-Intervention Phase interviews, field notes and self-reflections, as well as her Wrap-Up Phrase interview. As the main EI supporter, both parents wrestled with their desire to do more. Linda felt her own input in Danielle's life to be insufficient saying in an interview, "I am a bit worried about my

¹ An expression of disbelief commonly used within Malaysia

ability to give her the attention she needs”. She occasionally felt stressed between intervention sessions with the therapy activities that needed to be done. Comparably, Samantha questioned her skills and knowledge as a parent during an interview saying, “sometimes I’m scared I will make the wrong decision for him”. My self-reflections noted that Samantha showed significant emotional investment in his development as she shared about how this had an impact on her time and energy. “When I got the free time, I will ‘ah, I should be doing something with him, maybe sensory play!’...But I got myself too tired”.

The interview documented that Linda and Samantha shared in common that their families were not really involved in their children's EI. Linda reasoned that this was because her mother-in-law and husband were unsure of how to interact with very young children. Linda was aware of her role “to transfer the knowledge to them” which she admitted “I don’t do that very much”. When offered video clips of the session as tools for sharing intervention strategies with the family, my field notes documented that Linda declined, sharing the reality of family life; that it would probably not be watched as family members were very busy. Linda occasionally shared some strategies with her helpers. Similarly, Samantha found that she could not expect EI support in general from her parents-in-law although they interacted with Jasper nearly every evening: “I can’t ask them to...all they want is to play with grandchildren”. She acknowledged that they supported in their own way; however, she shared that this could potentially confuse Jasper. Jasper’s father Dion, on the other hand was reported in the interview to be supportive of Jasper's involvement in EI. She expressed, ‘he will [say], “oh planning this stuff is good, you see Jasper is progressing”’. She elaborated on Dion’s idea of using EI strategies, “he think[s] we shouldn’t be too conscious about all these things. Because it’s our daily life, it will be too difficult for us to as the parents, too tiring”. Linda and Samantha also agreed upon the lack of support they felt was available for their children in the schooling system which was the next step.

4.7.2 Support for the parent.

Data emerged for this theme in interviews from both parents’ Planning-Intervention Phase and additionally self-reflections in Samantha’s Wrap-Up Phase. Linda

acknowledged that juggling her commitments was “not easy” and that her attention was split “four ways” with the children. She was concerned about “not being able to give the baby attention” that her other children had. She appreciated the way her husband Eric supported her. “So, my husband has been really good at...doing his part with the two older ones” and acknowledged help from others in general, “without help I think I will probably be at my wits end”. As for external support, Linda's flexibility at work enabled her to support Danielle. This flexibility enabled the study's sessions to take place at her office, during work hours. Additionally, she reported a supportive relationship with one preschool teacher who provided her with regular feedback and suggestions for activities to try at home with Danielle, in alignment with the preschool's programme.

Samantha felt that her family's fundamental differences in perception and understanding of Jasper's difficulties led to her being the only person at home who was able to consistently support his EI. She had observed that her Malaysian family felt Jasper was developing fine, while her family in Hong Kong were aware of his difficulties. This resulted in differences in family members' expectations about her parenting style and some direct comments about her being "over-protective" and “spoiling” Jasper. I noted in my self-reflections that my own cultural experiences, that these experiences were familiar, and that Samantha's reflections provided insight into challenges faced in enacting strategies in everyday family life. Samantha also commented on the inconsistencies between Dion and her in caring for Jasper.

4.8 Communication and Cultural Outcomes

The objective of this intervention was to empower parents to use naturalistic strategies with their children in any daily activity. Each session was tailored to fit the family context and child's communication needs, guided by the parents' learning needs. Up to a total of 10 weeks, or 20 intervention sessions were offered to learn up to three strategies in the Planning-Intervention Phase. This section presents information in response to the second research question. This narrative account forms a summary of outcomes perceived by the parents through relevant information captured through the data sources of interviews, field notes, parent-child observations and self-reflections across the Planning-Intervention and Wrap-Up Phase.

4.8.1 Linda and Danielle.

A total of 20 Planning-Intervention Phase sessions took place with Linda involving the coaching of modelling and mand modelling strategies. The interviews and parent-child observations in this phase documented Linda's emerging ability to apply the modelling strategy in several jointly made plans and the challenges of implementing the mand modelling strategy.

Linda shared that the strategies had become "second nature" to her. When prompted to elaborate on what this meant, she gave an example of expecting Danielle to communicate using words in instances where Danielle knew what the word was, for example, when requesting water. However, at times, there was a contrast between Linda's perception and my observation of her video interactions which made it difficult to get a clear picture of how the strategies were implemented. This highlighted my reliance on her verbal explanation and short video clips of how the strategy was working for her.

Furthermore, Linda stated that creating action plans were needed in the process of making the modelling strategy a natural part of her interaction. She also identified a personal challenge in implementing this strategy, "it can happen anywhere and anytime but again, my mind has got to be there right?" Her examples of learning seemed to confirm a deeper understanding of interaction. She reported that she had shifted from focusing on words to acknowledging Danielle's "whole communication". Linda also mentioned of other strategies she had learnt which supported communication but were not taught as one of the three strategies.

Linda perceived that Danielle was "trying to verbalise a lot more...spontaneously" instead of using "grunts" and "funny noises". She noted that Danielle's expressive and receptive vocabulary had increased. Additionally, Linda mentioned that Nathaniel was happy when Danielle finally learnt to call him "kor kor" (Hokkien for 'big brother'). She did not refer to how or whether other family members were involved in implementing the strategies with Danielle.

With regards to the mode of telepractice, Linda had a somewhat mixed opinion toward this method of service delivery. On one hand, she felt that if I was able to provide the ECI service in person, this would enable me to know Danielle and have a better understand of her communication skills. She also discussed the ability to support learning and retention through demonstrating the application of a strategy in person. On the other hand, Linda also mentioned that telepractice was a suitable intervention model particularly within EI, for training parents and that it gave her the opportunity to focus her attention and to think, because Danielle was not present.

4.8.2 Samantha and Jasper.

Samantha participated in 16 out of the possible 20 Planning-Intervention Phase sessions before she moved on to the Wrap-Up Phase. This joint decision was based on her ability to implement each strategy during daily activities as seen through the parent-child observation data. This was confirmed in my field notes and self-reflections of her clarity in reflecting on her use of the strategy, observed changes made between sessions based on feedback, implementation of the strategies and her own confidence in understanding and ability to implement these strategies.

In the interview, Samantha reported that the sessions were useful as she gained clear understanding about why the strategy was important. She also stated that information was shared in a way which ensured that the SLT and herself were on "the same page" as she recognised that she could perceive differently from me, what I had shared. Finally, Samantha stated that the intervention goals and plans were realistic and applicable to her daily life.

Although Samantha commented that she preferred sessions in person as it would allow me to build a relationship with Jasper, she described telepractice as a mode that had the ability to service the needs of people who lived in under resourced areas, such as herself. She also mentioned her potential need for telepractice in her future, such as getting a second opinion or answering questions that she had but could not bring up in her own therapy sessions. With regards to the strategies, Samantha stated that although the modelling strategy was similar to what she had been using prior to intervention, the

difference was that this intervention taught her how to use the strategies, in a more "efficient and effective" way. She also learnt how to focus on a target word, rather than introducing many words to Jasper at one time.

Samantha reported that she noticed the strategies had become a natural part of her everyday life. She emphasised how the intervention supported her to use communication strategies more precisely which resulted in helping Jasper to learn better. She was "very, very amazed" by the amount of words that Jasper had learnt during this study. She saw that Jasper responded well to her use of the strategies she had learned from this study. According to Samantha, this only took "a little bit change of habit of what we talk" but it seemed to make Jasper "happier". Samantha explained it was because he was now understood by others around him. She also felt "happy" with the increase in Dion's, "sense of engagement". She had noticed that Dion had been trying the strategies and asking her what he should do, which she reasoned was due to the progress he had seen in Jasper.

4.9 Conclusion

This chapter highlighted the themes that emerged through the analysis of four data sources. These sources enabled the examination of the parents' perception, SLT reflection and observation of the parents within the session, and the parents interacting with their children throughout their participation in the study. Each parent-child pair was first introduced before addressing each theme using the relevant evidence from the pairs. This chapter concluded with the presentation of the parents' perceived communication and social outcomes. A discussion of each theme, in connection with the literature will be carried out in the next chapter.

Chapter Five: Discussion

5.1 Introduction

This study set out to explore a personal journey of delivering early communication intervention (ECI) to two parent-child pairs in a different cultural context, through telepractice. As there has been no literature around delivering ECI through telepractice cross-culturally, qualitative information was gathered through an inductive and deductive content analysis of the data collected (i.e., interviews, field notes, self-reflections and parent-child observations). The analysis resulted in the identification of themes that emerged through guidance from the research objectives, unexpected findings from the raw data and through confirmation with previously identified theoretical constructs in the literature. Although the intended inquiry was to understand the families' experiences, the participants involved a parent from each family. Therefore, this section focuses on discussing findings based on the parents' experiences in response to the following questions:

1. What cultural considerations need to be made in delivering ECI cross-culturally, through telepractice, to the family?
 - a) How were cultural considerations identified?
 - b) What were the cultural considerations identified?
2. What were the communication and sociocultural outcomes perceived by the family?

The study's findings identified four major themes: (1) Engagement and Collaborative Strategies, (2) Experience of Early Intervention (EI), (3) Parenting Values, and (4) Perception of Support. This chapter explores these themes and their sub-themes, in relation to their ability to answer the research questions posed.

5.2 The Cultural Practice Model

A Cultural Practice Model (Figure 4) was constructed using the themes presented in the Results Chapter. It provides a visual representation of the relationship between themes and how they correspond with the research questions. Specifically, the theme of Engagement and Collaborative Strategies relates to the question of how cultural

considerations were identified. The themes of exploring Experience of EI, Parenting Values and Perception of Support are discussed and expanded upon to answer the question of what cultural considerations were found within the two families. These considerations are addressed within the context of a family-speech-language therapist (SLT) and family-child intervention relationship. Finally, the families' perception of communication and sociocultural outcomes are explored as a result of the ECI delivery. The themes and sub-themes within this model will be referred to in the following sections.

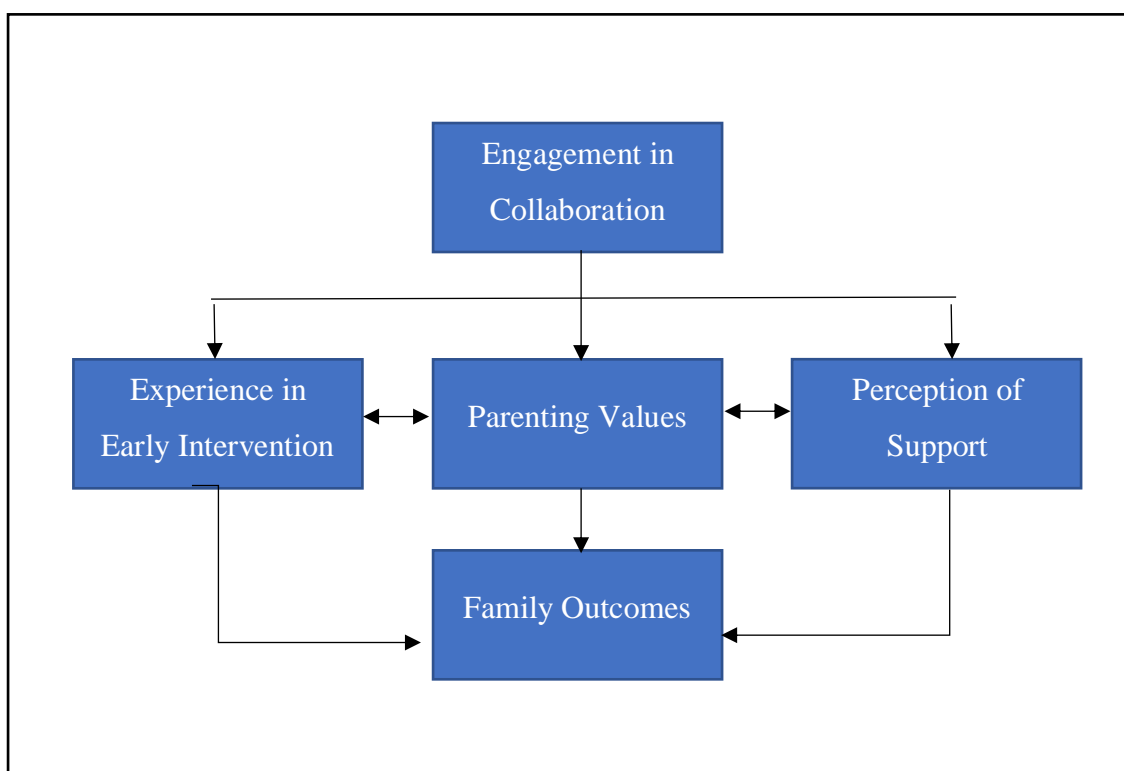


Figure 4: Cultural practice model

5.3 Identifying Cultural Considerations

The literature review (Chapter 2) indicated the importance of recognising cultural considerations involved in working with families as a step toward demonstrating cultural competency. This section focuses on answering the initial research question by describing the strategies used to identify relevant cultural considerations in delivering ECI and how these provided access to cultural information. As explored in the Engagement and Collaborative Strategies theme, each phase within this study involved

my use of specific communication strategies embedded within informal conversation and formal activities, such as ethnographic interviewing and coaching. These strategies included open-ended questions, reflective questions and affirmation, and were purposed to build relationship, elicit information and to conduct intervention. Although discussed separately, the strategies were often used together within a conversation.

5.3.1 Ethnographic interviewing

The ethnographic interviewing approach was used to gain understanding about the parents' perspective of experiences. The main strategy within this approach was the use of open-ended questions which was presented in the sub-theme Understanding Family Activities and Expectations. These questions were used in all study phases with the intention of providing a regular and ongoing forum for parents to share information within a non-structured activity.

The unstructured nature of this interviewing method had the potential to allow parents to lead the interview process by sharing what they saw as important in relation to a broadly asked question (Westby, 2009). For example, when Samantha was asked to describe her private SLT sessions, she chose to share about the challenges she had been facing and gave examples. This provided insight into her perception of this particular activity, relationships within the activity and what was important to her.

Contrary to the stated communication needs of individuals with collectivist values, specifically 'face' (Yee, 2016), evidence described both parents in this study as receptive to the questions asked. The parents went beyond my expectation and depth of questions asked by sharing very personal information, such as talking about their personal struggles in supporting their families. This seemed to confirm the suggestion that the use of indirect open-ended questions was an appropriate strategy for gathering information about Malaysian parents (Lian & Abdullah, 2001).

Although both parents' responsiveness suggested indirect evidence about their positive perception of this type of interaction, little was shared specifically regarding their experience of these questions. Samantha discussed how open-ended questions required

her to think about how to respond and reflected on how a more specific open-ended question supported her ability to respond. Another potential clue as to the appropriateness of the question style was that Linda appeared to share even more after I shared in response to her questions about myself, professionally and personally. This seemed to indicate Linda's appreciation of reciprocity in the context of sharing. The parents' responses showed that time and reciprocity which likely supported the development of trust, and additionally specificity were helpful in enabling them to engage without any perceived negative responses. This further strengthens the suggestion that the use of ethnographic interviewing is a culturally appropriate tool for gathering information (van Kleeck, 2013).

5.3.2 Facilitating reflection.

Reflection occurred within the coaching cycle post-intervention component and within informal conversations throughout the Planning-Intervention Phase. While open-ended questions focused on finding out more about the parents' thoughts and perceptions of events, the objective of facilitating reflection was to support the parents in gaining deeper insight into their own thoughts, actions and behaviours. As the parents led the reflection, this assisted my understanding about potential values or beliefs that were underlying their communication or demonstrated behaviours. An example of this was discussed in the Facilitating Reflection and Parenting Behaviours sub-themes where Linda gradually realised that her parenting behaviours seemed to conflict with the ECI strategy of 'letting the child lead'. The outcome of Linda's reflection led to a collaborative adjustment of the intervention plan to meet Linda's needs. This mirrored the process that takes place within a coaching cycle (Rush & Shelden, 2011).

Both parents showed the ability to self-reflect within this study. However, within the coaching situation specifically, the Adaptation sub-theme described Linda's need to be supported with more direct instruction over reflective questioning. Based on collectivist communication values, a direct style could be perceived as offensive (Lian & Abdullah, 2001). However, within the ECI context it was interpreted as an appropriate communication style to use based on Linda's other ECI experience. As for Samantha, her demonstrated ability to reflect within this study was learnt through prior experience.

She shared in the Facilitating Reflection sub-theme regarding not having experienced reflective questions in her upbringing. She associated this with the cultural norm in Hong Kong where emotions are not discussed. Her comment was supported by Yee (2016). S. Chan & Chen (2011) further stated that certain Asian cultures place value on being in control of emotions. Hence, Samantha found answering these types of questions difficult particularly when she first experienced reflective questions, as it required her to share about her emotions. Despite this, she recognised the benefits of engaging in reflective practice during this study as it strengthened her self-belief as a mother with a child with communication difficulties. Samantha's empowered position is a desired outcome of the coaching strategy (Woods et al., 2011).

5.3.3 Affirmation.

The sub-theme of Affirmation explored the use of this as a strategy. Adopting this strategy allowed me to verbally acknowledge the importance of the families' values and their expectations for their children as they shared. This is central to a family-centred approach (Dunst et al., 2007). Affirmation also allowed me to show parents' that their efforts to engage and contribute to the relationship was valued. This was important particularly in my delivery of ECI where the parents may not be used to participating as an equal in the ECI relationship and may be unsure of how or what they can contribute to the session. Although it was not a strategy that directly accessed cultural information, the use of affirmation was intended as an indirect strategy support to the process of parent engagement and contribution.

Linda made a comment in the Affirmation sub-theme about appreciating the encouragement she had received which she felt had supported her to continue sharing. On the other hand, my interaction with Samantha highlighted a possible lack of experience with positive feedback. This could be associated with a desire to demonstrate humility, a typically held collectivist value which focuses on the importance of the group rather than the individual (S. Chan & Chen, 2011). Neither parent was observed to respond negatively to the use of affirmation.

5.3.4 Summary.

Distinguishing what is a cultural consideration can be a complex task as each family unit presents a different set of circumstances. The process of identifying cultural considerations within this study was a continuous journey that intertwined with the development of a relationship with the parents. As suggested through the information shared with me that was often deeply personal, a level of comfort and trust had been built so that the parents were comfortable to share. For instance, Samantha began to share over time about the struggles she faced in supporting Jasper alone and how this had affected different aspects of her life. The level of trust present encouraged ongoing sharing from the parents which presented the opportunity for recurring patterns in conversation to be identified. This constructed a deeper understanding of the parents' and subsequently their families' cultural values and beliefs.

I interpreted the parents' engagement in the process as reflecting findings from Kasahara and Turnbull (2005) where Japanese mothers of children with special needs wanted to be seen as valuable collaborators. The parents' response to open-ended and reflective questions contradicted the typically accepted and understood characteristics of a collectivist communication style. This flexibility in responding to different communication strategies could be explained through the ongoing integration of values and beliefs that occurs throughout an individual's life (Hanson, 2011a). Despite Samantha's description of the culture she grew up in, her recent experience with answering reflective questions prior to the study seemed to enable her to respond to this style of questions asked throughout this study. Furthermore, both Samantha's and Linda's exposure to university education in the United Kingdom, a country with the tendency to align with value patterns of individualism (Ting-Toomey & Chung, 2012), may have been a factor in their responsiveness to this study's communication style. This emphasises the importance of considering the parents' personal experiences that may have contributed to their current values and beliefs they hold.

The previous sections focused on strategies used to access information about cultural considerations and the effectiveness of these in engaging and building a relationship with the parents in order to gain insight into their values and beliefs. The following

sections explore the cultural considerations related to the themes about the parents' previous experience of EI, their parenting values and perceptions about support for themselves and their children.

5.4 Considering the Family-SLT Relationship

The following section discusses the cultural considerations identified in relation to the family-SLT component of the triadic relationship. This includes understanding EI roles and responsibilities and the parents' previous ECI experiences.

5.4.1 Early communication intervention roles and responsibilities.

The sub-theme Involvement in EI described both parents as engaging in early communication intervention (ECI) that resembled a traditional model of intervention delivery. Their described experience entailed specific roles, where the SLT's role was to implement the intervention while the parents either observed (i.e., Samantha) or participated to some degree (i.e., Linda). This model is typically described as being 'clinician-led' (Verdon et al., 2016) and 'child-focused' (Pappas & McLeod, 2009) where the interventionist works directly with the child while maintaining responsibility for managing all aspects of intervention.

Despite similarities in sharing the experience of a traditional model of intervention, both parents' experience of ECI differed as elaborated in the sub-theme Involvement in EI. Linda shared about her participation in activities within the session and the benefits of learning new ideas to interact and engage with Danielle in an intervention activity. She seemed to be content with the support she received through a traditional model of ECI delivery. Linda's acceptance of a traditional model of ECI could indicate her alignment with the collectivist value of relational hierarchy based on an individual's position and status (S. Chan & Chen, 2011).

On the other hand, Samantha spoke of the benefit of being able to rest knowing that Jasper was receiving the intervention he needed, but also indicated a greater need for collaboration through her comments. In Samantha's situation, it was possible that she demonstrated outward compliance within her traditional ECI sessions through not

questioning even when she felt that she lacked information. Lian and Abdullah (2001) suggested that an individual with collectivist values is likely to show respect to the interventionist as they are perceived as being 'educated'. This aligns with the importance placed by collectivist communities on education (Hsia, McCabe, & Li, 2003). It was likely that Samantha assumed responsibility to ensure the continuity of a harmonious relationship, particularly for Jasper's benefit, by avoiding the risk of either party losing 'face' which could severely damage the relationship (Lie & Lick, 2007). Her behaviour could represent an alignment with collectivist values that guide relational behaviour within the intervention relationship, in particular harmony and 'face' (S. Chan & Chen, 2011). This explanation is proposed as outside of the relationship, Samantha still actively pursued ways to meet her own learning needs.

5.4.2 Engagement in early communication intervention.

The current study delivered intervention that was modelled on ECI recommendations, using activities such as ethnographic interviewing and coaching strategies that emphasised the parents' engagement and participation, and supported adult learning. This contrasted with the parents' other traditional ECI experiences and therefore influenced how they engaged with different components of this study's intervention programme.

The parents' described experience of a traditional model of ECI, within the sub-theme Involvement in EI, seemed to align with the documented level of support needed within this study, as presented within the Adaptation sub-theme. Although Linda was satisfied with the 'expert model' approach in the other ECI sessions, she was also willing to collaborate within this study's ECI as she described the method of intervention to be insightful within the Facilitating Reflection sub-theme. However, Linda needed more direct support to engage in learning the strategies. Her reflection and identification of "Asian parenting", discussed in the Facilitating Reflection and Parenting Behaviours sub-themes, also provided evidence for an underlying preference for a more directive learning style which is typically used within the traditional ECI model. However, the use of a direct style seemed only to support her in the short-term as it is hypothesised that the ongoing discovery and understanding of "Asian Parenting" as a value guiding

her behaviours required time to process. It was only in the final session that she discussed how she might integrate her cultural values with the strategies shared in the study. This stage was expected within the coaching cycle where parents considered the effectiveness of their interaction behaviours within the context of supporting their children's development (Woods et al., 2011).

Despite Samantha's proposed alignment with collectivist relational values, her desire for more information and need to be informed may suggest her inclination toward participating as an equal within the intervention relationship, although this was not explicitly expressed. Interestingly, equality is characteristic of an individualistic value (Hanson, 2011b). In the current intervention, Samantha verbalised an understanding of her role, and also demonstrated it through her support of Jasper in their daily activities. Within the Parenting Behaviours sub-theme, she additionally acknowledged her need for knowledge from an 'expert' so that she could continue providing the best support possible to Jasper. This indicated an understanding of collaboration, which is a core recommendation and value of ECI where both parties are recognised as an 'expert', the SLT in communication knowledge and the parents of their children (Blue-Banning et al., 2004). Samantha's understanding of her role within the intervention relationship which guided her level of engagement meant that, I was able to give Samantha the opportunity to independently implement her own plans for using the strategy early on as shared in the Adaptations sub-theme.

The parents' engagement in this study's ECI appeared to be influenced by their relational values such as acknowledging status, and their prior participation experiences of ECI. Although they differed in their capacity to engage within this study, the parents described experiencing benefits of their traditional ECI sessions and this study's ECI program.

5.5 Considering the Family-Child Relationship

The next few sections continue the discussion around cultural considerations specifically related to the family-child relationship, the next component of the triadic intervention relationship. This includes the exploration of the families' expectations and

relationships, parent-child relationship and the context of learning. Current ECI recommendations suggest that families are empowered with knowledge and skills to support their children's communication development within their daily activity.

5.5.1 Family expectations and relationships.

Families within collectivist nations tend to include extended family members (Hassan, Dollard, & Winefield, 2010). Lie and Lick (2007) explained that the meaning of the Chinese word for family, 'jia', encompasses the connection of family through marriage, blood and adoption and suggests a shared financial management and living space. However, this traditional pattern of extended family living is acknowledged to be changing, with many families now living as nuclear families (Ng, Phillips, & Lee, 2002). This appears to explain Linda's and Samantha's close connection with their extended family, described in the introduction of each case. Furthermore, as described in the sub-themes of Support for the Child and Support for the Parent, both sets of parents-in law were in regular contact with their grandchild. Samantha and Dion also showed a strong connection with family as their purpose of moving to Malaysia was to be closer to Dion's ageing parents. This intergenerational connection could be associated with traditional ideas of filial piety (Hong et al., 2012).

Although the close connection with extended family may suggest unconditional support, neither parents' extended families were able to support the implementation of the ECI strategies. Instead, both husbands and sets of parents-in-laws were supportive through other means. The parents were similar in their hesitancy to involve their parents-in-law in their EI efforts. Linda spoke of how she felt her mother-in-law was unsure of how to interact with young children and while Samantha's sense of reluctance was not explained, her choice to not share about the EI strategies could be due to her awareness that her extended family did not understand Jasper's challenges. The parents' decision could be influenced by the relational hierarchy that tends to exist within Malaysian families (Lian & Abdullah, 2001). Instead of suggesting a change in interaction style by using a specific strategy, the parents are likely to show respect to their elders through demonstrating behaviours that support the harmony of the relationship (Abdullah, 2005). Acknowledging a difference in opinion to their elders

could be interpreted as a sign of disrespect (Lie & Lick, 2007). However, Samantha shared that she had received comments from different family members about her parenting choices.

Both cases present the complexity of families' roles and relationships especially when implementing ECI strategies, which are recommended to occur within the families' daily routine, involving family members or other key adults. Within this recommended ECI context, a degree of change to the family member's communication and interaction style with the child are inevitable. This perceived change could be seen as altering the norm of how things are done, which was voiced by Dion within the sub-theme Support for the Child. If the benefits of the strategy are not understood within the family, this has the potential to result in a degree of stress and challenges faced by the participating family member.

5.5.2 Parent-child interaction.

Within this study, the mothers were the primary caregivers responsible for their children's involvement in and implementation of EI strategies at home, described in the sub-themes of Support for the Child and Support for the Parent. The fathers, Eric and Dion were not involved in implementing EI strategies at home however, were described as supporting their families in different ways. S. Chan and Chen (2011) suggest that traditional parent roles among Asians tend to reflect a closer relationship between the mother and child and a more distant one with the father. The authors also describe the mother as being responsible for training their child's behaviours.

With reference to the parenting style, Linda coined the phrase "Asian parenting" and clarified its meaning over time. This topic emerged as Linda reflected on her interaction with Danielle in relation to her use of this study's strategies. The essence of her discussion can be separated into three major ideas presented within the sub-theme of Parenting Behaviours, that is: beliefs underlying the process of learning, politeness and her concept of caring for her child. With regards learning, this was summarised in her statement that "Asian parenting" was the direct opposite of 'letting the child lead', which continued to fuel her reflection and questions asked to grasp the inherent values

within the study's strategies. Linda also discussed the importance of teaching her children politeness, specifically to greet their elders. The value of politeness is important, particularly for Malaysians (Lian & Abdullah, 2001). This also suggested underlying values of acknowledging status in relationship that guided Linda's communication behaviour. As for her values underpinning her approach to child-care, Linda shared how it was typical for parents to do tasks for their children rather than encourage their children's self-help skills. Although her cited reason was to do with efficiency, based on a research study by Hwa-Froelich and Westby (2003) practical provision for the child was constructed as a way of demonstrating love from a family member.

S. Chan and Chen (2011) shared that within Asian families, the children's behaviour reflect on their parents' parenting ability and is a source of 'face' for them. Thus, parenting behaviours tend to be strict with the aim of having an obedient child (Liu & Guo, 2010). These characteristics are associated with authoritarian parenting, which is the predominant parenting style in collectivist cultures, such as Malaysia (Keshavarz & Baharudin, 2009). This parenting style is conducive to socialising children toward values that are culturally important, such as values of obedience, educational success, respect, diligence and kindness in South-East Asian parents (Hwa-Froelich & Westby, 2003). Certain characteristics depicted by Linda about "Asian parenting" aligned with authoritarian parenting styles, such as the tendency toward a more directive approach. Therefore, it was expected that Linda would question the use of strategies that encouraged her to 'let her child lead', as it conflicted with her parenting style. This could have been driven by her alignment with collectivist values such as the need for the child to be obedient. This could also provide an explanation for the challenges we had in implementing the strategies which required Linda to adjust herself to meet Danielle's needs.

Linda also shared how in contrast to "Asian parenting", teachers at the preschool for children with Down syndrome (DS) had taught her to develop Danielle's independence in her self-help skills. As is a common goal of education within individualistic oriented systems (Hwa-Froelich & Vigil, 2004), this example suggests an openness to different

parenting values. Although Linda showed a strong connection with “Asian parenting” related values, she also revealed her ability to adapt her parenting style in a different situation. It was suggested that families aligning with collectivist values could view the focus on independence to conflict with their own values (Liu & Guo, 2010). Similarly, Samantha shared her initiative to increase Jasper's capacity to participate in activities. She contrasted this with other parents' attitudes who did not want to risk potential challenges of taking their child with Autism spectrum disorder (ASD) to places such as the playground. It is possible that the families Samantha spoke of were conscious of maintaining the value of harmony, an underlying value aligned with collectivist cultures.

5.5.3 Context for learning.

Play is frequently used as a context for teaching children communication skills in ECI. Within the sub-theme Perception of Play, Linda and Samantha appeared to have a positive stance on play but diverged in their view and approach to play interactions with their children.

Over the course of the study, Linda appeared to discover her own ideas and values around play and learning. Despite talking about play as an activity to ‘let her child lead’, her expanded description and demonstration of play matched a more directive style which was described in a study by Hwa-Froelich and Vigil (2004) of South-East Asian parents’ perception of learning. This seemed to reflect an internal conflict for Linda. According to her description of “Asian parenting”, Linda was more accustomed to using a drill-based approach for teaching new skills. This situation, in addition to the discussion in section 5.4.2 strengthens the evidence around Linda's underlying values of learning, which seemed to favour methods utilising direct instruction. Similarly, Johnston and Wong (2002) found that Chinese mothers in Canada valued instruction over play as a context for their child’s learning.

Congruent with collectivist values, Samantha shared that in Hong Kong play was seen as secondary to achievement, reflected by her experience as a piano teacher and her description of her nephew’s need to study even at a young age. Instead, in collectivist

communities learning through formal education is perceived as a way of achieving success (Hsia et al., 2003). Therefore, the focus in the early stages of child development tends to be on the children's preparation for achievement in school (Parmar et al., 2004). In contrast, Samantha recalled her play experiences as a young child and shared her belief that play was important for learning. Research findings by Parmar et al. (2004) identified that American and European cultures perceived play as an activity that encouraged child development in a holistic manner. This was further identified in a study by Hwa-Froelich and Westby (2003), in America, where a group of early childhood educators voiced the importance of play as a vehicle in learning and relationship development with the parent. However, it is likely that these perceptions have shifted over time since these findings.

The parents contrast in play seemed to stem from underlying values regarding how new skills are learnt. The differences influenced the parents' outcomes in learning and competently using the naturalistic strategies taught in this study.

5.6 Parent Perception of Early Communication Intervention Outcomes

This section answers the second research question by discussing the parents' perception of this study's communication and sociocultural outcomes. At a superficial level, the outcomes identified indicated that Samantha had learnt and demonstrated enactment of the three strategies coached in this study, as compared to Linda who was still yet to consolidate the use of one strategy. Despite this, the parents similarly shared a positive perception regarding their involvement in ECI within this study.

Linda and Samantha discussed the same outcomes of how the strategies taught had become a natural part of their interaction with Danielle and Jasper. It appears that while benefiting from a traditional model, the parents also found benefit from a delivery model that followed the recommendations of ECI. In the final interview, Samantha shared about understanding the rationale behind the taught strategies which she suggested was a need in her experience of the traditional mode of ECI delivery. This resulted in her identifying how her learning of the strategies was able to be adjusted to meet Jasper's needs more precisely. This outcome was significant as she had also

indicated that the study's strategies had been similar to what she was currently doing in her interactions with Jasper.

Additionally, both parents suggested that incorporating adult learning strategies assisted their learning. For Linda, she appreciated the jointly developed action plan that led to the strategy becoming a natural part of her interaction with Danielle. As for Samantha, this was her discussed outcomes of having realistic goals and plans for her and Jasper. It is proposed that the values of ECI worked in tandem with the adult learning strategies. Jointly, the examples emphasised collaboration with the parents to identify goals that were personally relevant and internally motivating therefore, empowering them as an independent learner. This created an intervention context that was meaningful, engaged their personal experiences and was immediately applicable to situations in their life (Knowles et al., 2011). Coaching, a collaborative strategy used within this study followed the principles of adult learning (Brown & Woods, 2016). Given their unique family context and learning needs during the intervention, these findings imply that there was sufficient flexibility in following the recommendations of ECI to meet each of the parent-child pairs' needs.

However, a drawback from this study's ECI delivery was identified regarding the mode of service delivery. Linda and Samantha both perceived that receiving ECI in person was valuable to understanding their children's needs even more. Linda also suggested this may support her learning through being able to demonstrate and provide feedback in real time.

As for the children's outcomes, Danielle and Jasper were similarly described to have increased in their expressive and receptive vocabulary and to be communicating more frequently with words. Although the focus of ECI is to support the parents, this outcome is expected given that parents mentioned their regular application of the strategy within their daily lives. Letting the parents lead the intervention planning, when working collaboratively seemed to impact further non-communication outcomes. Samantha reported the positive impact the intervention had on her family, including Jasper's increase in vocabulary which seemed to make him "happier", and Dion's increased

engagement that led to a greater sense of happiness for her. The broad impact on the family is likely to be associated with the focus on functional outcomes (Dunst et al., 2010) which enabled changes to be felt by the family unit. These findings suggest that the study's service delivery, in parallel with the process of consciously considering the families' cultural values supported the parents in achieving the main goal of ECI, that is, to be empowered to learn knowledge and skills that they can apply in daily activities.

5.7 Conclusion

This chapter discussed the study's key findings which were presented in a Cultural Practice Model that indicated the relationship between the themes. The chapter was split into three main sections: (1) a discussion of the strategies used to identify cultural considerations, (2) the evaluation of cultural consideration within the context of the triadic relationship, and (3) a discussion of the parents' perceived outcomes. The strategies used were successful in identifying valuable considerations that need to be made about families when delivering ECI. The cultural considerations identified guided my focus in how I supported the parents to learn strategies to support their children, for example enactment for Samantha and the evaluation of values with Linda. Both parents experienced and perceived beneficial outcomes from this study for themselves and their children.

Chapter Six: Conclusion

6.1 Introduction

This chapter begins with a review of the objective of this study. It is followed by an exploration of the study's credibility to support the interpretation of its findings. The implications for the practice of speech-language therapists (SLT) with reference to the Cultural Practice Model and future research are then considered. This chapter ends with a summary of its contribution to the field of early communication intervention (ECI), particularly in the area of cultural competency and the telepractice knowledge base.

6.2 Purpose and Rationale

The purpose of this study was to explore the applicability of ECI recommendations within a cross-cultural context. The fundamental role of telepractice within this study was twofold. The first purpose of using telepractice was to investigate the idea of delivering culturally competent telepractice. The second purpose of telepractice was to utilise its ability to generate a triadic relationship between the SLT, family and child that allowed the examination of ECI implementation following its recommendations. As a field, telepractice is in its infancy stages and currently encountering rapid acceleration in the formation of its practice and research base. However, despite evidence demonstrating the ability to deliver telepractice to an international client base (Shprintzen & Golding-Kushner, 2012), there were no studies that examined the cross-cultural context of telepractice delivery in ECI.

Current development of ECI recommendations and current best practice have been heavily based on research within the Western population (van Kleeck, 1994). Consequently, studies investigating cross-cultural ECI delivery have questioned the methods involved in the process of engagement, relationship building and the parent-child communication strategies taught. The query of ECI applicability within different cultural contexts stems from the distinctly different underlying values of typically Western, and individualistically oriented nations, compared to typically Eastern, and collectivist-oriented nations.

From this perspective, the practitioner inquiry design allowed a detailed description of the nature of ECI implementation and the process of understanding and negotiating values between the parents and myself. In addition to creating new knowledge in an area within the field of telepractice, this study also aimed to further understanding in cross-cultural delivery of ECI while implementing recommended practices. It is envisioned that the findings of this study will provide practical ideas through a descriptive exploration of a personal inquiry of how to deliver culturally competent ECI through telepractice.

6.3 Credibility

This section seeks to evaluate the study's strengths and weaknesses through examination of its research design and methods. Further suggestions are made for improving the strength of future cross-cultural investigation. The purpose of this is to support accurate understanding of how to interpret the study's findings and therefore its transferability to similar situations.

6.3.1 Cultural familiarity.

I considered my Malaysian heritage to enhance my pursuit of adapting ECI to meet the families' cultural needs. As I was already aware of potential cultural conflicts between traditional Malaysian values and beliefs with the ECI culture, I anticipated that it would assist my ability to respond to the families' intervention needs. Additionally, I considered the possibility of how my familiarity might influence the identification of cultural considerations, where some characteristics may be accentuated and others potentially diminished. Certain supports within this study ensured that information captured was detailed allowing for rich descriptions to be analysed. Inherent in the practitioner inquiry research design was the ability to engage with and explore my personal practice (Heikkinen et al., 2016). This enabled the consideration of my personal characteristics and perspective as part of this study, such as my culture and experiences. This feature permitted open and honest reflective practice to take place and to be documented for analysis. Furthermore, the collection of four data sources allowed the triangulation of findings, strengthening the process of analysis by enabling the emergence of themes based on the quality of the evidence.

6.3.2 Ethnographic interviewing.

Ethnographic interviewing functioned as both an ECI method and a research method. This interviewing method has been suggested and identified in this study to be an effective strategy to gather information that enables greater understanding about an individual's perspective of an event (Westby, 2009). The use of this method was seen to be successful within the Assessment Phase as it allowed me to gain insight as a naïve listener into the parents' and their families' experiences of their daily life.

During the Planning-Intervention and Wrap-Up phases I sought to comprehend the parents' view around their ongoing intervention experiences, the effectiveness of this tool within this context may have been influenced by the familiarity of the interviewer with the event. Spradley (1979), an influential author on ethnographic interviewing suggested that the interview was best conducted as a naïve listener. It is possible that parents presupposed the information that was commonly known through shared experiences and avoided sharing about these areas in detail within the interviews. I attempted to offset this from occurring by clearly communicating the purpose of the interview at the beginning of the session (Westby et al., 2003). I emphasised that although some questions might sound 'odd', my aim was to accurately understand the parents' perspective of their intervention experience. However, I also considered that discussion about the ECI activities and outcomes may be difficult for the parents if they did not feel safe to share openly with me, the interviewer and their SLT. Given their potential alignment with collectivist values in communication, they may feel that their comments could affect the harmony and 'face' within the relationship. I often reminded parents that the purpose of this study was to explore their perceptions and to ensure that their intervention needs were met, rather than my own. In response, the parents seemed to share openly throughout the study, although it is not known whether they avoided sharing certain details.

At times I was unsure of whether I followed the prescribed method of ethnographic interviewing accurately. I encountered situations during the interview where I was not sure whether I had used the right technique to support the parents to share further. This suggested a gap in my knowledge and experience in how to use this technique flexibly.

Supervision from an individual with experience should be considered to ensure that the questioning techniques used encouraged rather than constrained the parents' sharing and hence the study's findings. I supported my implementation of this interviewing technique through reviewing the literature and practicing it in a personal setting in preparation for the study. Within the study I prepared protocols (Appendix D) and tips to assist my use of this in a session with the parents.

6.3.3 Data collection and analysis process.

The data collection and analysis process were identified to contribute to the trustworthiness of the study's findings, in particular credibility, transferability and confirmability. Four sources of data were captured: interviews, field notes, parent-child observations and self-reflections.

Credibility was enhanced through the availability of multiple sources that were able to portray different aspects of the triadic intervention relationship, therefore accounting for the complexity of the studied phenomenon. Furthermore, credibility was also supported through the prolonged participation in the intervention relationship with the parents. The frequency of sessions and length of time assisted the intentional development of rapport and level of trust within the intervention relationship, which was noted to encourage in-depth sharing. This intensive involvement facilitated the process of analysis by increasing the opportunities to identify and confirm patterns of information (Krefting, 1991).

Transferability was also supported through the use of multiple sources as descriptive detail was gathered in areas that were pertinent to this study's investigation. Information was gathered about each cases' family-SLT and family-child relationship and the context of the relationship. Finally, confirmability was supported through the convergence of the triangulated sources. In addition to this, the self-reflection source permitted a transparency of my role within this study.

However, an identified limitation to the data collection process was that non-verbal communication was not systematically recorded. As the use of indirect communication

styles has been identified as common within the Asian culture, a lot of information is conveyed through non-verbal communication (S. Chan & Chen, 2011). This information could have provided depth to the information gathered about the family-SLT interaction.

6.3.4 Sample size.

The characteristics of this study meant that a small sample size was appropriate as it allowed for in-depth documentation of the process (i.e., rich data description) which increased the credibility of this study's findings. Each parent received an intensive level of input that allowed the development of a close partnership and ultimately personalisation to the ECI service they received. This study focused on comparing and contrasting findings from two parent-child pairs which meant the scope of differences between family cultural considerations could be explored. Further studies including a larger sample group will undoubtedly support the generation of insights to the understanding of cultural competency.

6.4 Implications for Practice

The main findings from this study show potential for it to be extrapolated into SLT practice when working with families in ECI. Despite the focus of the study in cross-cultural delivery of ECI, it is proposed that every SLT has the opportunity to support families that are culturally different to them. Regardless of whether the family and SLT share the same culture and therefore common attitudes and understanding, there is a complex interaction of factors that influence the development of each member's cultural position (Hanson, 2011a). Hence, careful consideration of each family's culture in line with a family-centred approach, is important.

The Cultural Practice Model (Figure 4), introduced in the discussion chapter, is suggested as a model that provides SLTs with a tool for enhancing their delivery of ECI following current practice recommendations. As values of a family-centred approach, collaborative partnership and using naturalistic opportunities for learning is implemented in a unique way for each family, SLTs need to consider certain factors. Strategies discussed under the theme of Engagement and Collaborative Strategies were

found to be beneficial in identifying areas to support a family-centred and culturally competent delivery of ECI. Exploring these areas through the framework of a triadic relationship also provided a context for the operational application of new understanding of the families' values into an intervention relationship. In addition to these strategies being beneficial, it is also proposed that their frequency and intentionality of use demonstrated the fundamental importance of spending time in getting to know the family. Underlying the success of these strategies are behaviours that demonstrate intentional engagement through giving time toward learning about the family unit and allowing the family to take the lead in sharing.

Considering Linda's and Samantha's case in relation to the Cultural Practice Model demonstrated that their personal and family values influenced their engagement and participation in this intervention. This included the families' EI experiences, the values that the parents held with regards to raising children and how they perceived the support in their lives. Through examining these areas, the parents' values in relation to ECI culture were recognised thus giving an indication of their ECI readiness. Linda's expressed and demonstrated values appeared to have greater distance to ECI values than Samantha's, that is, Linda's familiarity with a traditional ECI model and parenting practices tended to align with more collectivist-based values in parenting. This led to a greater focus in using open-ended and reflective questions to jointly understand her personal values and how to negotiate the delivery of ECI to meet her needs. On the other hand, Samantha's values appeared to complement the values of ECI, which led to her capacity to learn the strategies shared within the study and her demonstrated ability for accurate implementation. Her values seemed to indicate a need for a collaborative based delivery of ECI and an understanding of intervention taking place in activities that were motivating to Jasper.

However, this model only acts as a guide and thus, it is important to maintain openness and to not make assumptions. Cultural values and beliefs held by the parents' in this study were dynamic, rather than rigid. For instance, Linda's eventual negotiation of her parenting values and the study's communication strategies resulted in her deciding for herself that both methods were purposeful and able to be used in different situations.

This confirms the need to avoid generalising approaches to different cultures through understanding the family.

6.5 Implications for Future Research

This study provides preliminary evidence in delivering culturally competent ECI through telepractice. With the lack of evidence in this area, there is great potential and a wide scope to extend this study.

With respect to qualitative exploration, future research could focus on the perspective of different family members of the child requiring ECI support. This study chose to focus on the involved family member(s) as the main informant, describing their experiences of ECI, which was one parent from each family. Given that ECI operates through a family-centred model of intervention and implements strategies in the families' daily activities, it is important to consider the entire family unit who are likely to be directly impacted through the family member's engagement in intervention. This includes parents, siblings and extended family members who may be regularly involved in the families' routine. Understanding this will contribute a more holistic understanding of what is involved in delivering culturally competent ECI that is family-centred.

As for quantitative measures, an objective assessment of ECI outcomes for both the parent and child is suggested. Considerations have to be made for measures capturing data that is relevant to the interaction and communication goals of that particular culture. This current study presented findings related to the parents' descriptions of the outcomes. Including objective outcome measures would further enhance the descriptive data through confirming the parents' perception of the outcomes and provide additional areas that need to be discussed. These measures enable replicability and comparison between studies which may be valuable in understanding cross-cultural considerations on a wider scale.

6.6 Concluding Remarks

This study identified strategies that were effective in gaining insight into the context of the two families' daily lives and experience of ECI. The use of open-ended questions

through ethnographic interviewing, reflective questions in coaching and affirmation contributed to the parents sharing their experiences while allowing relationship building to occur concurrently. The emergence of themes led to the identification of areas for cultural consideration that were able to be grouped within the family-SLT or family-child relationships. This included considering the areas of: ECI roles and responsibilities, engagement in ECI, family expectations and relationships, parent-child interaction, and context for learning. The findings from two families highlight areas for cultural consideration that should be explored by SLTs. Taking time to consider the parents' values in these areas assisted the process of understanding the best way to engage and collaborate with them during the ECI journey.

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Appendices

Appendix A: Recruitment Letter



MASSEY UNIVERSITY
INSTITUTE OF EDUCATION
TE KURA O TE MATĀURANGA

Dear colleagues,

I would like to ask for your assistance in recruiting participants for my Masters of Speech Language Therapy research project. My name is Esther Wong Sze-Hui. I was born in Malaysia and moved to New Zealand at the age of 6. While having grown up in New Zealand, my family and I maintained strong ties to our extended family in Malaysia and Singapore. These connections are very important to me.

My Masters project hopes to explore the question: "What cultural factors need to be considered when building relationships with parents and family members of the children I work with?" I have worked as a Speech Language Therapist for five years with families to help them support their child's communication development.

So that I can answer this question, I would like to work with Malaysian families with children who are 'late to talk'. This intervention will be adapted from a researched telepractice program, known as Parent Implemented Communication Strategies (Meadan et al., 2016) to be culturally appropriate. Further adaptations will also be made throughout the intervention in partnership with the parent or family member.

Could I please ask for your time and assistance in passing out the Information Sheet to parents who might be suitable for this project? This Participant Information Sheet has all the details about this project along with my email contact.

Please do not hesitate to email me on esther.wong.3@massey.uni.nz if you have any questions about this research project. I look forward to hearing from you.

Kind regards,

Esther Wong Sze-Hui
Masters student
Speech Language Therapist
Massey University, New Zealand

Meadan, H., Snodgrass, M. R., Meyer, L. E., Fisher, K. W., Chung, M., Y., & Halle, J. W. (2016). Internet-based parent-implemented intervention for young children with Autism: A pilot study. *Journal of Early Intervention*, 28(1), 3-23.
doi:10.1177/1053815116630327

Appendix B: Participation Information Sheet



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Participant Information Sheet

Exploring culturally competent telepractice in early communication intervention

Invitation

My name is Esther Wong Sze-Hui and I am a qualified and experienced Speech and Language Therapist (SLT). I was born in Malaysia and have grown up in New Zealand. Right now, I am running a project for my Masters in Speech Language Therapy and I would like to invite you to consider joining me.

I am looking for parents and/or family members with a child between 2-3 years who uses single words to communicate (e.g. 'car', 'juice'). You will need good spoken and written English skills and have access to the internet. We will use a free, downloadable, video conferencing tool (called Zoom) for speech and language intervention. My focus is on providing culturally competent intervention. Your input will be invaluable as we work together to meet your needs through intervention.

What will happen?

Over the 12 weeks of this project, we will be involved in three phases: pre-intervention, intervention and post intervention, using Zoom. You play a significant role in this process by sharing your perspective, values and beliefs on having a child with a communication difficulty. Please note, each session we have together will be video recorded. The time commitment and description of each phase is as follows:

- **Pre-Intervention:** A 60-minute interview to find out your experiences of having a child with communication difficulties. Open ended questions will be asked to help me get a clearer picture of what this looks like in your daily life.
- **Intervention:** This phase is 10 weeks long, beginning with an assessment of your child's communication abilities, followed by the intervention program and finally a re-assessment of your child's skills at the end.
 - **Assessment:** Complete two parent questionnaires (30 minutes each), the Trilingual MacArthur Bates Communication Development Inventory and the Language Use inventory, and video record you and your child doing an activity for 5-7 minutes.

Intervention program: Two 30-minute sessions a week working toward your goals for your child. Once a week we will spend an extra 10 minutes after a session to reflect on how you feel things are going and discuss changes that we want to make.

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- **Re-assessment:** Same as the Assessment stage.
- **Post Intervention:** Like the pre-intervention process, there will be an interview lasting 60-minutes to share your experiences from this intervention.

The total amount of time spent in this project is approximately 17 hours across 12 weeks. Fourteen of these hours will be spent on providing intervention to you and your child.

Your rights as a research participant

If you participate in the study you have the right to:

- Decide not to answer any particular question
- Ask questions about the study at any time
- Withdraw from the study up to the end of the intervention
- Provide information on the understanding that you and your child's name will not be used unless you give permission to the researcher
- Ask for the video recording to be turned off at any time during our sessions together
- Receive a summary of the research findings when the study is completed

What will happen with the information collected?

All information from this research project will be kept confidential. It will be stored in a password protected folder on a university computer. My supervisor and I will be the only ones who have access to the information. When the project is finished, the results of the study may be published in journals or presented at conferences. Your name or any identifying information will not be included in any published information. The information will be kept for 7 years following the completion of my Master's thesis. After this all documents and video files will be deleted from the computer.

Who can you contact?

You can email me at esther.wong.3@uni.massey.ac.nz if you are interested in taking part in this project. You can also contact my supervisor Dr Elizabeth Doell via E.H.Doell@massey.ac.nz if you have further questions.

Esther Wong (Masters Student)
Speech-Language Therapy Programme
Institute of Education, Massey University

Committee Approval Statement

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application 16/48. If you have any concerns about the conduct of this research, please contact Dr Lily George, Acting Chair, Massey University Human Ethics Committee: Northern, telephone +64 9 414 0800 x 43923, email humanethicsnorth@massey.ac.nz.

Appendix C: Participant Consent Form



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Exploring culturally competent telepractice in early communication intervention

PARTICIPANT CONSENT FORM

- I have read the Participant Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.
- I agree/do not agree to our sessions being video recorded.
- I agree/do not agree to the interview being transcribed by a contracted transcriber (who has signed a confidentiality form).
- I agree/do not agree to video record myself and my child doing an activity together.
- I wish/do not wish to have my recordings returned to me.
- I agree/do not agree to participate in this study under the conditions set out in the Information Sheet.

Please send a copy of this form (either scanned or a photo) to esther.wong.3@uni.massey.ac.nz

Signature:

Date:

Full Name - printed

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Appendix D: Pre-intervention and Post-intervention interview protocol

Pre-intervention interview protocol

Tick	Topic	Prompt/Examples
	Introduce session and style of interview	
	Highlight participant rights	Please remember...
	Share my cultural history	Upbringing, countries lived, family and extended family connections
	Share my professional history	University, work, volunteering situations
	Ask about the adult	"So, tell me about yourself..."
	Ethnographic questions <ul style="list-style-type: none"> • Ask a 'grand tour' question • Use 'mini tour' questions to narrow down topics of conversation • Ask structural questions for more details 	"Describe to me what a typical day looks like for you" "Tell me about when you get your child ready for school." "What are some reasons that you chose to do occupational therapy?"
	Summarise discussion (in between topics and at the end)	(restate what the participants have said)
	Discuss assessments to do before first intervention session	TMCDI, LUI, video of parent-child interaction
	Schedule in date and time for the next session	"Let's book in a date for the next session"

Post-intervention interview protocol

Tick	Topic	Prompt/Examples
	Introduce session purpose	The purpose of today's session is for me to hear about your experiences of this intervention block. The questions I ask are to hear about it from your perspective. Even though I have been a part of this with you, I know my side of it as the therapist, but you are my eyes and ears to how a person experiences it as the participant.
	Reminder of participant rights	Don't have to answer the question if you don't want to, we can turn off the video recording at any time
	Grand tour question Mini tour Example question Structural question	<p>"Tell me about what happened during the 10 weeks of intervention for you"</p> <p>"What usually took place in a session?"</p> <p>"Can you give me an example of what an (intervention activity) looked like?"</p> <p>(Precede next statement: Has anything changed in your daily life because of this intervention?)</p> <p>"Can you describe for me a routine or activity which has changed for you because of this intervention?"</p> <p>"What kinds of SLT behaviours did you find helpful/not helpful/supportive?"</p> <p>"What type of intervention activities did you least enjoy/find most challenging/find most beneficial?"</p>
	Brief feedback from the reassessment data	Briefly discuss what I noticed from the reassessment information
	Thank you and farewell	<p>"I should have everything I need for my research, but in case I have missed something out, is it ok for me to be in touch with you?"</p> <p>"All the best, it's been a pleasure"</p>

Appendix E: Language Tree handout

Language development

Roots: understanding (*Akar: pemahaman*)

- Like the root of a tree, your child's understanding is the first language skill they learn. Even though you can't see it, it grows all the time. Understanding is essential to the growth of your child's language skills. The more the roots grow, the stronger and bigger the tree becomes.

Trunk: words (*Batang pokok: perkataan*)

- When the tree is ready and with the right nourishment, it starts to grow a small shoot that becomes the trunk of the tree. Your child starts by saying their first word. This number of words they say will grow over time with your help.

Branches: sentences (*Dahan: ayat*)

- Branches begin to grow out of the tree trunk. They grow longer and more complex. Once your child has learnt enough words, they start to put them together to make a sentence. First, two words at a time ('bye mama'), then three words, then four words...and the sentences become more complex too!

Leaves: grammar (*Daun: tatabahasa*)

- Like leaves that grow along the branches, your child will start to use different grammatical forms in their sentences. This happens when they have enough words and have learnt how to use them in different sentences.

Fruit: clear speech (*Buah: ucapan yang jelas*)

- Soon, the tree begins to grow fruits. When your child practices using their words more and more, it will start getting clearer.

Rain: language strategies and input; Sunshine: praise and encouragement

(*Hujan: strategi Bahasa; Cahaya matahari: pujian dan galakkan*)

- Just as the rain and sunshine is needed to grow the tree, your language input, use of language strategies, praise and encouragement is what your child needs to grow in their language skills.

What is Early Language Intervention?

- Working together
- Family centred
- Using daily situations



Appendix G: Example of strategy handouts

Environmental Arrangement

Environmental arrangement simply means setting up the physical space around your child so they are more motivated to communicate. It helps to know their favourite activities, toys and foods so that you can use them as communication opportunities. The more interested they are in the item, the more likely they are to communicate with you.

*Anita loves playing with puzzles. Her mum **picks** her favourite puzzle board gives it to her to play with. Mum gives (**presents**) her a few pieces of the puzzle and keeps the rest of the pieces hidden behind her back. Anita puts all the puzzle pieces into the right spot in the puzzle board. She notices some are missing. Mum had **planned** this opportunity for Anita to communicate with her what she wants.*

Follow these steps to arrange the environment around your child (3Ps):

Pick

Choose something that your child likes to do. This could be using a favourite toy, food or activity. Watch this moment grab your child's attention. Having joint attention* is the first step in all three strategies.

Present

Place the item or set up the activity in a way that motivates your child to communicate. This could be placing their favourite toy where they can see it but not reach it. Then they'll need to ask for your help.

Plan

Plan an opportunity for your child to communicate during the activity. Remember your child will more likely communicate when they have a reason to.

*Eric waits for his dinner in his high chair. Tonight, mum has **picked** his favourite food to eat for dinner, chicken nuggets! She gives (**present**) him only one chicken nugget on his dinner plate. When he has finished eating he can't wait to eat another one! This **planned** moment is now a perfect time for him to communicate.*

Tell me about your child.

Favourite items:

Favourite foods:

Favourite moments:

What can you do to set up an environment for talking?

*joint attention: this is where you and your child are both focused on the same item

(adapted from PiCS handout)

Appendix H: Action Plan

Action Plan and Feedback form

Parent name:		Date:	
Child name:		SLT:	Esther Wong

Preparation

Strategy:

Activity:

Set up:

Planning

What will I say?	
How will your child respond?	
How will you respond?	
What will you do if your child does not respond the way you want them to?	

How did it go? (write down what happened during your practice session)

Appendix I: Collaborative Framework

Literature review points	Codes (literature and personal)	Description	Other potential codes
System	Roles and responsibility	Comments made about the parent or the professional's role and responsibility specifically in the partnership of delivering intervention. This can also refer more generically to other 'parent-professional' partnership the parent might be involved in.	Expert role
	Agreed structure or organisation of therapy	Discussion of the structure or organisation of intervention. This would refer to the framework around the intervention; rather than smaller components such as creating an action plan for home work ('joint planning').	Traditional model of intervention
Engagement	Establishing engagement	Strategies used to create a connection after a period of 'no connection'. This could be at the beginning of each session or during a session, (i.e., after an 'event' disrupts the ongoing connection, such as poor internet connection or a difficult conversation).	Care Connection
	Maintaining engagement	Strategies used to maintain a connection, oftentimes through conversation that is difficult, (e.g. telling the parent they are not using the strategy right, when sharing personal struggles, being emotional).	
	Motivation	The parent's expression of commitment to the intervention programme, whether in speech, action or behaviour. Motivation can be further coded as internal motivation or external motivation.	Internal/external motivation

Alignment	Expectations and/or experiences of SLT intervention	Non-verbal or verbal expression of the parent's expectations or experiences of the intervention process.	Expert model
	Perspective of communication	How the parent sees 'communication' as a whole, their philosophy (thoughts, ideas, expectations). It can relate to Intervention procedures, strategies taught, their child's communication, their own communication (with their child) or the SLT's methods.	Strengths based
	Parenting role	The parent's perception of how their 'role as a parent' fits in with providing intervention for their child.	Authoritarian Role conflict
	Enactment	The process of the parent applying the strategies into their daily life, in relation to their personal values, through the action plans and later on through their own initiative.	+/-
Relationship Building	Status	The parent's verbal and non-verbal behaviours around working with the SLT throughout the intervention OR how they relate to other EI professionals (which gives an indication of how they might perceive our SLT-parent relationship)	Partnership Expert model
	Respect	The acknowledgement and/or demonstration that an individual's role is valued in the partnership, (i.e., as a parent or SLT)	
	Trust	The acknowledgement and/or demonstration of openness in the connection, evidenced by the parent being comfortable enough to share personal information about themselves.	

	Understanding family (culture)	A situation that shows the SLT seeking to understand the family's context and their cultural background, particularly in relation to the intervention.	
	Reciprocal sharing	Conversational sharing between the SLT and parent, in an equal capacity, (i.e., both sharing rather than one leading/directing).	
Communication	Building shared understanding	A situation where information shared by both parent and SLT is combined to create understanding specific to this working relationship.	
	Opportunity to clarify/express	Strategies, typically questions, used to accurately understand the other person's ideas shared.	
	Clarity	Communicating in a manner that is clear to ensure the other person understands.	
	Facilitating reflection	Communication strategies used to support the parent in reflecting on a particular topic, following their lead.	
Negotiation Planning	Desired outcomes	Parent's comments made relating to their hopes for their child, e.g., <ul style="list-style-type: none"> • Communication • Connection • Independence • Parent child interaction • Sensory 	Negotiation
	Joint planning	Evidence of parent and SLT working together to create a 'plan' relating to intervention. This could be for the parent, intervention processes or activities itself.	
	Willingness to share/contribute	The parent's ease in joining discussion around planning relating to intervention.	

	Facilitating problem solving	Communication strategies used to support the parent to reflect with the purpose of problem solving.	
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Appendix J: Massey University ethics approval



Date: 07 December 2016

Dear Esther Wong

Re: Ethics Notification - **NOR 16/48 - Exploring culturally competence telepractice in early communication intervention**

Thank you for the above application that was considered by the Massey University Human Ethics Committee: **Human Ethics Northern Committee** at their meeting held on **Wednesday, 7 December, 2016**.

On behalf of the Committee I am pleased to advise you that the ethics of your application are approved.

Approval is for three years. If this project has not been completed within three years from the date of this letter, reapproval must be requested.

If the nature, content, location, procedures or personnel of your approved application change, please advise the Secretary of the Committee.

Yours sincerely

Dr Brian Finch
Chair, Human Ethics Chairs' Committee and Director (Research Ethics)