Exploring Communication Strategies used by Speech-Language Pathologists in Multilingual Contexts in Malaysia

Master of General and Applied Linguistics (Advanced)
The Australian National University
Khadijah Khalid
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This thesis is submitted in partial fulfilment of the requirements for the degree of Master of General and Applied Linguistics (Advanced) in the College of Arts and Social Sciences

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Declaration

Parts of this thesis have previously been submitted as assessments for coursework in the Master of General and Applied Linguistics at the Australian National University. Small segments of Chapters 1, 2 and 5 were submitted as assessments for LING8026 Qualitative Research Methods in Language Studies, Semester 1, 2017.

I hereby declare that, except where it is otherwise acknowledged in the text, the thesis represents my own original work. All versions of the submitted thesis (regardless of submission type) are identical.

Khadijah Khalid

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Abstract

Communication is critical to the work of speech-language pathologists (SLPs). In highly multilingual societies like Malaysia, the complexity of communication is distinct from SLP practices in more monolingually-oriented jurisdictions, especially in terms of professional discourse. The issue of unshared or limited overlapping linguistic repertoires between professionals and clients is common in Malaysia. This may contribute to a high risk of misinterpretation and miscommunication, which could lead to misdiagnosis and improper management. Therefore, research on how to systematically manage SLP-client interactions where participants lack a language variety in common is essential. Currently, there is no documentation as to what kinds of strategies Malaysian SLPs use to compensate for the communication gap between them and their clients when they have limited or no shared language. Hence, the aim of this study is to gather such information and to recommend broad policy guidelines in relation to multilingual SLP-client interactions. Data were collected through semi-structured interviews with 10 SLPs across Malaysia from diverse practice backgrounds. Qualitative content analysis was used to analyse transcribed data and generate themes. Findings include 1) current practices and recommendations relating to assessment and intervention when there is limited or no shared language between clients and SLPs, 2) strategies that can be used to facilitate effective communication with these clients, and 3) recommended practices when working with ad hoc and professional translators.
The significant of this study is that it offers some important insights into multilingualism issue present in Malaysia, regarding the professional discourse in the healthcare contexts and provides an opportunity to advance our knowledge on language proficiency management, particularly in the SLP profession.
Chapter 1: Introduction

Malaysia, like many other countries in the world, is well known for its multilingual and multicultural society. The country of 13 states with three federal territories consisting of two parts, West Malaysia (Peninsular Malaysia) and East Malaysia (Borneo), is home to more than 24 ethnic groups. Malay, Chinese, and Indian ethnic groups comprise the majority in Peninsular Malaysia; Iban, Malay, and Chinese in Sarawak; Kadazan-Dusun, Murut, and Bajau in Sabah (Department of Statistics Malaysia, 2010). The current Malaysian population is estimated at approximately 31 million (World Bank, 2017). More than 70 languages are spoken across West and East Malaysia, which can be categorised into indigenous (Bumiputera) and non-indigenous (non-Bumiputera) languages (Haji Omar, 1983). Each ethnic group in Malaysia has different spoken languages and different regions have different dialects. With regards to diversity, it is accepted that a majority of Malaysian people are either bilingual or multilingual (Hassan, 2005).

Multilingualism provides intellectual (see Bialystok, Craik, & Luk, 2012; Diamond, 2010), cultural and economic benefits (see Grenier, 2015), to Malaysia as a whole, hence it is and has been experienced as a positive factor. However, it has also brought with it complexities in terms of professional discourse. As a result, people of many professions speak many languages in order to meet the demands of their clients’ linguistic diversity. Despite these efforts however, the chance of misinterpretation and
miscommunication is increasingly high, especially in healthcare contexts (see Kagawa-Singer & Kassim-Lakha, 2003; Sutcliffe, Lewton, & Rosenthal, 2004). In the field of speech-language pathology in particular, Speech-Language Pathologists (SLPs) use communication for interaction as well as diagnosis. Clinicians have to use all resources available to diagnose and deliver information even though they may possess different language proficiencies or have a different first language (L1) from those of their clients.

Currently, there are 37 out of 169 government hospitals around Malaysia which offer speech-language therapy services. The Speech-Language Pathologist Association of Malaysia estimated that the 362 practicing SLPs in Malaysia work in both government and private sectors (SPEAK, 2016). Of these, more than half are from Malay and Chinese ethnic groups, in which most are bilingual or multilingual in Malay, English, and Mandarin. Due to limited numbers of SLPs, it is predicted that there is a discrepancy between the language used in each regional client base and the SLPs’ competency to cater to various languages across Malaysia. Speech-language pathology in Malaysia is still under development as a profession (Alkaf, 2002), with a Malaysian Allied Health Professionals Act still being discussed in parliament (Ahmad, 2010).

In this thesis, I will be focusing on my professional context, speech-language pathology, more specifically on the practices of SLPs in managing the issues
of language proficiency in addition to the communication difficulties and disorders exhibited by the clients.

1.1 Purpose of the Research and Research Objectives

The purpose of this thesis is to make a contribution to current speech-language pathology practices in Malaysia and to recommend broad policy guidelines in relation to multilingual practices; it is important to ensure that services provided not only satisfy the speech-language pathology standard requirement but more importantly, meet the needs of clients from different backgrounds.

Generally, this thesis aims to investigate the nature and function of communication strategies in bridging the language proficiency gaps between SLPs and their clients. More specifically, it aims to:

- explore current SLP practice policies both internationally and in Malaysia specifically policies concern with linguistically and culturally diverse clients.

- explore the experience of how SLPs interact with clients in context where there is unshared or limited overlapping linguistic repertoires between SLPs and clients.

- identify how SLPs address issues related to language proficiency in assessment, diagnosis, intervention, and consultation including the
kinds of communication strategies that they currently use to compensate for gaps in language proficiencies.

- determine and detail the kinds of communication strategies that SLPs can use to compensate for the gap between them and their clients when they have limited or no shared language.

- develop a basis for policy recommendations relating to linguistically diverse clients for SLPs in Malaysia.

To achieve the research objectives, I will review the professional speech-language pathology documents and policies, and conduct semi-structured interviews with 10 SLPs. The 10 SLPs were spread across every region in Malaysia - north, south, central, and east coast of Peninsular Malaysia and Borneo. This is to gain insight into communication difficulties that occur due to different levels of language proficiencies between SLPs and clients according to geographical area. The exploration, from the perspective of a professional and cultural insider allows a deeper understanding of how the level of language proficiency affects the speech-language pathology therapeutic process and what the SLPs do to improve communication breakdowns that occur in their session. The professional documents and policies, on the other hand, aid the understanding of operational mandate pertaining to speech-language pathology practice in particular the choices of language and approaches taken with clients with diverse languages and cultures.
1.2 Background and Rationale of the Study

1.2.1 Language Ecology of Malaysia

As the majority of Malaysian people are either bilingual or multilingual, code switching and shifting are common. Code switching and shifting occur in both formal and informal contexts of communication in Malaysia (see David, Abdullah, Rafik-Galea, & Mclellan, 2009; Muthusamy, 2010). When mixed language groups engage in conversation, two languages in particular are used (How, Chan, & Abdullah, 2015): Bahasa Malaysia (Malay language) and English. Each language performs crucial functions in Malaysian society. Bahasa Malaysia is the national language of Malaysia, the mother language of the dominant Bumiputera (the Malays), and the primary language of education, social interaction, and administration (Gill, 2009). English, on the other hand, has a special position in education and some aspects of administration especially in the private sector (see Gill, 2004, 2005; Kassim & Ali, 2010; Ridge, 2004). This is due to the history of British colonisation in Malaysia, and the position of English as the language of globalisation.

In fact, Malaysian language policy changes almost every ten years (see Heng & Tan, 2006; Le Ha, Kho, & Chng, 2013; Tan, 2005), back and forth to determine the position of the national language. Even the two core subjects taught in school, mathematics and science, keep changing between Malay and English as the language of instruction. Despite the frequent changes of language choice in the educational system, Zhou and Xiaomei (2017) claim that “the school system is seen to have done a decent job in promoting
Bahasa Malaysia as the national language and in accommodating multilingualism” (p. 9). This implies that Malaysian people from different linguistic backgrounds who attend school know how to interact at least at the basic level of proficiency in Malay language.

Apart from this, there are several minority languages spoken around Malaysia representative of which ethnic group an individual belongs to. For example, Mandarin is the most spoken language used by the Chinese community because it is the lingua franca used in Chinese vernacular schools. Additionally, Chinese dialects such as Hokkien, Hakka and Cantonese are commonly used in informal domains among the Chinese community. Like Mandarin, Tamil also has a special position in the Indian community for its role as the primary language of instruction in the Indian vernacular schools. In addition to Tamil, Punjabi, Telugu, Sindhi, and Malayali are the languages spoken by the Indian community. Sam and Wang (2011) reported that languages spoken by Chinese and Indian communities are heterogeneous, completely different from one another in terms of language structure and organisation. Aboriginal languages spoken by the Bumiputera in Peninsular Malaysia and Borneo are also different and heterogeneous.

For that reason, ‘diversity in unity’, the national building agenda, established in 1990s is a very important aspect in the formulation of bilingual Malaysian (majorities are Malay), trilingual, and multilingual
(other ethnicity) populations. In addition, the construction of *Bangsa Malaysia* ‘Malaysian nation’ was a turning point in the unification of Malaysian citizens to develop a shared sense of belonging to Malaysia since Malaysian independence in August 1957, despite diverse languages and cultures. This indicates the tolerance and acceptance of Malaysian people in sharing the same lingua franca despite their differences.

Although Malay and English are preferred, it is not always the case that everyone is proficient in both or either. The level of language proficiency for every individual is different, depending on the level of exposure to a certain language and the environment that enhances the development of the language (Hoff & Core, 2013). For example, an Ethnic Malay who attends a Chinese vernacular school might have a better proficiency in Mandarin than an Ethnic Chinese who speaks Cantonese at home and attends a Malay medium mainstream school. Therefore, language selection and choice in any given situation, especially in addressing language problems, is difficult. Malaysian SLPs experience this tricky situation on a daily basis in their practice to a greater or lesser extent, depending on their work setting and clients encountered. Due to limited resources, e.g. trained translators (easier to find in developed countries such as the United States and the United Kingdom) and the small number of SLPs in Malaysia, SLPs do not have any option except to engage with their clients directly and to attempt to deliver their services.
1.2.2 Speech-Language Pathologist (SLP)

The need to engage and to be competent in culturally-appropriate practice with clients from culturally and linguistically diverse backgrounds is critical for SLPs around the world, as recognised in a number of key professional documents (see American Speech-Language-Hearing Association, 2004a; Speech Pathology Australia, 2009). Several past works have shown that there is a strong tendency to misdiagnose multilingual clients, resulting in them either being unnecessarily placed in the caseload (Adler, 1990; Kritikos, 2003) or dismissed from the session due to misinterpretation of speech and language problems as communication variations (Verdon, McLeod, & Wong, 2015). This indicates the importance for SLPs to really understand the interactions that take place within their sessions, including the willingness of SLPs to take extra initiatives in considering and/or providing alternatives that can help the effective comprehension or delivery of information between client and practitioner.

Additionally, the speech therapy process requires continuous interaction between SLPs and clients. It usually takes more than one therapy or intervention session once an individual has been identified and diagnosed with speech and language problems to implement practical assistance or intervention. Hence, SLPs have to build a good rapport with clients and their families, as the clinician-client relationship is one of the primary determinants of the success of SLP services (Ebert, 2017; Ebert & Kohnert, 2010). This relationship is initially built through effective clinician-client
communication. When the clinician is able to understand the information reported by the client, it reduces the risk of misdiagnosis, and when the client is able to understand the information given in the therapy session, they are better able to use advice given regarding treatment. Through each of these, the clinician earns trust from the client which further facilitates a smooth therapy process.

Many studies in the SLP field emphasise the role of SLPs in improving the communication of children and adults with physical and/or neurological problems including the usage of augmentative and alternative communication (ASHA, 2004b). Particularly, recent studies in the field of SLP in Malaysia have only focused on practice patterns of SLPs in managing a specific disorder in a particular group e.g. speech and language delay in children and dysphagia in adults (see Joginder Singh, Chan, & Ahmad Rusli, 2016; Mustaffa Kamal, Ward, & Cornwell, 2012). Only a few numbers of research deal with multilingualism in SLP profession on the international platform and there have been no known studies that have focused on multilingualism in SLP practice in Malaysia. This research attempts to fill the gap and aims to provide useful clinical recommendations especially for SLPs who work in highly-multilingual countries like Malaysia.

1.2.3 Communication Strategies

In the last ten years, there has been a significant increase in awareness internationally on critical importance of communication in healthcare. In particular, there are a number of research demonstrating the impact of
ineffective communication between clinicians and patients. Those studies manifest adverse effects on patients’ care if the health practitioners were less able to transfer the information effectively (see Araújo & Silva, 2012; de Negri, Brown, Hernández, Rosenbaum, & Roter, 1997; Hull, 2016). Asnani (2009) states that “extensive research has shown that no matter how knowledgeable a clinician might be, if he or she is not able to initiate good communication with the patient, he or she may be of no help” (p. 357). This implies that effective communication between clinicians and their patients is crucial to improve patients’ overall satisfaction and long-term health outcomes.

Communication is a key element in the SLPs’ scope of work, i.e. if communication breakdowns occur in any stage of the therapy process, it has a potential to result in negative outcomes for the clients. There are several risks in interacting with clients who have limited or no shared language. One of these is that the clinician might misinterpret the information provided by the client during case history. In cases of interaction involving a client who does not have the same level of language proficiency, the clinician will often need to use communication strategies. Corder (1983) defines communication strategies as “a systematic technique employed by the speaker to express his meaning when faced with some difficulty i.e. the speaker’s inadequate command of the language used in the interaction” (p.16). Oweis (2013) defines communication strategies as devices to improve an individual’s level of communication in particular
situations, e.g. when a speaker is unable to convey his message due to different level of proficiencies with the listener. Extending and modifying those definitions, I contextualise communication strategies as adjustment or changes in communication made by the SLPs as an alternative to improve the interaction between SLPs and clients in any stage of speech therapy process when communication breakdowns occur due to different level of language proficiency between SLPs and clients. Examples of communication strategies are adjustments, such as repetition and rephrasing of instructions during an assessment if the client does not understand instructions given.

Therefore, in this thesis, I will identify in further and detail different communication strategies for SLP practice in particular in the multilingual contexts of Malaysia.

1.3 Organisation of the Thesis

There are five chapters following this introduction chapter. Chapter 2 will review a communication model in order to set a foundation of understanding on how language proficiency issues affect SLP service delivery. From there, the chapter then examines the current practice policies recommended by SLP professional bodies when dealing with clients with diverse languages and cultures. This section identifies the research gaps in this area and determine the research focus.
Chapter 3 explains in detail the research design and procedures used in this study including the participant inclusion criteria, the interview protocols, and the process to analyse the data. Chapter 4 discusses the findings obtained from the data and highlights the main results through themes and categories.

Chapter 5 explains the findings in detail by making comparisons with other studies and evaluating their importance. Finally, chapter 6 summarises the major arguments within the thesis and briefly outlines the significance of the thesis both in terms of clinical implications and institutional policy.
Chapter 2: Literature Review

Chapter 1 has introduced the language ecology and multilingual contexts of Malaysia and emphasised the issue of unshared and overlapping linguistics repertoires between SLPs and clients. The main purpose of this chapter is to review in detail the impacts of this issue on the SLP profession, how the current and available practice policies address this issue, and determine the research gaps that need to be filled in by this research. There are two primary gaps that are highlighted in this review: 1) when SLPs and clients do not have sufficient proficiency in a common language, basic communication, i.e. the use of verbal language alone, is not enough and 2) the multilingual phenomena in Malaysia and Western countries are different but most SLP research and evidence-based practices are carried out in or based on Western contexts. Thus, cultural and linguistic establishment need to be obtained to ensure that the SLP practices are effective for the population of interest. In this chapter, I will first contextualise the communication models for monolingual and multilingual communities followed by recommendation practices for clients with linguistically and culturally diverse that have been outlined by the SLP professional bodies, and theoretical discussion about communication strategies, focusing on the context of practice in Malaysia.
2.1 Communication in Monolingual and Multilingual Communities

SLPs use communication on a daily basis working with different kinds of communities. As communication is a key element in SLPs’ scope of work, the understanding of theory and concept of communication with different communities is crucial to begin with.

In the last of a half century, Chomsky has conceptualised the notion of communicative competence in a linguistically homogenous community which is not suitable for multilingual community that typically exist in South Asia. Chomsky traditional communication model draws attention to the concept of community based on a shared language and culture. This idea has been opposed by several linguists from the South Asian region (see Bhatia & Ritchie, 2004; Khubchandani, 1997) who believe that community in South Asia is based on a shared space, i.e. “language diversity is the norm and not the exception in non-western communities” (Canagarajah & Wurr, 2011, p. 2). This indicates that people in the South Asian region frequently encounter different people who speak different languages in their daily interactions. Hence, having a common language is not necessarily the norm.

In this multilingual society, non-verbal communication is required to help verbal. This particular communication is referred by Khubchandani (1997) as “a non-autonomous device, communicating in symphony with other non-linguistic devices; its full significance can be explicated only from the imperatives of context and communicative tasks” (p. 40). This means that
communication is a meaning-making activity which requires intuition, perception, context, and other communicative devices to convey information between interlocutors. Thus, it is suggested that these non-verbal cues in communication help people in the multilingual society to get the message across even though there might be some contradiction in terms of language proficiency between them.

Besides that, a shared grammar is also not a reason that makes people able to communicate with each other. However, communicative practices and strategies is a form of resourcefulness in information transfer when a common language code is not available between speakers (Canagarajah & Wurr, 2011). These practices and strategies are essential in multilingual countries like Malaysia, which practice multilingual communication as a norm (Haji Omar, 1987). Since many languages are spoken across Malaysia, the shared grammar only is not sufficient to achieve intelligibility in communication. The orientation of communication in Malaysia is also different from the countries who have monolinguals as the majority. Hence, Canagarajah and Wurr (2011) propose of inserting ecology such as communicative contexts, paralinguistic cues, e.g. intonation, gestures, and facial expression, and objects in the setting as a resource to facilitate the communication.

Although the ecology is very helpful as a resource in multilingual communication, it can be complex when there are any impairments or
disorders. This is where the involvement of trained professionals who are expert in the area of communication disorders, the SLPs are necessary to help in reducing the complexity. The American Speech-Language Hearing Association (ASHA) describes SLPs as the professionals “who engage in clinical services, prevention, advocacy, education, administration, and research in the areas of communication and swallowing across the life span from infancy through geriatrics” (ASHA, 2016, p. 1).

The two areas that SLPs have responsibility for are essential in human life. Communication is accepted to be one of important elements in learning process (Barnes, 1992). Without proper communication skills, an individual misses the opportunity to develop and learn effectively. Swallowing, on the other hand, is a human necessity – being unable to eat normally contributes to frustration and possibly malnutrition due to loss of appetite (see Larsson, Hedelin, & Athlin, 2003; Poels, Brinkman-Zijlker, Dijkstra, & Postema, 2006).

SLPs also strive to achieve their ultimate goal on improving the quality of life of an individual by tailoring their services to suit an individual’s need. This is because each individual views problems and disorders differently due to the influence of culture and their upbringing (Isaac, 2002). This is especially true when it comes to communication. A study by Garcia, Mendez, and Ortiz (2000) show how maternal beliefs influence the early childhood intervention pertaining to communication. The Mexican American mothers
in this study regard speech delay as something that usual for young children. Hence, they were not concerned for the children to get an early intervention. The way communication functions from one family to another is also different. This suggests that every individual who requires the SLP services will have different needs in addition to different linguistic abilities and environmental supports.

2.2 Impacts When SLPs and Clients Have Different Language(s)

A good SLP services will give a positive change to people's lives. However, “gaps in cultural and linguistic competency may lead to negative perceptions and attitudes towards clients, which may hinder the effectiveness of service delivery “(Perry, 2012, p. 1).

When SLPs and clients do not speak the same language(s), this situation contributes to a risk of misdiagnoses (see Bird & Deacon, 2012). Misdiagnoses in this kind of clients typically occur due to misinterpretation of information during the case history and assessment as the clients might interpret the instructions and questions asked differently from what the SLPs expected. The likelihood that clients and their carers would be silent throughout the session is because they might have a difficult time to express themselves, resulting in SLPs not having enough information and leading to inaccurate diagnosis.
There is also a possibility that the information explained by SLPs might not be understood by clients. Since there is a mismatch in language between the SLPs and clients, there is no exact percentage that the clients would comprehend the message correctly. In extreme cases such as a swallowing case, this situation might cause death as clients and their carers might not understand the information on how serious the problem is if the clients consume the food through mouth when the swallowing mechanism has been affected due to malformation or injury to the brain which can lead to pneumonia. In fact, many literatures demonstrate that language barriers and misunderstandings of healthcare information could also happen even with clients who have the same first language (Graham, & Brookey, 2008). This insinuates that the situation might be even worse in a scenario with clients having a different language.

2.3 Recommended Practice with Multilingual Clients

The problem has been recognised by the SLP professional bodies. Therefore, the development of policies to satisfy the requirements and standard of practices when working with clients with diverse culture and linguistic backgrounds have been developed.

Currently, it is an offense if SLPs refuse to provide their services due to a different language issue between SLPs and clients which was the situation more than two decades ago. According to ASHA Principles of Ethics I, Rule C, “individuals shall not discriminate in the delivery of professional
services”. This principle emphasises on the right of an individual to get a professional service regardless of any reason including the presence of a mismatch in language with the clinician. This indicates that SLPs are obligated to deliver their services in any circumstances.

There are several requirements that have been outlined for the SLPs to work with clients from diverse culture and linguistic backgrounds, stipulated in the following excerpt:

1. Professionals are sensitive to cultural and linguistic differences that affect the identification, assessment, treatment, and management of communication disorders/differences.

2. Professionals are obligated to provide culturally and linguistically appropriate services to their clients and patients, regardless of the clinician’s personal culture, practice setting, or caseload demographics.

3. Professionals are able to identify the appropriate service provider for clients/patients.

4. Professionals who are not competent to provide services to bilingual clients are still responsible for ensuring that a client receives appropriate services.
5. Professionals are able to obtain the knowledge base needed to distinguish between typical and disordered language of clients/patients.

6. Professionals are knowledgeable about normal bilingual development, disorders in bilingual populations, myths associated with diverse populations, and best practices to employ with these populations.

7. Professionals are able to identify/assess typical and disordered language.

(ASHA, 2004a, p. 2-3)

From the excerpt above, it can be concluded that SLP professionals are required to equip themselves with knowledge and skills regarding cultural and linguistic differences in order to provide the services that are up to standard. This also includes the need for SLPs to get familiar with the resources and language ecology where they work in and are willing to take initiatives to continue learning.

Apart from that, SLPs are required to have the linguistic proficiency, i.e. they have to be proficient in the terminologies and processes involved in the areas of communication and swallowing. This includes speech and language development, administration and interpretation of assessments in these
areas, and implementation of intervention strategies that can support the clients and their family members. If there is no shared language between SLPs and clients, it is recommended that the communication is mediated by an interpreter (Isaac, 2005). Ideally, this option is to maximise communication when a barrier due to language differences has been determined.

For assessments in particular, SLPs have been recommended to use the alternative assessments. Alternative assessments refer to other procedures that the SLPs typically perform to measure clients’ speech and language skills (Laing & Kamhi, 2003), which are basically norm and criterion-based assessments. This includes language sampling and the use of dynamic assessment. Kohnert (2013) agrees to the concept of dynamic assessment in which clients who speak more than one language to be assessed using various measures at different points in time. This approach is more equitable to determine the clients’ abilities to learn and acquire language as a whole. In addition, the case history for these clients should include a comprehensive language profile, i.e., “the age at which the child was exposed to each language, the amount of exposure to and use of each language on a typical day, the people who speak each language to the child (e.g., parents, siblings, teacher, grandparents, or friends), the settings or context for language use (e.g., home, religious settings, community groups, or school), the child’s preferred language (e.g., for music, dreams, counting, or thoughts), and the child’s dominant languages (which may also vary as a
function of partner, purpose, and context)” (McLeod, Verdon, & IEPMCS, 2017, p. 3).

SLPs are advised to conduct speech and language assessments that target all of the clients’ languages. McLeod et al. (2017) argue that the clients’ language history varies by language, i.e. “they might begin to acquire each language at different time points, resulting in acquisition differences in each language” (p. 4). They believe that SLPs will have a clear picture and understanding of clients’ overall language skills which subsequently contribute to a better assessment outcome in terms of a valid and reliable diagnosis. From there, they can move forward to link all the information that they obtain from the assessment to decide whether there is a need for further intervention. Hence, a comprehensive data gathering of the assessment is necessary to obtain an accurate diagnosis.

SLPs are not encouraged to adapt speech and language assessments from one language to another. They should be aware that different languages have different forms, phoneme inventories, contents, and uses. Available standardised speech and language assessments are generally designed and normalised to a specific population (Capone, 2010). For instance, the test scores of the language assessment that specifically develop for American English-speaking clients are invalid for a client who speaks Arabic as their home language as they are not reflected in the normative group for the test’s standardisation sample even if the test is conducted following the
instructed procedure. It is highly predictable that the client will have lower score than the sample. Thus, it is unjust to diagnose a client without an appropriate use of the test instrument.

Practising SLPs worldwide frequently raise the question of which language to use during speech and language interventions especially when they work with clients who are multilingual. This issue has been well explained by Thordardottir (2010) as she presents a hard evidence that ASHA, the Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA), and the International Association of Logopedics and Phoniatry (IALP) have different position statements on this issue. Both CASLPA and IALP stand in favour of multilingual intervention for clients who are multilingual. ASHA, on the other hand, did not make any explicit statement on which kind of intervention is ideal. However, these associations agree to the fact that the choice of language should be made in a joint collaboration with the clients’ carers.

2.4 SLPs in Malaysia

In Malaysia, the SLP profession is still developing. Only three public universities in Malaysia, Universiti Kebangsaan Malaysia (UKM), Universiti Sains Malaysia (USM), and the International Islamic University of Malaysia (currently recruiting their first batch of students this semester), are offering the SLP-trained program locally. Speech services in Malaysia were first started from the private sector in 1990s in which all SLPs available at that
time possessed the educational knowledge acquired from abroad (Lian & Abdullah, 2001). The first batch of locally-trained SLPs was graduated in 1999. After three years, in 2002, the speech therapy services in the government sector under the Ministry of Health Malaysia was opened.

Unlike many other countries, “there are no statutory licensing requirements for SLPs to practise” (Joginder Singh, Chan, & Ahmad Rusli, 2016, p. 560) at this moment. However, individuals who are eligible to practise as SLPs in Malaysia are individuals who have completed at least a bachelor degree in speech science or speech pathology, and completed standard clinical hours as a part of the degree requirements (Ahmad, Ibrahim, Othman, & Vong, 2013). The current SLP practices in Malaysia have not changed much from the first time the SLP program was set up in 1994. They are still predominantly-influenced by literatures and practices from Western countries. This might be related to the early stage of the SLP program development wherein almost all the faculty members or instructors were from the UK (Ahmad et al., 2013).

The current practices are mixed between evidence-based and traditional service delivery models. The evidence-based practices are not fully implemented in Malaysia due to lack of resources and literatures available specifically for Malaysian population. Lian and Abdullah (2001) claim that “the cultural practice of multilingualism allows a Malaysian SLP to function despite his or her inability to speak fluently in various languages” and
“multilingualism is not perceived as barrier to delivery of assessment and intervention services” (p. 5). Since several languages are often used within a conversation, linguistic criteria are not used to identify a language delay or disorder, a communication competency criterion of receptive and expressive language skills is used instead. This might be due to the linguistic criteria of Malaysian languages which are not only diverse but also heterogenous.

A range of challenges in speech and language assessments are present in the field of speech therapy. As in Malaysia, there exists a lack of suitable assessment tools for evaluating speech and language skills of a majority of children who are majority is multilingual; hence leading to children being over-identified or under-identified with language impairments (Bedore & Peña, 2008; Williams & McLeod 2012). In addition, according to Amar-Singh (2008), the resources available to Malaysian SLPs are not equally-distributed across the country and work settings, e.g. government hospitals in urban areas are likely to have more resources compared to those in rural areas, and this in turn could have affected assessment practices and led to lack of consistencies.

2.5 Use of Communication Strategies

Since the SLP scope of work is predominantly involved communication, the need to identify ways to improve the process is essential. Research on this particular subject, i.e. how communicators compensate a communication
gap between each other has been well described in the field of applied linguistics as communication strategies.

Communication strategies have been defined in several typologies, e.g. psycholinguistic problem-solving, interactional, and discourse (see Ting & Phan, 2008) by researchers in this area depending on the concept and approach of their study. Dörnyei and Scott (1997) claim that “researchers originally saw communication strategies as verbal or nonverbal first-aid devices used to compensate for gaps in the speaker's second language (L2) proficiency” (p. 177). This indicates that the early development of communication strategies revolved around the L2 learners.

Further development of this area brings forward to the use of communication strategies as a mechanism or a set of procedures to help the speakers cope with any potential language-related problem which they were aware of during the course of communication in order to reach a level of communicative competence. ‘Communicative competence’ has several definitions (see Gałajda, 2017). Some similar key terms regarding communicative competence that can be derived from each definition as cited in Gałajda (2017) are knowledge, performance in a social situation, and translating intentions into words. It is proposed that the use of communication strategies might be beneficial for a speaker to achieve a certain performance, i.e. through knowledge and situational contexts.
In Malaysian SLP-client interaction for instance, the communication strategies used by SLPs are most likely grouped under the conscious communication strategies category. Tarone (1977) classifies the typology of conscious communication strategies into five main types: 1) avoidance, e.g. topic avoidance and message abandonment, 2) paraphrase, e.g. approximation, word coinage, and circumlocution, 3) conscious transfer, e.g. literal translation and language switch, 4) appeal for assistance, and 5) mime. These five types of communication strategies reflect the primary concept of conscious communication strategies, encompassing the use of techniques and/or acts which are done intentionally in order to achieve a specific communicative goal; the concept is applicable to the SLPs practice as SLPs have an explicit communicative aim in the session.

Communication strategies, however, have a drawback wherein they can only be effectively used if the speaker has at least basic knowledge and proficiency in a certain language. For example, in a case of an SLP who is proficient in Malay and English and has a client who speak Iban as his L1 – if the client is at least able to follow a simple command in Malay or English, communication strategies will be useful for the interactions. If the client does not have a common language and cannot even follow a simple instruction, the use of communication strategies is meaningless. Thus, these kinds of clients will benefit more to the interaction that is mediated by a translator as suggested by Isaac (2005).
Chapter 3: Methodology

As detailed in Chapter 1, this research has five specific aims: 1) to explore current SLP practice policies both internationally and in Malaysia specifically policies concern with linguistically and culturally diverse clients, 2) to explore the experience of how SLPs interact with clients in context where there is unshared or limited overlapping linguistic repertoires between SLPs and clients, 3) to identify how SLPs address issues related to language proficiency in assessment, diagnosis, intervention, and consultation including the kinds of communication strategies that they currently use to compensate for gaps in language proficiencies, 4) determine and detail the kinds of communication strategies that SLPs can use to compensate for the gap between them and their clients when they have limited or no shared language, and 5) to develop a basis for policy recommendations relating to linguistically diverse clients for SLPs in Malaysia.

To pursue the aims of the study, a qualitative research approach is believed to be the most appropriate methodology in order to explore and examine in detail on how SLPs manage the language proficiency issue with their clients. This chapter details a qualitative method used in this study, the semi-structured interviews.
3.1 Research Design: Qualitative Methodology

Qualitative methodologies are “a form of systematic empirical inquiry into meaning” (Shank, 2002, p. 5). ‘Systematic’ means a study which requires a careful plan following rules and ethical considerations agreed by the research community. ‘Empirical’ refers to enquiry that is grounded in the world of experience. ‘Inquiry into meaning’, on the other hand, refers to an attempt to comprehend how others make sense of their experience. It is designed to elucidate phenomena extensively within authentic contexts which involve an interpretive and naturalistic approach, i.e. the main objective of the qualitative methodologies is “to address questions concerned with developing an understanding of the meaning and experience dimensions of humans’ lives and social worlds” (Fossey, Harvey, McDermott, & Davidson, 2002, p. 717). Hence, this approach is suitable for researchers who are interested in studying a specific topic or issue in depth, especially from the experience of individuals who are directly involved in the topic of interest.

There are three main areas which qualitative research questions focus on: “1) language as a means to explore processes of communication and patterns of interaction within particular social groups, 2) description and interpretation of subjective meanings attributed to situations and actions, and 3) theory-building through discovering patterns and connections in qualitative data” (Tesch, 2013, p. 55). Within these focus areas, qualitative researchers will formulate research questions and choose appropriate
instruments. As this study focuses on the field of SLP, the advantages of conducting qualitative research in SLP field (see Damico & Simmons-Mackie, 2003) are:

- assist in filling a gap with respect to the explanation and interpretation of complexity in communication disorders and SLP clinical practice.

- offer more flexibility to link between research and clinical practice as researchers can follow unexpected ideas during research and explore processes in-depth and effectively.

- provide sensitivity to contextual factors such as diversity in society, i.e. the nature of SLP work requires SLPs to understand linguistic, cultural, and experiential differences which can affect the language and communication development of their clients.

According to Heigham and Croker (2009), there are six common ways to collect qualitative data: observation, interviews, open-resource items on questionnaires, verbal reports, diaries, and discourse analysis. They argue that “in most qualitative research, researchers do not control the research setting at all, as they are interested in authentic behaviour in natural settings” (p. 18). However, the control still exists through the degree to which the researchers structure the process of collecting the data. Specifically, in this research, I will be using semi-structured interviews. The
purpose of using semi-structured interviews is as a way to explore Malaysian SLPs’ views and experiences in managing cases of different levels of language proficiency in their daily practice.

3.2 Research Protocol

3.2.1 Research Instrument – Semi-Structured Interviews

‘Semi-structured interviews’ is a typical approach used in qualitative research (Morse, 2012). It consists of a set of open-ended questions which has been planned and framed to elicit a rich verbal information from the participants. It is often being used when the researcher knows what to ask, but does not know what answers to expect (Edwards & Holland, 2013). Dörnyei (2007) regards semi-structured interviews as a compromise, since they have potential to promote reliability and consistency (same as structured interviews), but still allows a degree of freedom and adaptability in getting the information needed. This suggests that, in semi-structured interviews, the researchers will ask some similar key questions to each interviewee but the order of the questions asked would not be the same, depending on responses given by the participants.

In addition, the semi-structured interview process is not only flexible but also permits a richness of information in the data. This notion is supported by Rubin and Rubin (2005) as they believe that the semi-structured interviews “allow depth to be achieved by providing the opportunity on the part of the interviewer to probe and expand the interviewee’s responses” (p. 88).
When conducting this kind of interview, researchers are recommended to use a checklist (see Berg, 2007) that would help to cover all relevant areas. The advantage of using the question checklist as Berg (2007) emphasises is that the checklist “allows for in-depth probing while permitting the interviewer to keep the interview within the parameters traced out by the aim of the study” (p. 39). In fact, the use of checklist is very useful to avoid key questions from left behind or not asking by the researchers. Hence, the credibility of qualitative studies can be maintained because all questions and important components of the study have been addressed.

The purpose of interview sessions in this study are twofold: 1) to explore the experience of how SLPs interact with clients in context where there is unshared or limited overlapping repertoires between SLPs and clients and 2) to identify how SLPs address issues related to language proficiency in assessment, diagnosis, intervention, and consultation including the kinds of communication strategies that they currently use to compensate for gaps in language proficiencies. All interviews were carried out by the researcher, who is a Malaysian SLP.

3.2.1.1 Participants
Ten participants, two representatives of SLPs from each region in the Peninsular Malaysia (north, south, central, and east coast regions) and Borneo were selected to participate in the interviews. The participants were qualified practising SLPs, working in Malaysia. They have been chosen because of their expertise and experience as SLPs in highly multilingual
contexts in Malaysia. The SLPs were from diverse backgrounds in terms of language background (most of SLPs are at least bilingual in Malay and English but some of them are proficient in more than three languages), working experience (between less than a year and more than 20 years), work setting e.g. hospital and rehabilitation centre, and its language ecology e.g. in Peninsular Malaysia SLPs encounter three major ethnicities, the Malay, Chinese and Indian but in Borneo they have more clients from the Malaysian indigenous group.

3.2.1.2 Piloting the Interview Protocols

In order to ensure the interview process runs smoothly, researchers are recommended to conduct a pilot (Turner III, 2010). The purpose of piloting the interviews is to test the research instrument prior to the actual data collection by simulating rapport, process, consent, space, recording, and timing (Baker, 1994). Through a pilot interview, the researcher will know the approximation of duration of the interview, identify potential problems to the protocols (see Van Teijlingen & Hundley, 2001), and determine the questions that appropriate to be asked to the selected participants. Merriam (2009) pointed out that the “best way to tell whether the order of your questions works or not is to try it out in a pilot interview” (p. 104).

Hence, a pilot interview with Helen (a pseudonym), an SLP from Kuching was conducted on 2nd September 2017. She has three years’ work experience and specialises in Auditory Verbal Therapy for clients with hearing impairment (refer to Appendix 3 for the full excerpt from the
interview session). The interview session last for 25 minutes. Table 1 below shows the information of Helen’s language proficiency in regards with percentage of first language (L1) of clients in her caseload.

Table 1 Language Data of a SLP and Her Clients (Pilot)

<table>
<thead>
<tr>
<th>Pilot Participant</th>
<th>Region</th>
<th>SLPs language proficiency</th>
<th>Percentage of clients L1 in SLPs caseload</th>
<th>Language use in consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helen</td>
<td>Borneo</td>
<td>Native in Mandarin Proficient in Malay and English Intermediate in Chinese dialect Basic in Bahasa Indonesia NP in Tamil, Indian dialect, Arabic and Indigenous language</td>
<td>Malay 26-50% Mandarin 26-50% English &lt;10% Chinese dialect &lt;10% Bahasa Indonesia &lt;10%</td>
<td>The home language of the client</td>
</tr>
</tbody>
</table>

There are few issues that were identified to change from the interview based on the feedback and discussion during the pilot interview. Firstly, add ‘none’ to the answer options for Question 8 in the background questionnaire online (refer Appendix 2) that ask about the percentage of clients on their caseload. As the interviewee states that: (Table 1 above shows the language data obtained after the revision).

... I do not have Indian client actually but you do not have the choices of zero percent. So that's why I indicated it less than ten percent ...

The interviewee stressed that even though the participant has been provided with background questionnaire, the interview should start with a brief discussion about SLPs’ background, work setting, standard operation in their workplace, and language ecology in their places of practice to set up
a scene or context of discussion and avoid assumptions. The example of a brief discussion in the beginning of the interview as follows:

Interviewer: I see that you often but less than ten percent patients who use Tamil. You said that you have no proficiency for Tamil or any Indian speaking clients... for example... How would you describe the nature of interactions you have with clients who speak Tamil or some other language you are not proficient in?

Helen: Honestly speaking is very different in Sarawak which we have very limited numbers of Indian...

If the interviewer did not set any context in the beginning of the interview about the language ecology, she might end up with assumptions that SLPs in East Malaysia and West Malaysia have similar language ecology to encounter. Thus, this discussion part is necessary to be included in the protocol.

3.2.1.3 Interview Questions
As a result of the pilot, the interview protocol and questions were revised as follows:

[Start the interviews by setting up a scene or context of discussion] - Based on the information that you provided in the questionnaire, you have A years of experience in the SLP profession and currently work in B and specialise in C. I see that you often have clients who speak X, which is not a language you say you are proficient in.

1. How would you describe the nature of interactions you have with clients who speak X or some other languages such as Y and Z.
Probe: If you do not have shared language or only minimally do, how do you communicate with your clients?

2. For SLPs in particular, communication is not just for efficiency and interpersonal aspects, but also for diagnosis. Tell me about assessment and intervention protocols for clients whom you do not have a shared language with or only minimally do.

3. What kinds of problems present in this context?

4. What do you do when the problems happen/ to compensate for a gap in language proficiency?

5. As you and your client have different levels of language proficiency, how do you know whether your client is exactly having a language problem not a language variation?

6. In a situation when you have a 7-year-old X speaking client with speech and language impairment. This client is accompanied by his parents in the session who are also native in X and have limited proficiency in M and N, the language you are proficient in.

   - What language would you use?

   - What kinds of strategies do you use when this situation happens?
7. In any consultation, the diagnoses and recommended treatment are critical for clients and their carers to understand. Give me examples of communication strategies you would use to ensure that your client or carer have understood the interaction in particular the diagnoses and recommended treatment?

8. Is there anything else you would like to say before we end our interview today?

Probe: Any recommendations or ideas?

The list of interview questions as stated above are the key questions that have been asked in the interviews. It works as a guideline in the interview process.

### 3.3 Research Procedure

Ethical approval from the ANU human ethics committee was granted on 29th August 2017 (refer Appendix 4). Once the approval was granted, a pilot study was conducted. A link to a background questionnaire online was advertised through a post in the Malaysian Speech-Language Therapists group on Facebook a week later. Thirty-three SLPs have answered the background questionnaire online, in which 25 of them agreed to be contacted for the interviews. Ten SLPs (two SLPs from each region) were recruited to participate in the interviews based on language ecology they encounter, different work settings, and their availability within a limited
data collection time frame. A direct text message was sent to the participants to confirm their availability. An invitation, a consent form (refer Appendix 6), and an attached participant information sheet (refer Appendix 5) were then emailed to the recruited participants. The interview was conducted through a video call, online, one-to-one at the time indicated by the participants. The average time taken for each interview session was 20 to 25 minutes.

3.4 Data Analysis

Data analysis in qualitative research is defined as a systematic collection process of searching and arranging the interview transcripts, observation notes, and/or other non-textual materials to increase researchers’ understanding of the studied phenomenon (Bogdan & Biklen, 2007). The process primarily involves coding and categorising the data. Fereday and Muir-Cochrane (2006) suggest six stages of coding in qualitative analysis: 1) developing the code manual, 2) testing the reliability of codes, 3) summarising data and identifying initial themes, 4) applying template of codes and additional coding, 5) connecting the codes and identifying themes, and 6) corroborating and legitimating coded themes. Generally, qualitative analysis involves a process of making sense of large amounts of data by reducing the quantity of raw information (Patton, 2005). This can be done by identifying significant patterns and drawing meaning from the data which assists in building a logical chain of evidence.
Since this research is an exploratory study, an inductive approach (data-driven analyses) to the content analysis was primarily used. The information derived from the interviews and professional documents will become a focus of discussion and eventually be set up as a parameter for clinical implications and policy recommendations. Nvivo, a computer software package will be used to analyse the interview data in order to explore the language proficiency issues in the SLP profession and strategies that SLPs use to improve communication in their session in more details.

Nvivo is a common tool used by researchers nowadays to analyse qualitative data (AlYahmady & Alabri, 2013). It is helpful in reducing a great number of manual tasks and gives the researcher more time to spend with more important tasks such as discovering tendencies and identifying themes (Wong, 2008). In this study, Nvivo was used to manage the interview data and code the data into several broad themes (refer Appendix 1).

Throughout this chapter, the semi-structured interviews method of the data collection has been explicitly described. This includes the planning and recruitment process of the data collection, the description of the participants involved, and the approach used in analysing the data. The changes that have been made to the instrument has also been discussed. In the next chapter, Chapter 4, the findings that have been obtained from the analysis will be discussed in detail.
Chapter 4: Findings

4.1 Background Information of Participants

The ten participants who participated in this study were SLPs working in Malaysia, two male participants and eight female participants. Five participants were Malay, three participants were Chinese, one was Indian, and one participant came from Kadazan-Dusun ethnicity. There are two participants representing each of the five regions in Malaysia (north, south, central, and east coast regions of Peninsular Malaysia and borneo). The professional experience of participants ranges from less than a year to more than 20 years as shown in Figure 1 below.

![Participant Work Experience](image)

**Figure 1 Work Experience Data**

The client base of each work setting varies considerably in terms of the L1 and L2 concentrations, typical levels of education and socioeconomic status and the incidences of particular communication and/or swallowing difficulties. Figure 2 below shows different settings that the participants
work in. Five participants work in hospitals (two from government hospitals, two from university hospitals, and one from a private hospital). The other five participants work in a rehabilitation centre, a school, a university clinic, a private centre, and a private speech and language clinic respectively.

![Participant Work Setting](image)

**Figure 2 Work Setting Data**

All participants reported that they have experienced and encountered clients with whom they have limited or no shared language to a greater or lesser extent on a daily basis. **Shun** and **Yein** experience more clients with limited or no overlapping languages as compared to the other participants. **Amani**, on the other hand, reported that she only has a few Tamil-speaking clients and clients whom she has problems to communicate with due to mismatch of language proficiency. Table 2 below shows the information of SLPs self-reported L1 and L2 proficiencies, the percentage of the L1s of their clients, and the languages that they usually used in their consultation.
Table 2 Language Data of SLPs and Their Clients

<table>
<thead>
<tr>
<th>Participant</th>
<th>Region</th>
<th>SLPs language proficiency</th>
<th>Percentage of clients L1 in SLPs caseload</th>
<th>Language usually used in consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Izam</td>
<td>East coast (Kubang Kerian)</td>
<td>Native in Malay Proficient in English Basic Mandarin, Tamil &amp; Arabic NP in Chinese and Indian dialects</td>
<td>Malay &gt;75% English 10-25% Mandarin 26-50% Tamil &lt;10% Chinese dialects &lt;10%</td>
<td>Malay and English</td>
</tr>
<tr>
<td>*Angela</td>
<td>Central (Serdang)</td>
<td>Native in English Proficient in Malay Basic Mandarin &amp; Chinese dialects NP in Tamil, Indian dialects, Arabic &amp; Indigenous language</td>
<td>Malay &gt;75% English &lt;10% Mandarin 10-25% Chinese dialects 10-25% Tamil 10-25%</td>
<td>Malay, English and Mandarin</td>
</tr>
<tr>
<td>Shun</td>
<td>Northern (Penang)</td>
<td>Native in Mandarin &amp; Chinese dialects Proficient in English Intermediate in Malay NP in Tamil, Indian dialects and Arabic and Indigenous language</td>
<td>Malay 10-25% English &gt;75% Mandarin &gt;75% Tamil &lt;10% Chinese dialects 51-75%</td>
<td>English and Mandarin</td>
</tr>
<tr>
<td>Ara</td>
<td>East coast (Kuantan)</td>
<td>Native in Malay Proficient in English Basic Mandarin &amp; Arabic NP in Chinese and Indian dialects and Indigenous language</td>
<td>Malay &gt;75% English 51-75% Mandarin 51-75% Tamil &lt;10% Arabic &lt;10%</td>
<td>Malay and English</td>
</tr>
<tr>
<td>Azizah</td>
<td>Southern (Batu Pahat)</td>
<td>Native in Malay Proficient in English Basic Mandarin NP in Tamil, Chinese and Indian dialects, Arabic and Indigenous language</td>
<td>Malay &gt;75% English 10-25% Mandarin 10-25% Tamil, Chinese and Indian dialects &lt;10%</td>
<td>Malay, English and Mandarin</td>
</tr>
<tr>
<td>Participant</td>
<td>Region</td>
<td>SLPs language proficiency</td>
<td>Percentage of clients L1 in SLPs caseload</td>
<td>Language usually used in consultation</td>
</tr>
<tr>
<td>-------------</td>
<td>-------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>---------------------------------------</td>
</tr>
<tr>
<td>Izati</td>
<td>Northern (Perlis)</td>
<td>Native in Malay Proficient in English Basic Arabic NP in Mandarin, Tamil, Chinese and Indian dialects, and Indigenous language</td>
<td>Malay &gt;75% English 10-25% Mandarin &lt;10% Thai &lt;10%</td>
<td>Malay</td>
</tr>
<tr>
<td>Maya</td>
<td>Central (Bangsar)</td>
<td>Native in Malay Proficient in English Basic Mandarin and Tamil NP in Tamil, Chinese and Indian dialects, Arabic and Indigenous language</td>
<td>Malay &gt;75% English 51-75% Mandarin, Tamil, Chinese and Indian dialects 10-25%</td>
<td>Malay and English</td>
</tr>
<tr>
<td>Vee</td>
<td>Southern</td>
<td>Native in Malay and English Proficient in Tamil Intermediate in Indian dialect Basic Mandarin NP in Chinese dialect, Arabic and Indigenous language</td>
<td>Malay 51-75% English 26-50% Mandarin 26-50% Tamil 10-25% Indian dialect &lt;10%</td>
<td>Malay, English and Tamil</td>
</tr>
<tr>
<td>Yein</td>
<td>Borneo (Kuching)</td>
<td>Native in Mandarin Proficient in English Intermediate in Malay Basic Chinese dialect NP in Tamil, Indian dialect, Arabic and Indigenous language</td>
<td>Malay &gt;75% English &lt;10% Mandarin 10-25% Chinese dialect &lt;10%</td>
<td>Malay and Mandarin</td>
</tr>
<tr>
<td>*Prudence</td>
<td>Borneo (Kota Kinabalu)</td>
<td>Native in English Proficient in Malay Basic Indigenous language NP in Mandarin, Tamil, Chinese, Indian dialects and Arabic</td>
<td>Malay 51-75% English 51-75% Chinese dialect &lt;10% Indigenous language &lt;10%</td>
<td>English or Malay</td>
</tr>
</tbody>
</table>
In short, the table has shown that different regions have different percentage of clients’ L1 in the SLPs’ caseload which portray that the number of each ethnicity in each region is varied from one region to another. The percentage of clients’ L1 affects the languages that SLPs usually used in their consultation besides the SLPs’ language proficiency. Almost all SLPs use Malay as one of the languages that they normally use in their consultations, except for Shun who typically uses English and Mandarin because he has a high percentage of clients’ L1 from these two languages.

A brief background on each participant is provided below to contextualise the source and context of the interview data. The arrangement of the background description is based on the participants’ work regions. An asterisk besides the name of the participant in the table above indicates that the participant consented to use their real name. All other names are pseudonyms.

### 4.1.1 Northern region

**Shun** is an Ethnic Chinese SLP who works in Penang. He has around 3 years’ work experience and currently works in a private hospital. He works with both paediatric and adult clients. **Izati** is a Malay school-based SLP. She has around one to three years’ work experience and currently works in Perlis, a state in Malaysia next to the Thailand border. She works with school-aged children with speech and language impairment.
4.1.2 East coast region

Izam is a Malay SLP who works in Kubang Kerian. He has a range of six to ten years’ work experience as an SLP in a university hospital. He works with various kinds of clients with speech, language and swallowing disorders. For language cases, he works primarily with children and their parents. Ara is a Malay SLP who works in a university speech clinic in Kuantan. She has work experience for about one to three years and specialises in speech and language disorders, autism, and Augmentative Alternative Communication (AAC).

4.1.3 Central region

Angela is an Ethnic Chinese SLP who works in a central region called Serdang. She has four to five years’ work experience and currently works in a government hospital. She works with both paediatric and adult clients. Maya is a Malay SLP who works in a university hospital in Bangsar area. She also has four to five years’ work experience. Mostly in the hospital, she works with clients with feeding and swallowing problems. She also does freelancing on weekends, primarily with clients with speech and language problems.

4.1.4 Southern region

Amani is a female Malay SLP who works in Batu Pahat. She has more than ten years’ work experience in the government hospital. She works with all kinds of communication and swallowing disorders from children to adults. Vee is an Ethnic Indian SLP who has less than a year’s work experience. She
works in a private centre in Johor and mainly with children who are non-verbal or still at the early stage of verbal communication.

4.1.5 Borneo

Yein is an Ethnic Chinese SLP who works in Sarawak and has around one to three years’ work experience. She is currently works in community rehabilitation centres in which she has to cover around thirteen centres around Sarawak. She works with clients with speech and language disorders, aphasia, and voice disorders. Prudence is an SLP who comes from Kadazan-Dusun ethnicity. She has more than 20 years’ work experience and currently runs her own speech and language clinic in Kota Kinabalu. She specialises in paediatric cases such as autism, apraxia, and speech delay.

4.2 Results

The results show that Malaysian SLPs reported different experiences they have when working with clients with other languages (CWOLs) and/or linguistic diverse clients (LDCs) depending on the setting and region they work in. The differences include language preferences in the consultation, issues and reported practices during assessments and interventions, and kinds of CS use to assist with the language proficiency issues with these clients.
4.2.1 The SLPs’ Consultation Language Preferences

The choice of language to use in the session is different from one SLP to another. Some SLPs think that Malay is convenient to use during consultations as it can be understood by most Malaysians, some try to converse first with clients and code switch at the same time to determine which language code to select and others offer choices explicitly.

The SLP language selection is mostly influenced by their language proficiency and working environment. For example, Angela who works in a government hospital in Serdang and has English as her L1 prefers to use Malay (her L2) as the main language of interaction in her session. As Angela explained that her clients’ parents ‘much more understand Malay than English’. This might be due to the fact that the official language in the government sector is Malay and most Malaysian people are aware of this language policy. Thus, it is highly likely that people who come to get the services from government hospitals have the expectation that the service provider will provide the services in Malay. However, this does not mean that they will neglect their clients’ choice of what language they are comfortable to communicate with as she mentioned ‘depends on parents’ preference as well. If they prefer English I will go English’.

In contrast, Izam who works in a university hospital and has Malay as his L1 uses English frequently with his clients who speak different L1s such as Mandarin, Chinese dialects, and Tamil. He also incorporates some words that he knows in his clients’ L1 when he communicates with them as he said
‘we usually talk or communicate via English first then we translate balik dalam bahasa mother tongue dia tadi (back in their home language)’. His current practices depict the environment that he currently works. Findings from Tam, Abdullah, Chan, and Kasim (2016) study demonstrates that English is a predominant language of instruction used in the tertiary education system in Malaysia. The university hospitals and teaching clinics are highly integrated and attached to the university. Therefore, the community or society which is a part of the system would reflect the institutional mandate.

Helen, on the other hand, prefers to a ‘collaborative approach’. Since her expertise is in the Auditory Verbal Therapy (AVT), the practice of AVT that is highly structured and comprised a few components. These need to be done routinely; for instance, the AVT session ‘always start with anticipatory counselling session’ influences her daily practice. This is also applicable to the way she managed the language proficiency issue. It has become her routine to ask her clients in their first session which language that they prefer her to speak during the anticipatory counselling session. She usually offers a few language choices. She mentioned that ‘they will give me an answer especially when I give them some choices’. Helen has reported five languages that she knows, of these four languages are within a spectrum that she is comfortable to use in her consultations. She also regards that as her advantage and ‘sufficient’ for her use in the linguistic ecology that she encounters.
Overall, the interview data revealed that there is no fixed language preference in the SLP consultations. From the responses given by the participants, the similarity that can be seen in terms of selection of language that SLPs want to use in the session; is that the choice of language should be discussed and consented by clients and/or their carers. This indicates that both parties have to reach an agreement in terms of the language of the consultation to some extent in order to ensure that the SLP services will benefit the clients.

4.2.2 Issues in Assessment, Diagnosis, Intervention and Consultation

SLPs use different kinds of tools or instruments to assess speech and language skills of individuals who are suspected to have a developmental or acquired language disorder. These instruments are divided into two general categories: 1) formal measures, e.g. using published and standardised language batteries, and 2) informal methods, e.g. observing the parent-child interaction and engaging in spontaneous conversation.

The interview data revealed a significant variation in the use of speech and language assessments by the SLPs when working with linguistic diverse clients (LDCs). Some SLPs use formal assessments as the primary instruments (e.g. the Malaysian Developmental Assessment Kit), some prefer using the informal assessments (e.g. behavioural observations and assessing through free play), and most of them incorporate both kinds of assessments to obtain a differential diagnosis and prognosis.
Several issues in terms of assessment arose from the interviews. Shun expressed that he has a difficult time deciding whether his clients with other languages (CWOLs) have language problems or not especially for Tamil-speaking clients as he said:

... generally we have a hard time to decide. Because we don’t speak their language especially in Tamil they are speak ... or ... the phrase they speak ... speed... the speech rate is faster than other language.

The issue raised by Shun is comparable to other studies (see Adler, 1990; de Montfort Supple, 1996; Perry, 2012), which demonstrate the difficulties of SLPs in managing interaction with clients who are multilingual. A common issue raised is how to differentiate between multilingual clients who have language disorders and those who have language variations. The argument is if SLPs do not have adequate knowledge and familiarity with the clients’ language system, they have a high possibility to misjudge the clients’ language skills. In the example of Tamil language above, Shun describes the difficulty he faced in comprehending his Tamil-speaking clients as the structure of Tamil is very different to the other major languages spoken in Malaysia such as Malay, English, and Mandarin. Therefore, he suggested that for Tamil-speaking clients he will be either working with a translator or referring them to an SLP who is proficient in the client’s language.

Additionally, the involvement of parents or carers in the assessment process is quite challenging. As Angela explained, the parents usually tend
to help their children during the assessment which affects the assessment outcome. For example, when she conducted a picture identification task, she said that ‘the parents or caregivers will give the answer before the child say or point to the picture ... so I will have difficulty to get the parents to just allow the kid to answer’. From her statement, this implies that it is not just the case that the response given by the client becomes invalid but it is also takes time to establish with parents that they are not allowed to help the client during the assessment as she explained that sometimes parents did not fully understand the instruction given in their L2.

Some of the time, the assessment process is also affected when carers are required to be the tester and/or entitled with the role of a translator in the session. Both Amani and Izati questioned the accuracy of the instruction given by the parents as Izati explained that the parents may ‘add some point’ or give verbal cues to the instruction so that the client gives a correct response. Hence, this suggests that a briefing prior to the assessment is important so that the carers are aware of the limits of what they should do as a translator.

Whether it be formal or informal assessments, speech and language assessments for clients who are children are mainly norm-referenced test. A major issue in the use of such assessments which emerged as typical and current Malaysian SLPs practice is to use formal assessments and make
comparisons with speech and language developmental milestones from a Western norm. Vee’s opinion on this issue as follows:

Because developmental milestones from different population from other country may have some bias. Some skills some grammar in terms of pronouns those children should acquire in English language kind of different from children who using Malay as their own language ...

As Vee mentioned above, it is problematic to use this type of assessment to assess LDCs in Malaysia when the norm used is predominantly Western-based. Izam also observed that diagnosis may not be accurate when he said that ‘diagnosis with this kind of patient is not that accurate I think’. This is primarily due to limited assessments available which are normed to the local population.

For intervention and consultation, Yein and Izam described their difficulties delivering their diagnosis and ensuring that clients, carers, and their teachers have understood the intervention and recommended treatment either directly or using an ad hoc translator. In relation to this they observe the following:

Yein: When I give the home-based program when I give the consultation. I need to teach the translator especially the teacher what actually I want to advise what I want to explain to the parents. Because the teacher is not the speech therapist. So maybe there is some like miscommunication. So I need to really satisfy in my explanation. That one thing that I assess as the problem. Especially in the consultation part.

Izam: Message that we are trying to tell the parents is it really correct or exactly what we are trying to explain to them. Dia sampai tak kepada anak dia tadi (Have they delivered to their child) and also mostly understanding. Understanding of therapy and also understanding of executing home-based program that we provided.
It is plausible that if the language-related issues are not resolved from the first session, it will persist as a problem from one session to another.

4.2.3 Reported Practices Related to Assessment and Intervention

All SLPs in this study reported that they felt the need for a translator or interpreter to a certain extent when they work with clients with other languages (CWOLs). However, not all settings offer certified professional translators. Some translators come from healthcare backgrounds and some do not. It was postulated by Amani that family members or parents are the most preferred kind of translators, which is a common practice in Malaysia. The following excerpt demonstrates her claim:

Kalau kita ada possible ahli keluarga boleh provide kita dengan translator (If there is a possibility that the family member is able to translate). We will ask the family member. Otherwise we will use our translator...

It can be understood from the excerpt that her hospital offers a certified translator service. However, Amani appears to turn to family translators in the first instance. This practice is justified by Yein's statement that ‘the carers know the clients better’ in terms of their understanding and appropriate vocabulary to use. Hence, using a family member as translator is not unusual practice in Malaysia.

In the present study, it was found that some SLPs implemented the steps suggested by Blackstone, Ruschke, Wilson-Stronks and Lee (2011). For example, Izam stated the need of explanation and briefing with the translator ‘what we are trying to tell the patient’ before the session, representing their step 1 and 2. Shun and Prudence share a useful tip when
working with a translator. **Shun** suggested using phrases or sentences which are ‘short and precise’ so that the translator can deliver a clear instruction to the client. Additionally, **Prudence** usually told her translator to translate word by word and remind them to not giving any cues especially during the assessment task.

Several formal assessment tools are reportedly used by the participants. For example, **Ara** usually uses the Malaysian Developmental Assessment Kit (MDLAK) to assess language skills of her paediatric clients. Despite only having a basic proficiency in Mandarin, she also uses an adapted Mandarin assessment instrument in assessing speech sounds for her Mandarin-speaking clients. She borrowed this instrument from an Ethnic Chinese SLP who also works in the East Coast, showing the value of a diverse linguistic network in this context:

...the assessment actually I use the MDLAK malay development same as UKM. But currently at Malaysia we have MPLAT ... yang (which) under doctor Rogayah tapi (but) still not establish yet. ...yang tu memang guna (that one I really use). Kalau (if) Mandarin I had case... articulation in Mandarin. I ask madam [name of a specific SLP]. And saya (I) borrow dia punya (her) assessment...

In addition, **Ara** reported that the other two local universities which also offering the SLP program, UKM and USM use formal assessment instruments in the current practice. It is likely that the practice of using formal assessment instruments in the university clinic is common because of the nature of the clinic as a teaching and practising place for SLP students.
Prudence, a private SLP practitioner, uses several other formal instruments including the Preschool Language Scales (PLS), MDLAK, and speech assessment apps. As shown in the excerpt below, she described about the instruments, their uses in her clinic, and a possible problem in the use of formal assessment tools if SLPs adapted and translated directly:

But again it is US based. So we’ve got like I have to. Once you translate that into Malay it changes. You know. Once you translated into Malaysian English it changes as well. So I just use it as a measure. But not as the strict like how far behind the child is...

Since the standardised assessments that she uses are mainly US based, she explained that she uses the assessments only as a general measure to get an impression of the clients’ current speech and language skills without comparing them to the norm.

Angela and Amani, who work in the government hospitals, reported that the enforcement of the use of standard operating procedure (SOP) in the SLP profession under the Ministry of Health Malaysia is relatively recent. As a part of the development of SOP in this profession, they developed a set of forms according to the cases handled by the SLPs, e.g. speech sound disorders and voice disorders. For paediatric speech and language case in particular, the SOP form consists of a list of specific speech and language skills that children have to acquire at a certain age level (see Muhammad Ismail, Ng, & Thomas, 2005). This indicates that the norm-referenced assessment is also used in the government institutions in which the SLPs
use the normal speech and language developmental milestones as a measure to make a judgement on their clients’ speech and language skills.

**Vee**, who works in a private centre, also uses the speech and language developmental milestone to evaluate her clients’ speech and language skills. She reported that she uses the milestones from Paul (2007) as her reference in addition to Penilaian Awal Bahasa (PAB). She explained that she refers to the Paul (2007) milestones as the list of skills in the PAB is quite limited. The PAB is more or less the same as MDLAK, especially in terms of the administration procedure but they have different materials and the list of skills in MDLAK is more specific and in ‘detail’, as claimed by **Ara** because the gap of each age level is only 3 months, not like in the PAB which has a gap of six months.

Meanwhile, **Izati** reported that school-based SLPs in Malaysia have developed a set of assessment instruments to evaluate Year 3 students who are in the remedial classes as a part of the Literacy and Numeracy Screening (LINUS) program. This program was started by the Ministry of Education in 2008 which aims to ensure that all Malaysian children acquire basic literacy and numeracy skills after three years of mainstream primary education. In general, Year 1 students will first be assessed by their teachers after six months in a formal education system to identify whether they require special attention or not. Then, the students will be given a year to adapt to the school system and develop their literacy and numeracy skills. If they are
unable to catch up, they will be placed in the remedial class where the SLPs will administer a further assessment and intervention. Since Malay is the official language in the national education system, the evaluations are mainly conducted in Malay. Despite the fact that Malaysia is predominantly linguistically diverse, there is no specific consideration of language proficiencies in the LINUS program. Perhaps, this is related to Malaysian education language policy that the “education is critical for national integration” (Putheh, 2010, p. 192).

Nevertheless, Izati also claimed that the session she conducted in the school setting is ‘just the same like a therapy session in hospital’, which is carried out in one-to-one sessions. She uses a total of nine intruments: 1) speech and language developmental checklist, 2) case history, 3) Malay phonological assessment, 4) receptive language skills assessment 5) expressive language skills assessment, 6) evaluation and progress form, 7) MacArthur communication developmental checklist, 8) communication screening form, and 9) outreach LINUS scoring form when evaluating these school-aged children. The parents also need to be present during the session, which also similar to the practice in the hospital setting.

As SLPs are aware of shortcomings to the available formal assessment instruments, which are usually design to a specific population, they reported that they make some modifications to the protocols and materials of the assessments. Izam emphasises to ‘change the kind of materials
accordingly with the culture and language’ of the client; and he usually changes a part of the material such as objects in the identifying common objects task. He gives an example of his paediatric client who has no hair and his hair are always short. In this particular situation, Izam pulled off ‘comb’ from the assessment kit and replaced it with another item which is more familiar in this client’s environment. We can apply this example to most standardised language assessment tools that use pictures and from Western-based. There might be some materials that are not familiar and appropriate to the local population. Hence, the development of assessment batteries that tailor to local population is required.

Prudence also makes an adjustment in conducting the formal assessment with LDCs and states that SLPs should not follow the assessment protocol bluntly without any consideration of clients’ background. Her opinion about this issue as follows:

... you cannot really follow the protocol. Because when you follow the protocols it will paint a different picture of the child. I will make adjustment. Unfortunately it is subjective. I have to make that adjustment and I have put it. It might not be reliable when you compare it with the data. Or the measurement. You know but I have had to make those adjustment because of this particular client’s background.

In summary, the procedures and instruments used during assessments and intervention vary according to the work setting. This is mainly due to the regulation governing the institution and the availability of resources, e.g. assessment materials and interpreting service in their workplaces. Some
modifications towards assessment materials and protocols have been applied in consideration of clients’ culture and linguistic backgrounds.

4.2.4 The Kinds of Communication Strategies that SLPs Currently Use

Three main types of communication assistance have been identified from the data that Malaysian SLPs currently use when they interact with linguistically diverse clients (LDCs) during assessments and intervention. Primarily, they use communication strategies when they want to deliver their explanation for diagnosis and recommended treatment. These strategies are listed in Table 3 below, along with examples from the data.
Table 3 Communication Strategies Reported by the SLP Participants

<table>
<thead>
<tr>
<th>Type of communication assistance</th>
<th>Communication Strategies</th>
<th>Example from data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal adaptations</td>
<td>Verbal modification (e.g. modifying pace)</td>
<td>Ubah suai sikit rentak bercakap (<em>Change a bit the way I talk</em>)&lt;br&gt;Slowkan (<em>slowing down</em>) …</td>
</tr>
<tr>
<td></td>
<td>Repetition</td>
<td>… I bagi arahan banyak kali (<em>I give instructions a few times</em>).</td>
</tr>
<tr>
<td></td>
<td>Clarification</td>
<td>If I don’t know what they talking about I will ask them question about that.</td>
</tr>
<tr>
<td>Non-verbal adaptations</td>
<td>Non-verbal cues (e.g. gesture)</td>
<td>OK I think the first thing is a basic interaction we need to have at least. You know that I am talking to you. So it’s the attention hook. And if I don’t speak Japanese and you look at me and I do all this kind of non-verbal language. You might think that alright I want to give something. So I need the attention hook. Eye contact and body language coming and you give some simple sound.</td>
</tr>
<tr>
<td></td>
<td>Visual tools</td>
<td>Personally I will use some chart and also table or some of different method so that my explanation more visit to them so they might be able to access the diagram or also the table especially the numbers so that they would be understand us better. And some of the time if I think they would be understand better through illustration. I might draw some pictures in order for them to understand much better.</td>
</tr>
<tr>
<td>Extra-situational resources</td>
<td>Translation via family member or other resources</td>
<td>I usually use the parents as my … nak sampaikan message kita kepada anak tadi la (<em>to deliver our message to the child</em>). Dan juga (<em>And also</em>), kita juga guna parents tadi untuk (<em>we will use the parents to</em>) counsel and also to do therapy with the patient.</td>
</tr>
<tr>
<td></td>
<td>Facilitation of self-learning</td>
<td>I will just write it down or get them ask their family search some information at home about that term or about that therapy technique.</td>
</tr>
</tbody>
</table>
From the interviews, it can be inferred that communication strategies can only be used to facilitate the communication between SLPs and clients if they have at least a minimally shared language. These communication strategies are not aimed to diagnose a client but they have an important role as a first-aid device. This device is used in a context where there is a limited overlapping common language mainly in facilitating communication between SLPs and clients and improving explanation aspects of intervention in order to increase clients and carers’ understanding of the diagnosis and recommended treatment.

The SLPs reported that they not only use these communication strategies with clients who do not shared a common language but also with those who shared the same language. For instance, Prudence highlights the role of demonstration with all clients in the excerpt below:

...I will get them to try and do it as well so sort of coach the parents during that session ...on how to do it. ...I would do similar for parents who have the same language proficiency as me. ...mainly because although we have the same language. But I come from a view of speech therapist and their parents. And again that language you would use is different so as I said I will rely on something like a poster and showing them you know what the diagnosis mean. And you know a lot of demonstration.

Amani also has the same stand as she asserted that ‘this one (communication strategies) not particularly for patient with language barrier’ as she mentioned that she uses ‘the technique’ to all her clients. The views of Prudence and Amani above indicate that in the SLP context
communication strategies serve to bridge the language barrier not only in terms of dealing with different language proficiencies but also in terms of general knowledge negotiations between SLPs and clients.

4.2.5 Suggestions for Future Improvement

Three main areas related to the issue of language proficiency and SLP practices in the multilingual population which participants expressed that need to be improved are: 1) current available assessment instruments for multilingual populations in Malaysia, 2) availability of SLPs who are proficient in many languages, and 3) current education on multilingual and multicultural in the SLP program. Therefore, they provide some suggestions which they hope to see in the future for each area.

It is agreed by all participants that there are many shortcomings to the available language assessment tools. The current assessment instruments available in Malaysia are not enough to portray the clients’ language abilities especially the LDCs. Thus, Izam suggested to develop ‘much more suitable assessment’ tools that are ‘flexible’ and ‘neutral’. The assessment can also be used in ‘any language and culture’ and SLPs can ‘perform it under formal assessment’.

Prudence, on the other hand, suggested one of the features that she likes in the Preschool Language Scales (PLS) kit as she explained that the tool provides a statement related to adjustment at the bottom of the assessment form that says adjustment has been made to the assessment ‘based on this
dialect based on this and that’. She also expressed her concern and hope as follows:

...we don’t have specific test for Malaysian children yet. I would like to see a test with Malaysian children. ...so that we can use that. And even when we do have that. It is changes are made. For different states.

A limited number of practising SLPs in Malaysia is something that accepted and cannot be avoided in the current situation. Even so, Ara who is native in Malay and proficient in English asserts that ‘every setting should have one SLP Mandarin and one SLP Tamil’. It is quite impossible to increase the number of SLPs drastically at the moment as the SLP profession in Malaysia is still developing, i.e. not enough resources in terms of teaching staffs and institutions to offer the SLP program. Over time, the changes might happen if the resources are sufficient. One way that Prudence shares from her past experience that might be beneficial to do at the present time is, as she said, ‘what I have done in the past is I have a learning centre whereby employ people to work. They act as speech therapist aids’. This suggestion is feasible to be implemented across work settings. For example, in every department in hospitals, there will be a few support assistants. One of them can be trained to be a speech therapist aid, and it is also possible to administer the same in the school setting.

Additionally, Vee indicated that ‘it would beneficial for speech therapist to have more languages and proficient in more languages’. Her opinion was supported by few other SLPs who were take initiatives to learn and/ or take
language courses such as Shun who took Vietnamese course as he has a paediatric client who has a speech delay and the client’s main caretaker who is his mother is only proficient in Vietnamese. In the session particular with this client, he will interact more with the father as the father is Malaysian and proficient in Hokkien. In terms of coaching the mother the suitable strategies to use to help the client improve his speech and language skills, he explained that he incorporates a few communication strategies such as translational via family member (in this case the father) and visual tools.

Apart from that, Vee concludes her view as she said ‘I think we should be taught more strategies in the school as well how to deal with those parents ... or caregivers that might have those language barriers’. This indicates that the current SLP program in Malaysia is also using infusion and embedding approaches to deliver multicultural education as claimed by ASHA (2015) (as cited in Franca, Smith, Nichols, & Balan, 2016).

In summary, this chapter has included and discussed significant findings that have been obtained from the interview data. The next chapter will describe the matters and issues raised in this chapter in detail by highlighting the significance and explaining the meaning of the findings. It will also discuss a suggested practice framework and possible proposals to improve the existing conditions.
Chapter 5: Discussion

As discussed in chapter 4, there are various approaches taken by the SLP participants in addressing the language proficiency issue. It is found that there are significant variations in terms of reported practices during assessments and interventions, and SLPs’ language preferences in consultation which need to be discussed in further.

Therefore, the aim of this chapter is to form the basis of a suggested policy framework in the Malaysian context which has been derived from the interview findings and any similar studies; and possibly for SLPs in other contexts where linguistic diversity is the norm.

5.1 Managing language proficiency issues

Clients who require speech and language services in Malaysia come from diverse backgrounds and language proficiencies. From the interview data, it can be surmised that the language proficiencies of these clients can be divided into three broad categories: 1) clients with shared high language proficiencies, 2) clients with shared intermediate to nearly high language proficiencies, and 3) clients with extremely limited or no shared language proficiencies. I will focus the discussion of this framework around clients who are in the category 2 and 3.

5.1.1 A Suggested Framework

Figure 3 below illustrates a suggested framework for SLPs to work with clients in these two categories (clients with shared intermediate to nearly
high language proficiencies and clients with extremely limited or no shared language proficiencies).

Normally, when an SLP gets a referral from other professionals, they only obtain a brief information about the client’s backgrounds such as age, sex, and ethnicity. The language proficiency of the client remains unknown until their first visit to the speech and language clinic or unit.

### Figure 3 A Suggested Framework for Practice

In this illustration, a client comes to the speech therapy unit, for example, after being referred from a paediatrician as having a suspected speech and language delay. It is suggested that SLPs begin the session with a language discussion. The purpose of language discussion is to determine the next step to take. During this phase, SLPs have to identify clients’ L1 as well as any overlapping L2s that they share with the clients and their carers, whether they are proficient in their language(s) or not. SLPs could also offer
choices of language that they are comfortable to converse with and that are adequate to deliver the information to their clients, i.e. they have enough vocabulary in that particular language(s) to express their knowledge clearly and with ease. Since this study particularly examines the contexts of Malaysia, it is predicted that Malaysian SLPs can at least provide two choices of language for the clients to choose from.

If both SLP and client have only limited proficiency in a common language, the SLP only has two options either to refer out the client to other SLP who is proficient in the client’s language(s) or work with a translator. This suggestion supports by Maya, an SLP who is native in Malay and proficient in English as when she has a Chinese-speaking client who cannot understand Malay or English, she will either work with a translator or refer the client to another SLP who is proficient in the client’s language because she does not want to take any risk as she describes below:

> Usually I need the native speaker to help me ...that can understand Malay or English. So I will transfer the case to my Chinese friend. My other friend that can speak the language that the patient speaks. Means like worst come to worst. So ... especially speech and language cases. I don’t want to take the risk you know. We need to have proper language to talk with them to help them with their language. So I will transfer to my friends.

If SLPs determine that they have shared intermediate to nearly proficient L2s with their clients, they may proceed to the assessment. However, they have to consider the use of communication strategies such as verbal modification and visual tools, the availability of diagnostic tools in proficient languages, and the availability of translated information
materials. Although SLPs and clients share a common L2, they also need to be open to the possibility that they might need a translator.

The importance of identifying level of language proficiency is highlighted in the ASHA (2004a) document. In this document, ASHA categorised language competencies of the clinician into bilingual/multilingual clinician (native or near-native proficiency) and clinician without native or near-native proficiency respectively. They outline the knowledge and skills that SLPs required when they work with LDCs which emphasise on the SLPs responsibility to provide culturally and linguistically appropriate services which includes the development of appropriate collaborative relationships with translators either they are professional or from the community.

5.2 Working with Translators

On their page entitled 'Issues in Ethics: Cultural and Linguistic Competence', the ASHA (2017) recommend that when SLPs are “not proficient in the language used by the client, family, or research subject, a suitable interpreter should be used. The use of interpreters and others who are proficient in the language of the persons served does not negate the ultimate responsibility of the professional in diagnosing and/or treating the individual or conducting research”. From this statement, it is clear that SLPs have to be the ones who manage the consultation and act as a primary facilitator, working collaboratively with the translator and the family members at the same time.
The interpreting process in the speech therapy session can be quite challenging especially for the translators who are unfamiliar with the process. Therefore, Blackstone et al. (2011) list nine general steps toward working effectively with a translator which are: “1) planning session activities and consulting with the translator or a dictionary to learn core or target words, 2) having a pre-session with the translator 3) making sure everybody is positioned appropriately during the session, 4) not raising the voice, 5) speaking directly to the client, not the translator, 6) using the first person and active voice (e.g. I will be asking you some questions), 7) asking the translator to interpret intended meanings, taking into account message content, register, conversational conventions, and etc., 8) speaking at an even pace, and 9) avoiding technical jargon and idiomatic expressions” (p. 9).

### 5.3 Assessment Practices

SLPs need to be aware that if they decide to proceed with the session after the language discussion, they should treat the assessment with caution by making sure that the diagnostic tools and resources are available in the proficient languages. It is also necessary for them to prepare and be familiar with the tools as a part of obligations to offer culturally and linguistically appropriate services, which was mandated in the SLP policy internationally.

As can be seen in the findings, the issue in the Malaysian context is not only the multilingualism of the population and the potentially different
development of multilingual children, but also the mismatch of language(s) between SLPs and clients. In a recent study by Teoh, Brebner, and McAllister (2017) on bilingual assessment practices for children and their challenges which was conducted in Singapore, there are worthwhile suggestions that maybe applicable in Malaysia as a similarly multilingual, outlined as follows:

1. When assessing bilingual children, SLPs must be aware of the limitations standardised assessments that were designed for use with monolingual speakers of the language. If such standardised assessments have to be used, it should be used as part of an assessment battery that also includes alternative measures. SLPs must also collect information on language exposure, language ability, and developmental history through parent report/questionnaire as it is known to increase accurate identification of language impairment among bilingual children.

2. Guidelines and/or position papers on recommended bilingual assessment practices and intervention in countries when bilingualism is the norm should be developed. This may reduce the over adoption of monolingual assessment practices and create increased awareness of recommended bilingual assessment practices. In the meantime, SLPs can refer to literature on recommended bilingual assessment practices and alternative measures.
3. There is a need to increase the awareness and the use of alternative assessments to assess the language skills of bilingual children among SLPs who work in a predominantly bilingual country/community. As part of evidence-based practices, exploratory studies on the use of alternative assessments to differentiate between typically developing bilingual children and bilingual children with language impairment can be conducted in such populations. With the information and evidences from such studies, SLPs working in predominantly bilingual countries can then be confident in adopting alternative assessments into their clinical practices.

4. Longitudinal studies of the developmental trajectories of local languages spoken in countries (i.e., Singapore) where bilingualism is the norm need to be conducted. These may provide information on possible clinical behavioural markers for language impairments among bilingual children within the community.

(p. 10)

As reported by Lian and Abdullah (2001), the current practices in Malaysia regarding the assessment with children who are suspected to have language disorders are predominantly based on communication competency. To design a language assessment tool based on linguistic criteria and cater for the whole population in Malaysia is a very challenging task because the linguistic criteria in Malaysia are not only diverse but also heterogeneous. The effort of collecting normative data for a multilingual
and heterogenous population is almost impossible due to the change of language abilities over time as a result of shifting language experiences and individual differences (Teoh et al. 2017).

The current practice to use formal assessments and make comparisons with norms from other populations is not recommended. This kind of practice could be questioned in terms of the validity of the measurement because the skills exhibited by the clients are compared to the population which the clients are not belonged to. In fact, recent studies have acknowledged the issue of validity in conducting monolingual tests and applying norms to the multilingual children (see Thordardottir, Rothenberg, Rivard, & Naves, 2006; Williams & McLeod, 2012) which also a problem in Malaysia. Hence, a greater understanding of speech language development for both monolingual and multilingual is necessary for SLPs who are working in a diverse linguistic ecology.

As mentioned in Chapter 4, I argue that the practice of using formal assessment instruments in the university clinic is common because of the nature of the clinic as a teaching and practising place for SLP students. For Malaysia in particular, the culture of practice is mainly due to the history of development of the SLP program in Malaysia. Early development of the SLP program in Malaysia got a full support from the British Council Committee of Higher Education (Ahmad et al., 2013). The uses of standardised assessment tools are common and a cultural assessment practice in the UK
As SLPs are one of the healthcare professionals, the medical model is also a part of the practice framework which emphasises on the objectivity of measurement (one of characteristics of standardised assessment). This is also assisted with a huge budget to provide enough resources for the students to meet the requirement and the SLP international standard.

5.4 Intervention Practices

To manage language proficiency issue specifically in Malaysia, further considerations have to be made as language is not only regarded as a medium of communication but also a source of social integration (Gill, 2014). In fact, language in education is seen as a way to develop social integration in linguistically and culturally diverse populations by the central government. Thus, it is not surprising that school-based SLPs in Malaysia use the Malay language to run the speech therapy sessions.

A previous study by Joginder Singh et al. (2016) examine practice patterns of Malaysian SLPs in managing children with speech and language delay/disorder. The study highlights on the importance of a family member involvement during assessments and interventions. Moreover, the study presents that the planning of goals for intervention is primarily relied on SLPs’ clinical experience rather than evidence-based. The one-to-one approach which is typical practice found in their study is similar to the
reported practices by the participants in this study. They also demonstrate a great variation of management, i.e. the frequency of treatment provided but in this study, it refers to the approaches taken by SLPs in managing interactions with LDCs.

SLPs not only play a role to assist individuals with communication and swallowing disorders, but also help other professionals to understand their difficulties and facilitate communication with these individuals. A Blackstone et al. (2011) study demonstrates the role of SLPs as one of the advocates for effective communication, cultural competence, and patient-and-family-centred care. In this study, they illustrate four group of cases that have been categorised as identified individuals with communication vulnerable. They show how SLPs take a role in educating other professionals on the use of Augmentative Alternative Communication (AAC) since clients who have communication difficulties use this form of communication to interact with healthcare providers. This implies a major role for SLPs as a communication experts in the field of healthcare, helping other professionals to understand better the way to communicate with these clients especially in multidisciplinary rehabilitation contexts.

The choice of which language to choose during intervention is controversial on a daily basis. Hence, Isaac (2002) proposes a set of questions to help SLPs in the process of deciding which language to choose as listed below:

1. In which language does the communication difficulty occur?
2. What are the intervention goals?
3. What degree of involvement can you expect from the family? School?
4. If family involvement is available, who will be the main therapy provider?
5. What is the language competence of the primary home therapists?
6. If school involvement is available, who will be the main therapy providers?
7. What is the language competence of the main school the school therapists? In the home language?
8. Does the SLP service have access to trained interpreters?

(p. 66-67)

From this set of questions, SLPs can prepare and develop a comprehensive treatment plan. A collaborative approach with family members and other professionals is the key in ensuring that the clients receive the appropriate services. In addition, ASHA suggests that in order for SLPs to offer culturally and linguistically appropriate services, it is necessary to have continuous professional development. In fact, all participants in this study felt the same that they should keep learning different languages to cater for the needs of multilingual Malaysians.
Chapter 6: Conclusion and Recommendations

The exploration of this topic reveals that there is no specific SLP policy concerning the practices with linguistically diverse clients (LDCs) in Malaysia. This may be based on the assumption that SLPs in Malaysia know how to manage clients from diverse communities because they live their daily lives with these diverse communities. The reality in Malaysia is not only the absence of the policy concerning the practices with LDCs but also the lack of materials assessing these clients. Since the SLP primary service delivery method is to provide the carers with strategies to help and support clients in improving their current speech, language, and swallowing skills, it is critical to discuss current practice improvements in the language proficiency issue.

This study set out to address language proficiency issues between SLPs and clients in assessment, diagnosis, intervention, and consultation including the kinds of communication strategies that they use to compensate for gaps in language proficiencies. The results of the study show that SLPs in Malaysia have varied caseloads and linguistic relationships with their clients which contribute to the different approaches that they take in managing the interaction. This study only investigates practices of 11 Malaysian SLPs (including one pilot participant), it is predicted that there will be more variation of outcomes with the increase of number of participants in the future research.


6.1 Recommendations

This study has raised many questions in need of further investigation. Some recommendations for further development and policy innovations are suggested below.

1. A collaborative effort among Malaysian SLPs is needed to develop information sheets in different languages, for example an information sheet about language stimulation strategies at home that parents can use to enhance and support their children's speech and language development. These materials should be developed to cater at least for the majority of languages in each region, e.g. Malay, English, Mandarin, and Tamil in the central region.

2. A collaborative professional network with neighbouring countries such as Thailand and Singapore (for the Peninsular Malaysia), and Brunei, Indonesia, and Philippines (for the Borneo) would be beneficial especially for the states of Malaysia that are located near the borders.

3. A wider collaboration between Asian countries would also helpful to develop practice guidelines focusing on Asian population (see McLeod et al., 2017).

4. Since the number of SLPs who are proficient in a specific and/or minority languages is limited, the use of telepractice through Skype
is useful. SLP can schedule a time for Skype sessions with SLP who is proficient in the client’s language to monitor the session.

5. Development of appropriate assessments which emphasise the concepts of dynamic assessment and criterion-based assessment are recommended in regards to linguistic ecology of Malaysia and different speech and language development for each individual who is multilingual.

6. Greater understanding of multilingual development is essential for every SLP who work in highly-multilingual countries like Malaysia. With a deep understanding of the multilingual development, SLP will provide better services with LDCs, i.e. they will choose appropriate assessment tools to evaluate the clients and identify suitable services to support the needs of these clients. This can be achieved through continuous learning and professional development. Hence, the SLP professional bodies and the universities have to take initiatives to provide courses and specific training that current practising SLPs can explore, share, and discuss to gather information on feasible and non-feasible practices in order to advance their understanding and knowledge on this matter.
6.2 Study Limitations

The present study makes several noteworthy contributions to the current practice of Malaysian SLPs in managing interaction with LDCs. However, with a small sample size, caution must be applied, as the findings are not to be generalised among all Malaysian SLP practitioners and their caseloads. Although the study has successfully demonstrated that there are number of issues to improve in the current practice, this study is only examined from the viewpoints of SLPs and it is based on their self-report. An investigation of actual interactions through an observation study would further explore these findings and serve as the basis for specific training modules for SLPs who work with highly-multilingual countries like Malaysia.
References


### Appendix 1 – A Codebook

<table>
<thead>
<tr>
<th>Themes</th>
<th>Code</th>
<th>Description</th>
<th>Example from data</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Issues working with CWOLs and/or LDCs</strong></td>
<td>Practice struggles</td>
<td>SLPs express lack of clarity, uncertainty, and/or concern about some aspects of management with these clients</td>
<td>Sebab kalau Tamil punya patient kalau tengok dia punya (If Tamil patient when we see) … ayat dia macam confuse kalau dia cakap (their sentences seem confused what they said). Kalau (If) Mandarin ‘kei mummy’. Dia terlalu panjang (It’s too long). So kita macam tak tahu (we don’t know). Really not sure case macam tu (that kind of case).</td>
</tr>
<tr>
<td><strong>Reported practices</strong></td>
<td></td>
<td>SLPs state any activities and materials they use during assessments and interventions including any adjustment and support they get when they work with CWOLs and/or LDCs</td>
<td>If … I see patient that I see they don’t have much shared language, uh so I will assess first the non-verbal skills on how they interact with their family ah from there see whether they have their proficiency to communicate non-verbally.</td>
</tr>
<tr>
<td>Verbal modification</td>
<td></td>
<td>SLPs make changes to the way they speak</td>
<td>Ubah suai sikit rentak bercakap (Change a bit the way I talk). Slowkan (slow rate) … I bagi arahan banyak kali (I give instructions a few times).</td>
</tr>
<tr>
<td>Repetition</td>
<td></td>
<td>SLPs repeat the instruction and/or explanation to facilitate comprehension</td>
<td>… I bagi arahan banyak kali (I give instructions a few times).</td>
</tr>
<tr>
<td>Clarification</td>
<td></td>
<td>SLPs ask clients questions and/or justify context/situation to indicate the comprehension</td>
<td>If I don’t know what they talking about I will ask them question about that.</td>
</tr>
<tr>
<td>Non-verbal cues</td>
<td></td>
<td>SLPs use any form of communication other than verbal</td>
<td>OK I think the first thing is a basic interaction we need to have at least. You know that I am talking to you. So it’s the</td>
</tr>
<tr>
<td>Communication strategy/ communication assistance</td>
<td>Visual tools</td>
<td>Translation via family member or other resources</td>
<td>Facilitation of self-learning</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-------------</td>
<td>-----------------------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>attention hook. And if I don’t speak Japanese and you look at me and I do all this kind of non-verbal language. You might think that alright I want to give something. So I need the attention hook. Eye contact and body language coming and you give some simple sound.</td>
<td>SLPs present techniques and/ or materials to clients visually to facilitate the communication</td>
<td>SLPs get help related to translation of information that they want to deliver in the consultations</td>
<td>SLPs appoint clients to a specific task either through direct request, modelling or task demonstration so that they can directly learn something from it.</td>
</tr>
<tr>
<td>Personally I will use some chart and also table or some of different method so that my explanation more visit to them so they might be able to access the diagram or also the table especially the numbers so that they would be understand us better. And some of the time if I think they would be understand better through illustration. I might draw some pictures in order for them to understand much better.</td>
<td></td>
<td>I usually use the parents as my … nak sampaikan message kita kepada anak tadi la (to deliver our message to the child). Dan juga (And also), kita juga guna parents tadi untuk (we will use the parents to) counsel and also to do therapy with the patient.</td>
<td>If they don’t have relative to translate in a better term I will actually ask them to find it out for themselves online for what I am trying to explain. I will just write it down or get them ask their family</td>
</tr>
<tr>
<td>Professionals' pursuit</td>
<td>SLPs do something as a part of the SLP professional requirements and take initiatives to make their practice better.</td>
<td>We try our best to learn … learn maybe … single single command like ‘munggle’.</td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Suggestions for future improvement</td>
<td>SLPs raise their opinion and hope for any changes that they want to see in the future.</td>
<td>I would like to see a test with Malaysian children. …so that we can use that. And even when we do have that. It is changes are made. For different states.</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 2 – Demographic Questionnaire

Exploring Communication Strategies used by Speech-Language Pathologists in Multilingual Contexts in Malaysia

Dear Colleagues,

I would like to invite you to complete a demographic questionnaire as a part of my study about the communication strategies used by Malaysian Speech-Language Pathologists (SLPs) in their practices. Following this survey, there will be an interview through video call online. You will be asked about your personal experience in managing interactions with your multilingual clients. The interview will be audio-recorded and then transcribed for analysis. The interview is expected to last approximately 30 to 40 minutes. The time for the interview will be arranged at a time that is convenient to you. Data gathered from the interview will be analysed and reported on in my Master thesis. It will also be used in an academic publication and for professional development purposes. If you are agree to participate in the interview, please indicate your consent at the end of this questionnaire. I will send the participant information sheet through the email address that you provide in the questionnaire.

The ethical aspects of this research have been approved by the ANU Human Research Ethics Committee (Protocol 2017/469). If you have any concerns or complaints about how this research has been conducted, please contact:

Ethics Manager
The ANU Human Research Ethics Committee
The Australian National University
Telephone: +61 2 6125 3427
Email: HumanEthics.Office@anu.edu.au
If you have any questions about the study, please contact me at +61 468488091 or u6003566@anu.edu.au.

Kind regards,

Khadijah Khalid

1. How many years have you been working in the speech-language pathology profession?
   - < 1 year
   - 1-3 years
   - 4-5 years
   - 6-10 years
   - 11-20 years
   - > 20 years

2. Where do you currently work?
   - Central region (KL, Selangor, Negeri Sembilan)
   - Northern region (Perlis, Kedah, Penang, Perak)
   - Southern region (Melaka, Johor)
   - East coast (Kelantan, Terengganu, Pahang)
   - Borneo (Sabah, Sarawak)

3. What kind of setting do you currently work in?
   - Hospital
   - Rehabilitation centre
   - School
   - University
   - Freelance
   - Other (please specify)

4. What is your gender?
   - Male
   - Female
   - Other (please specify)

5. What is your ethnicity?
   - Malay
   - Chinese
   - Indian
   - Other _________
6. What is your highest level of education?

- Bachelor degree
- Master degree
- PhD
- Other (please specify)

7. Please label the level of proficiency of the following languages

- Native (First language) – Able to comprehend, speak and write with ease a wide range of topics
- Proficient - Able to comprehend, speak and write fluently on a reasonably wide range of topics
- Intermediate - Able to comprehend, speak and write on familiar topics
- Basic - Able to comprehend and use simple everyday expressions and very basic phrases
- No proficiency – Except for isolated words and phrases, no functional proficiency in speaking or writing

E.g. Malay (native), English (proficient), Arabic (basic), Mandarin (basic), Tamil (no proficiency)

<table>
<thead>
<tr>
<th>Language</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bahasa Malaysia (Malay)</td>
<td></td>
</tr>
<tr>
<td>English</td>
<td></td>
</tr>
<tr>
<td>Mandarin</td>
<td></td>
</tr>
<tr>
<td>Tamil</td>
<td></td>
</tr>
<tr>
<td>Chinese dialect (Hokkien, Hakka, Cantonese)</td>
<td></td>
</tr>
<tr>
<td>Indian dialect (Punjabi, Telugu, Sindhi, Malayali)</td>
<td></td>
</tr>
<tr>
<td>Arabic</td>
<td></td>
</tr>
<tr>
<td>Indigenous languages</td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
</tr>
</tbody>
</table>
8. Please indicate the percentage of clients on your caseload who speak the following languages as their first language

<table>
<thead>
<tr>
<th>Language</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bahasa Malaysia (Malay)</td>
<td></td>
</tr>
<tr>
<td>English</td>
<td></td>
</tr>
<tr>
<td>Mandarin</td>
<td></td>
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<tr>
<td>Tamil</td>
<td></td>
</tr>
<tr>
<td>Chinese dialect (Hokkien, Hakka, Cantonese)</td>
<td></td>
</tr>
<tr>
<td>Indian dialect (Punjabi, Telugu, Sindhi, Malayali)</td>
<td></td>
</tr>
<tr>
<td>Arabic</td>
<td></td>
</tr>
<tr>
<td>Indigenous languages</td>
<td></td>
</tr>
</tbody>
</table>

Other (please specify)

9. What language do you use in your consultation?

10. Please indicate your specialisation or current area of SLP service delivery

11. Please provide your contact details if you agree to participate in the interview

Done
Appendix 3 – Interviews

020917 R27 HHH (Pilot)

Interviewer: I see that you often but that less than ten percent patients who use Tamil. Because you said that you don’t have proficiency for Tamil or any Indian speaking clients. OK. So ah I see that you are not proficient in uh Tamil for example which is not a language you say that you are proficient in. How would you describe the nature of interactions you have with clients who speak Tamil or some other language you are not proficient in?

Helen: Honestly speaking is very different in Sarawak. Which we have very limited numbers of Indian. Which is ... um so ... um I do not have Indian client actually. Um but you do not have the choices of zero percent. So that’s why I indicated it less than ten percent but for people who actually have a bit it ... we have language barrier between us. We usually either use a translator depending ah depending you put the person who is proficient enough in the field or actually the family members that they are trusted.

Interviewer: Ah ... So do you mean that use uh translator from their family members?

Helen: It can be or it might be ah the people who working with us.

Interviewer: (People who working with us) ... What do you mean by people working with us?

Helen: It likes colleague or people who actually ah involve much with people who had hearing problem.

Interviewer: Uh huh OK. For ... OK. Can you describe assessment and intervention protocols for clients whom you do not share language. It means maybe just minimal shared language. like I said for example maybe you have Tamil ah speaking clients. And then what do you do for their assessment and intervention protocols?

Helen: OK for uh let say if one day I have client that actually speak Tamil only. So the very first way because we start our session with anticipatory counselling session so we actually need to have um we actually have diagram in order to explain that we would also have uh a map to make sure actually that the client would know what we mean and know exactly what to expect and what they have to do. So I will actually to ask for a translator no matter from outside or my colleague to make sure in order for this communication process to be fluent.

Interviewer: ==So ...
Helen: ==so that we can get our information to each other effectively because ah auditory verbal therapy and also oral rehabilitation is mainly about coaching the caretaker in how to help the family member to communicate with our client so they need to be the main people who actually play the role in the therapy so if they are unable to actually do get the message from us effectively I would think that this would not have a very fruitful conclusion from the therapy.

Interviewer: So you talk about translators ah is it easy for you to get any translator in your workplace? Because as far as I know we don’t really have ah translator I mean ex ... in terms of specific translator for our profession.

Helen: I know. Because as I said ... so if you’re to say that Indian so they are actually a very minimal population in Sarawak and most of them are actually highly educated. So basically I do not have any much problem in terms of my language that I can actually use the proficiency of my language in most of my client and almost everyone of them can understand exactly what I want to say. So at this moment I don’t need any translator yet but I don’t know how it goes in the future but my first choice is actually after family members I will prepare some info in order to have an effective session with them.

Interviewer: Um you talk about education level just now so it means that your clients are mostly from educated clients or something like that? Because yeah ...

Helen: Most of them who at least would able to communicate effectively at least one or two languages we shared so it will at least in Malay or English and it still sufficient to get the message across.

Interviewer: How about client from indigenous population? You said you know basic proficiency on that language right? Because as far as I know for Sarawak in different regions they actually have different dominant aboriginal language so yup ...

Helen: Um OK but however most of those languages actually quite near to ah Malay language although it’s not exactly the same so we can still communicate with some explanation after we have given some explanation. So this information is being able to carry over and also we have ah audiologist who actually from that group which actually able to speak few different languages from the indigenous group so he would be the translator sometime but most of the time it would be sufficient to actually communicate with our very basic language knowledge and also with Malay language alone.

Interviewer: How do you know their difficulty or problem is not either variation or exactly language problem? How do you identify that?

Helen: Because at the end of all the session we actually clarify the message that they brought so we actually listen to them what they have heard because
even though we share the similar language it doesn’t mean what I say and I mean they actually got. So we actually ask them back what they have got for this session and what that they understand and carry home message so we actually clarify a few times to really make sure that they get the idea that we are trying to deliver.

Interviewer: Mmm uh huh OK. So I give you a situation for example you have a client seven year old um indigenous speaking client with speech and language problem OK. And then this client also accompanied by their parents who native in aboriginal language and what do you do ... with this kind of client?

Helen: For the first time when the patient enters my room I may ask what the language that you prefer and you prefer to speak any language and usually I give them a few choice English or Malay or maybe some of other languages that you think I can help you understand better and usually they will give me an answer especially when I give them some choices. They will give me some ah they will give me some feedback which language they more comfortable in and after that I would say that I would explain what happening or I would like to know more about what’s happening in your family and then let say you are not very sure am I asking this kind of question or not sure what I am talking about and please let me know so that I can ah explain to you better.

Interviewer: Uh huh OK um one strategy can be used to compensate for a gap in language proficiency is communication strategies. So um what kind of communication strategies do you use when these situations happen. Is there any specific communication strategy?

Helen: Ah personally I will use some um chart and also um ... um table or some of different method so that my explanation more visit to them so it might be they might be able to access the diagram or also the table especially the numbers so that they would be understand us better. And some of the time if I think they would be understand better through illustration. I might draw some pictures in order for them to understand much better.

Interviewer: How about client who not really good in illustration? What will you do?

Helen: I will ask them questions in order to prompt them would like to know what their thinking and what they like to have or what they expect to have in with me. But most of the time I would say that my clients would have something in their mind before they come. So they would have something that might not match to reality is but they have something in their mind would like they to know and to share maybe not at the first time but after sometime but we would like to bridge the gap between our knowledge between clients and ourselves.
Interviewer: OK ah in any stage of assessment and intervention protocols which include the consultation. Do you think there will be communication difficulties when working with these clients?

Helen: Pardon?

Interviewer: In any stage of assessment and intervention protocols. OK. Do you think they there will be communication difficulties when working with these clients? Is there any specific? Yeah ...

Helen: It depends. Auditory verbal therapy they actually doing more family closure. Start off by telling them what we going to do and maybe a day before so that they will know what to expect and they will do some homework when they at home so that for every session will remind them what actually going to happen today and what they can expect from us and then we start with activity and session and after demonstrating we could highlight the good thing and the bad thing that we found out and then I will kind ask them to try do it by themselves because they are the person who carried over at home and after that and after you see them a few times you can see the good and bad points too that they did well or they did a wrong thing so that they will increase themselves and they try out themselves and carry it at home so that the way we do our therapy and minimise the incompatibility of the message that we are trying to deliver because we will see how they do it what they expect and what they speak. So let say if there mismatch in terms of information they will actually ask some questions do you think this is a better way because they would know their children much better than us so there will always negotiation between the therapist and the parents in order to have effective therapy session.

Interviewer: Um other than questions you ask for clarification when there is mismatch communication between you and your clients. Ah how do you know after your clarification they understand what your message is all about? Can you ... yup it means that after you clarify with your client. Because there is mismatch of communication ... how do you know after those process of clarification they could be understand your message?

Helen: Because after sometimes we ask again OK what you understand about so and so that we actually explain before they will actually ... for parents who more frequently with you they will actually open up to you and tell you what they understand and you will know what they actually deliver and get they will also actually demonstrate what they going to do so in terms of action we can tell them what they actually understand what we are doing or they might not be able to get it wholly.

Interviewer: OK when you said that maybe they not get wholly what do you do to increase their understanding of your message?
Helen: We will usually we will it depends on parents’ learning style some of them will prefer to do in front of them some of them they would need a time that they actually do and practise at home. Means that they actually understand what’s happening but they need time to here and there and some of them would prefer to jot it down and different learning method actually use the way that help parents to be able to get the idea fast depends on the learning styles of adults and do it again and again and again and they would get ah what they have to do at home.

Interviewer: OK what is your recommendation if there any communication difficulties happen or mismatch communication because due to different levels of language proficiency based on your experience?

Helen: Ah basically I do not have much problem in terms of language proficiency with my clients because most of my clients would be able to understand what I am talking about gradually bring a translator or person that they trust actually able to understand my language the language that I better in although the language that they might understand or prepare by themselves when they come and they will know to communicate better with us. So this the way that we use I never come across cases of mismatch because of my language proficiency but they would have but we would have miscommunication when we expected count on company and to understand what each other think about at it also happen to everybody with similar language

Interviewer: You talk about ad hoc translator because you said that they maybe bring their family members to become a translator. So how do you sure that this ad hoc translator will deliver uh the correct message that you actually told them to that client?

Helen: Honestly speaking I think my receptive skills towards these languages are much higher to my expressive skills and totally understand what they talking about and I would say and let them finish it and refine it with any language that we are understand. I am not totally out of that language. It means that I can monitor what they talking about so ...

Interviewer: So you actually have a basic level of that language? So you never encounter of patient that you never proficient to that language?

Helen: I didn’t have this kind of cases. OK my language proficiency is quiet I think I can speak quiet of many languages so which is sufficient for my use for now but of course I would like to expend more.

Interviewer: What is your last word before we end our interview today? Maybe any recommendations or ideas?
Helen: I would say that if one day I really encounter client that we can’t really communicate directly I would actually I would think I actually try to have uh ways to actually to be able to communicate directly to the client further.

Interviewer: Can you give examples of strategies that you will use if you encounter this kind of clients?

Helen: So let say if I have a translator after they translate I will ask them what do they translate because sometimes through facial expression for something that you say no matter it is good news or bad news you have some expectations of their reaction so if that kind of reaction that really miss your expectation ... it is worth to you to confirm.

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Interviewer: OK based on the information that you have provided in the questionnaire you have a range of six to ten years experience as SL ... SLP ==and ...

Izam: ==yes

Interviewer: currently work in um ah university hospital and specialise in speech language and swallowing. OK I see that you quite often, have clients who speak mandarin == which is ...

Izam: == (right) ... 

Interviewer: not the language you say you are proficient in. How would you describe the nature of interaction with the client who speak Mandarin or some other language such as Tamil Chinese or Indian dialects?

Izam: Ok ah kalau macam dengan (if I am with) patient ah berbahasa lain (with other language), saya ada (I have) basic knowledge of that bahasa (language) ==And ...

Interviewer: ==uh huh

Izam: also I usually use the parents as my ah ... nak sampaikan message kita kepada anak tadi la (to deliver our message to the child). Dan juga (And also), kita juga guna parents tadi untuk (we will use the parents to) counsel and also to do therapy with the patient. And also ah kalau yang kita tak biasa contoh macam bahasa Tamil tadi atau bahasa lain yang kita jarang jarang jumpa patient (if we not used to like the Tamil language for example or other languages which we seldom encounter) mostly use the parents and also kalau kita ada sikit sikit pengetahuan tu kita memang guna (if we have a basic knowledge of that language we use) directly with patient.
Interviewer: Uh huh huh huh OK. If you do not have shared language or minimally do, how do you communicate with your client? Like you said that you will talk directly if you have ==like ...

Izam: ==uh huh.

Interviewer: basic language and how do you communicate? Yup because you said ...

Izam: Mostly we use ==English

Interviewer: ==oh mostly you use English ...

Izam: Yes with the parents also can speak and understand in English better as a second language. So we usually talk or communicate via English first then we um translate balik dalam bahasa ah mother tongue dia tadi la (back in their home language).

Interviewer: Uh how do you translate that language you said that ...

Izam: The parents the parents themselves.

Interviewer: Oh the parents. OK because the parents like uh ad hoc translator == how do ...

Izam: == um ...

Interviewer: you know that um that language actually what they translate to their child is exact what you actually tell them to say?

Izam: That is the most challenging part. Because I have to trust the parent. ==But ...

Interviewer: == uh huh huh

Izam: I ah I am not sure also whether they use the correct word or the correct term but I trust them with their understanding with my advice. They can convey the message very well with the child.

Interviewer: OK for SLP in particular communication is not just for efficiency and interpersonal aspects but also for diagnosis. Can you describe ah assessment and intervention protocols for clients whom you do not have a shared language with or minimally do? I would like to know the assessment and intervention protocols with this type of clients.

Izam: With this kind of clients we usually um use the ... parents as the ah ... kita nak sampaikan language tadi melalui (we want to deliver the language through) parents and also the protocols somehow we need to change also ... because sometime the items in the protocol they usually use informal. Informal kind of test informal kind of assessment ==so ...
Interviewer: ==uh huh

Izam: we are able to change the kind of materials accordingly with the cultures and also the language yang (that the) patient ada tadi (has) la.

Interviewer: (Uh huh).

Izam: Kalau macam (If like) patient tadi (just now) proficient in Mandarin or Tamil so most likely we use the parents.

Interviewer: Mmmm. What kind of adaptations or modifications you said to suit the culture. Is it just for example you have twenty items is it a part of that or you change everything in the assessment?

Izam: Only change a part of that such as the materials for identifying common objects ... how about the patient environment. If everyday if the patient somehow ... my my last patient is ah tak de rambut (has no hair) ==rambut memang digunting pendek (the hair is cut short).

Interviewer: ==uh huh

Izam: So he doesn’t spend much time seeing ‘sikat’ comb ==if you ask sikat (comb) ...

Interviewer: ==mmm

Izam: he will not understand. That kind of materials we need to change accordingly to the cultures and dia punya (his own) language language barrier that we have macam contoh dia (for example like) um sentence dia macam (it’s like) one syllable two syllable words not the same in Tamil and also Mandarin right?

Interviewer: Uh huh. OK so you know that you have this kind of clients. What kinds of problems present in this context?

Izam: First of all. Message that we are trying to tell the parents is it really correct or exactly what we are trying to explain to them. Dia sampai tak kepada anak dia tadi (Have they delivered to their child) and also mostly understanding la. Understanding of therapy and also understanding of executing home-based program that we provided.

Interviewer: Uh huh ah ... what do you do when the problems happen?

Izam: Yes. Again?

Interviewer: What do you do when the problems happen? I mean to compensate a gap of language proficiency.

Izam: I usually consult with my other colleagues.
Interviewer: So you have colleagues specific have those kinds of language is it?

Izam: Yes. For mandarin speaker we have Chinese speaking speech therapist. For Tamil speaker we do not have yet but we have also other doctors or other colleagues we can refer it into.

Interviewer: Uh huh but ... there is some sort of for let say for speech therapist it should be fine because they know the context. But how about other colleagues like doctor they maybe just have basic knowledge about ah speech therapy.

Izam: Yes. That’s why we have to explain and brief to them first what we are trying to tell the patient.

Interviewer: Uh huh. As you and your client have different levels of language proficiency. How do you know exactly whether it is language problem not language variation?

Izam: OK ah first of all the performance of the patient.

Interviewer: Uh huh.

Izam: When you see first time you give the home-based program and you give all the exercises and then when the patient came back and there’s not much not much improvement that we expected == and there’s ...

Interviewer: == uh huh

Izam: not much respond that we expected and so might be there is some problem in conveying the message in expressing our thoughts to them.

Interviewer: Uh huh. OK ah how about the diagnosis? I mean ah ...

Izam: Diagnosis with this kind of patient is not that accurate I think.

Interviewer: Uh huh OK. I give you some situation OK? In a situation when you have seven year old Mandarin speaking client. With speech and language impairment. He or she is accompanied by their parents in the session. The parents are also native in Mandarin and have limited proficiency or in either Malay or English ...

Izam: ==alright

Interviewer: you do not speak Mandarin but proficiency proficient in Malay or English. What language would you use in this situation?

Izam: Ah ... that the the parents is ah have basic knowledge of ... Malay or English?
Interviewer: Oh yeah ah only basic maybe because you are proficient in both language but ... only have basic in Mandarin right? So ... ==what ...

Izam: ==yes.

Interviewer: what language you would use in this kind of situation?

Izam: So ... ah ... the mostly I would use English.

Interviewer: OK.

Izam: Use English ... and also ... I also incorporated some Mandarin word some Chinese word also in the session.

Interviewer: ==OK

Izam: ==(but they had they had) of the parent.

Interviewer: Uh huh. What kind of strategies use when this kind of situation happens? ... It means that if let say the language uh ... barrier is there ==so what kinds of strategy do you use when this kind of situations happen?

Izam: OK usually I ask the parents how do we pronounce how would do we speak ah that particular item of the targeted stimulus ==then ...

Interviewer: ==uh huh

Izam: I tried to produce or pronounce it. If it is correctly produce the parents will nod it ...

Interviewer: uh huh

Izam: but then ah ... we will present the stimulus items to the patient and also parents ...

Interviewer: uh huh

Izam: and also I usually use parent as model also ==as a model that ...

Interviewer: ==you use model?

Izam: Yes.

Interviewer: It means that you give some kind of example? To ...

Izam: Kind of um ... um somehow condition um response with the parents first then the targeted stimulus with the uh client.

Interviewer: OK. Any other examples of kind uh ... any kinds of strategy?

Izam: ... Um usually in here that we seek the help also from other colleagues that can convey much more better than us.
Interviewer: OK ah ... one strategy that can be used to compensate a gap of language proficiency is communication strategy such as repair strategy reduction strategy such as rephrasing the sentences when the client unable to comprehend the instruction. Do you have any specific communication strategy that you use to compensate this kind of language barriers?

Izam: ... ah SLP need also learn the basic language of the client.

Interviewer: Uh huh huh OK. In any consultation. The diagnosis and recommended treatment are critical for their client and carrier carers to understand. Can you give me some example communication strategies you would use to ensure that your client and carers can have understood in particular the diagnosis and recommended treatment?

Izam: OK usually I use diagrams. We have a lot of ah diagrams and we have a lot of some ah … information sheets like that …

Interviewer: uh huh

Izam: that we done it in Malay in English and some in Mandarin also and so um that kind of diagram. And also I would draw and write it down on the piece of paper what I am trying to say and this problem is because something like this and also the ah the message could be understood better with this flyer ah information sheets with the parents.

Interviewer: Uh huh … OK what is your last word before we end our interview today, any recommendation or idea? ... maybe if let say you have there’s no um language that you share with your clients in the future, maybe you can’t get help from your ah …

Izam: yup

Interviewer: … colleagues so what will you do in this kind of situation?

Izam: That I can think of ah much more suitable assessment ah very suitable and flexible assessment that can assess the uh not that exactly correct uh uh patient age but it can be more flexible kind of assessment so that we can understood better in uh uh neutral environment. In any language in any culture you can perform it under formal assessment.

Interviewer: Uh huh … currently what I understand about our current assessment tools are more on communicative performance not linguistic kind of assessment it means that we are not really assess component of language. Is more likely on communicative competency like that. So …

Izam: Yes.

Interviewer: Do you think that kind of assessment is enough to actually diagnose patient?
Izam: ... my personal opinion is much more detail is much better.

Interviewer: Uh huh.

Izam: In communication wise it is enough to know the patient current skills but if we can detail it a bit more up to linguistic level each component in linguistic level is much more and we can plan better specific component in linguistic part.

Interviewer: Uh huh you don’t have any more suggestions and questions before we end our interview?

Izam: No. Thank you.

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Interviewer: Based on the information you provided in the questionnaire. ==You ...

Angela: ==yup

Interviewer: have four to five ah experience working as as an SLP.

Angela: Yup.

Interviewer: So you work in central region. Are you still in Serdang hospital?

Angela: Yes I am.

Interviewer: OK and you are specialised I mean you are working with paediatric and adult populations.

Angela: Yes.

Interviewer: And I see that you quite often have clients who speak in ... Mandarin and Chinese dialect and some other language such as Tamil ah which are languages you say you are not proficient in. How would you describe the nature of interaction you have with clients who speak Mandarin and some other language languages such as Chinese dialect or Tamil?

Angela: OK if it is in Mandarin ... I can actually speak but not um not to the level that it’s professional I guess. Very colloquial and very simple and hopefully the parents can understand that is not my first language. Ah if patients uh paediatric cases we ... um ... family with Tamil-speaking I would ask whether either they comfortable with English or BM ==and

Interviewer: ==uh huh

Angela: then I will proceed with consultation
Interviewer: O ... K ... if this is just a situation if you do not have shared language or minimally do ...

Angela: uh huh

Interviewer: how do you communicate with your clients?

Angela: Ah ... OK say for example is family um is from um not from Malaysia and they have minimal Chinese or BM. Um I have basically one that come from Thailand. So I have to use as little ... Chinese as I can. At the most basic Chinese as I can with the most simple Bahasa Malaysia. So that the patient can understand. Yeah ==ah

Interviewer: ==OK ah ...

Angela: ==()

Interviewer: ==other than verbal language, do you use other communication strategies such as ...

Angela: Yup actions and I guess uh get somebody who knows the language at the room. Yeah ...

Interviewer: It means that you use ad hoc translator? So ...

Angela: yup I can find

Interviewer: ... it is for you per say ah ...

Angela: yeah

Interviewer: what is your opinion about ad hoc translator? Is it ah reliable or maybe valid and how do you know they actually translate something that you actually mean?

Angela: Ah ... I would actually give the most simple sentence for the translator to translate it back ah ... if I feel that the patient is not responding correctly or if I ... the translator is not translated correctly I will rephrase it so that the the meaning comes out nicely but most of it it’s not come out the way I want it to mean.

Interviewer: So you said that if the meaning is not the way that you want it to mean ...

Angela: uh huh

Interviewer: so how would you compensate that?

Angela: So how would I compensate that uh huh ... sometime I just skip the question or other time I will um get the person to tell me what they said and
then um repeat what the patient said. So that I will get the gist whether it is correct or wrong and I just uh correct it from there la ().

Interviewer: For SLP in particular communication is not just for efficiency and interpersonal aspects but also for diagnosis.

Angela: Uh huh.

Interviewer: Can you describe the assessment and intervention protocols ==for ...

Angela: ==uh huh

Interviewer: clients whom you do not shared a language with or only minimally do.

Angela: ... You mean how I diagnose people with language barrier?

Interviewer: Describe yup ah uh ... assessment and intervention protocols with this kind of clients.

Angela: Uh ... OK so if they have ... normally we will do um the assessment of how well they are able to name um name things. They would be in our national dialect or ... languages that we know so will do just to get engagement on how they are able to firstly communicate without speaking. Non-verbal communication. If they are able to do that I will proceed what we call it, the naming task and ah how well they are able to label pictures. If this um the people that I see patient that I see they don’t have much uh shared language ... uh so I will assess first the non-verbal skills on how they interact with their family ah from there see whether they have their proficiency to communicate non-verbally. So I will ask also if family have any shared gestures that um from there I make um ... rough idea of what they are doing with their child at home or patient at home.

Interviewer: OK.

Angela: Then ...

Interviewer: uh huh

Angela: we can continue with the naming task with their own language and I will get the idea with the parents or caregiver whether the answer is correct or wrong.

Interviewer: OK what kinds of problems present in this context?

Angela: ... Ah ... the problem that come out will be ... the parents or caregivers will give the answer before the child say or point to the picture or yeah ... so I will have difficulty to get the parents to just allow the kid to answer ==or ...
Interviewer: ==mmm

Angela: give the answer. Yeah.

Interviewer: ... What do you do when the problems happen? ... For example you said that parents ==already ...

Angela: ==ah

Interviewer: give the answer.

Angela: ... Yeah I would try ... I will tell the parents or through the translator to allow the kid to answer first before he or she ... before the parents give the answer. Because we want to know whether the child is actually knows the question or particular target um particular target that we need la.

Interviewer: ... OK do you still use the same question or you change it the question ==because ...

Angela: ==uh

Interviewer: you said the parents already give the answer for example.

Angela: Yeah. ==So ...

Interviewer: ==yeah

Angela: I would change uh change the target word so that uh would be a different one. See whether the kid know what is meaning um yeah. Just about that.

Interviewer: OK how about any adaptations for the assessment protocols?

Angela: Adaptations ... meaning how I change the way I assess?

Interviewer: Uh huh ... is there ah ah I mean the differences children who you have assessed have the language you are share and the other kind of patients you do not have shared language or minimally do so ...

Angela: ah ...

Interviewer: what are the differences? ... in terms of protocols both in intervention and assessment.

Angela: ... um ... the differences would be actually to engage with the parents uh ... rather than to work with the child alone. Because the parents would know the children better. Um what the child knows and how parents interact with them and they know how to tackle differently and I would tackle differently the parents first. Ah ... I give them the technique before I do it with the child. Let the parents try with the child. Because through their native language these children can learn later through their own language.
Interviewer: Uh huh.

Angela: If I force it to be me who interacting with the child ah like I do with people who have the same language than I am. Ah I will try with me first, then I will ... paste it the skill that I have with the parents. People with different language I will work with parents first. Then get them to do with their child.

Interviewer: So you become like an observe observant? ... in that that sense or yeah...

Angela: ... in ... not really observing but um giving them the skill first. So I will be teaching the mother the father to ... for example request. If I am the child, the parents supposed to give a tactile cue and then say the word then only give to me so I will do with the parents first and correct here and there first when it is necessary.

Interviewer: Uh huh OK you also mention that you are working both in paediatric and adult populations. What are the differences between children and adult populations in managing the issue of different levels of language proficiency?

Angela: ... different language ... um ... I think with um ... caregivers I think mostly with caregivers I will actually um want the caregivers to actually fully understand what is actually happening to the patient.

Interviewer: Uh huh.

Angela: Ah ... if they don’t understand I don’t think they can help the ... patient as they are currently. But I don’t think there is a big difference on how I would doing with my paediatric cases or adult cases.

Interviewer: Uh huh OK ... so I give you a situation. In situation when you have uh seven year old ...

Angela: uh huh

Interviewer: maybe ... Tamil-speaking client with speech language impairment.

Angela: Uh huh.

Interviewer: He came with his parents in the session who are also native in Tamil ...

Angela: mmm

Interviewer: the parents also uh ... you also do not speak Tamil and maybe the parents have limited ah ... maybe proficiency in Malay or English. What language would you use ... in this situation?
Angela: ... I think I would be prefer to use Malay ah as it is the national language ah I hope I hope that the parents very much more understand Malay than English. But depends on parents’ preference as well. Um if they prefer English I will go English.

Interviewer: Uh huh.

Angela: Yup.

Interviewer: So um what strategies would you use when this situation happens?

Angela: ... strategies ...

Interviewer: Yup.

Angela: ... a lot of gestures a lot of clarification um getting the parents uh to say back or repeat back what I ... just engage back what they are understanding. Allow them to absorb the information before I give them a new information.

Interviewer: Uh huh in any consultation the diagnosis and recommended treatment are critical for the client and carer to understand. So can you give some examples of communication strategies you would use to ensure that your client or carer have understood the interaction in particular the diagnosis and recommended treatment.

Angela: Ha ... this is a bit difficult because I will actually show it with them first.

Interviewer: Uh huh.

Angela: If they are able to imitate it just little bit it is enough to uh carry forward at home.

Interviewer: Uh huh.

Angela: If there is a little bit error ...

Interviewer: uh huh

Angela: I will do it and do it again the session and if they came back and they told me I don’t know what I did at home. I will ask them to show me what they did at home so that I would be able to correct them. Then add on the skills whenever necessary ... so to get them understand the diagnosis um this one also I have a big problem in Mandarin because my language is not enough to tell their child or relative have ah have problem that affect their whole life.

Interviewer: Uh huh.
Angela: So ... yeah then it will come to a point that I will go ah e ah.

Interviewer: Uh huh.

Angela: I will have to draw it out in basic picture just so that they understand where I’m going ha yeah.

Interviewer: So it means you use ah some strategies to elicit or increase their understanding maybe ==draw picture yup ...

Angela: ==(draw picture) yeah basically draw picture and hopefully they understand.

Interviewer: How do you identify they actually understand or they just nod nodding their head? ... um I understand.

Angela: Normally if they understand they would like to know more ah they would like to know whether it’s gonna be lifelong or it’s gonna be treated. Those who just nod only I will not believe they understand. They will just ah ha aha aha and one ear out and next time they come they said my son or my daughter lazy to talk.

Interviewer: OK.

Angela: I know that they don’t understand last time.

Interviewer: OK as you and your client have different levels of language proficiency ...

Angela: uh huh

Interviewer: how do you know whether it is exactly language problem or is just a language variation?

Angela: Ah ... most of the time is a language problem and if they bring a relative who understand the uh understand what I am saying that relative will actually translate it back ...

Interviewer: uh huh

Angela: if they don’t have relative to translate in a better term I will actually ask them to find it out for themselves online for what uh I am trying to explain. I will just write it down or get them ask their family search some information at home about that term or about that therapy technique.

Interviewer: Have you ever misdiagnosed this patient and supposed to be like I said ...

Angela: uh huh
Interviewer: ... children sometimes because of different levels of language proficiency sometimes we tend to misdiagnose them right? Supposed to be it is a language problem or language variation. How can you differentiate yeah ... either it is language problem or it is a language variation?

Angela: Ah I will go through their parents I guess um if it is for the parents is a problem. It is a problem but if it is just a variation different from family to family then um ... this child can’t communicate because it a different thing in his family. So I might ask the family if there is anyone in the family speak like that or ... if he imitate to much their grandparent um ... or yeah family member that affect to the child to interact with the family la.

Interviewer: Uh huh huh ... So OK what is your last word before we end our interview today maybe any recommendations or any ideas?

Angela: ... So people with language differences?

Interviewer: Yeah.

Angela: ... Just go with it um because ah everyone is different and I think in Malaysia especially we have we are able to adapt three different races three major races um I guess we can adapt with other races as well. Just that different in language we need to uh actually understand giving information is not as easy as it seems la especially to the parents and caregivers who want to know what is the problem and how they can help.

Interviewer: So any particular strategy that you think effective to help?

Angela: Be very patient ah ... they will let you know what is actually happening um most of the time when they do not understand means they do not understand. Just use pictures gestures. Go internet and find something that a bit similar. A bit similar and show picture yeah.

Interviewer: Thank you for today.

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Interviewer: OK based on the information that you provided in the questionnaire. You have ...

Shun: (yup)

Interviewer: three to five years work experience in the SLP profession and currently work in the hospital. Is it private hospital? Or...

Shun: Yeah private... I am working in the private hospital.

Interviewer: OK so ... ah you are working with paediatric and also adult. Is it like a general area for you to work?
Shun: Yeah there’s a range of my customer I mean my client … there’s work I mean they comprise uh … the paediatric until adult case … in my caseload in the hospital.

Interviewer: OK if in the hospital OK I know uh for government hospital.

Shun: Um

Interviewer: Is there any difference between private and government hospital setting? Is it they actually give you clients suit to your language proficiency or you just need to accept … anyone?

Shun: … uh different hospital definitely have different policy but in our hospital we quite focus on patients’ right.

Interviewer: Uh huh.

Shun: So patient have right to choose which speech therapist they want to see.

Interviewer: uh huh

Shun: But definitely based on our professional so … I mean um you can see our professional but oh … in my hospital because it’s a … in Penang is a Mandarin quite many Chinese so most of client in is a … if I got a Tamil case or a … the Indian patient come over here speak Tamil or Malay. Or client come over here speak Malay to me. We have no choice but patient has right to choose us. We just accept whatever client choose us. Whichever race and language they are talking.

Interviewer: OK. I see that like you said just now so you … quite often ah maybe see patient in Tamil or Malay speaking clients.

Shun: Mmm.

Interviewer: How would you describe the nature of interaction you have with these clients?

Shun: Um … in Malaysia I think … all is multilanguage lah.

Interviewer: Uh huh.

Shun: I think for most people except for the old generation.

Interviewer: Uh huh.

Shun: I see not a big issue in our … paediatric case during our session because the parents can speak English or they speak Malay to me. So I can still interact with them. But I see quite challenge for me when I try to interact with adult especially old age. They only speak single language.
Interviewer: Uh huh.

Shun: ... Duh ... That’s a big challenge for me. Some of the parent ... I think I think in the paediatric case we are trying to counter the parents to speak one language. If they decide to speak Tamil at home. So ... I might recommend maybe go to the ...

Interviewer: uh huh

Shun: ... Tamil speech therapist. The speech therapist who can speak Tamil I will recommend them to there. Because I can’t speak Tamil.

Interviewer: OK so ... it means that you still give like a recommendation for them to choose ah ... speech therapist who proficient in that language? So ==is ...

Shun: ==(

Interviewer: there ... you said that you have like an adult case.

Shun: Uh huh.

Interviewer: And then they speak only minimal language you are proficient in.

Shun: Yeah.

Interviewer: How do you communicate with this client?

Shun: ... You mean that how I communicate with them?

Interviewer: Yeah. Communicate with these clients because you said that um ... minimum language like um ==yeah

Shun: ==so if there is no caregiver there or no family member around. We are trying to ask the nurse.

Interviewer: Uh huh.

Shun: In hospital setting we are trying to ask the nurse and even our hospital provide a translator. ==So

Interviewer: ==oh you have a translator. So is it ==really ...

Shun: ==yup

Interviewer: a certified translator or just like ==ad hoc?

Shun: ==yeah ...

Interviewer: from the family ==members

Shun: ==yeah. Our hospital provides four to five language translators.
Interviewer: Uh huh.

Shun: Tamil. And as well as the Japanese.

Interviewer: Uh huh.

Shun: As well as Bahasa Indonesia.

Interviewer: Wow!

Shun: Because our hospital is quite uh ... popular for the Medan case. I mean Indonesian patient as well as Japanese patient. Because in Penang you know ...

Interviewer: uh huh

Shun: many kinds of foreigner. They come over here to work. So ... hospital setting need to provide this kind of service sometimes.

Interviewer: ==So ...

Shun: ==I ever meet two to three cases they are Japanese.

Interviewer: Um.

Shun: Which is not my language. So I have to give treatment to them. So I need translator with me.

Interviewer: How do you work with this translator?

Shun: ... Um ... speak phrase or sentence which short and precise. So that they can make ... make clear the instruction to the patient.

Interviewer: Uh huh.

Shun: So that they can provide us especially we dealing with dysphagia case.

Interviewer: Uh huh.

Shun: We try our best to learn ... learn maybe ... single single command like ‘munggle’ . ‘Munggle’ is means swallow. ‘Munggle munggle’. It is something like we helping patient.

Interviewer: OK ... So OK you know a few words. Ah ... how do you know that the translator gives the same direction or instruction that you have given to them?

Shun: ... Oh! ... that’s a good question. Uh ... I believe there are professionals. So depend the client depend the patient giving the right response.

Interviewer: Uh huh.
Shun: We passing let say ‘munggle’. Patient try hard to swallow. It means that they translate a right sentence or right word to the patient. But that’s not included in the language case. Language case I never been or thinking about that.

Interviewer: Uh huh.

Shun: If there’s need sometimes. I will be asking two to … maybe two translators. Or maybe caregivers invited inside. So that the caregivers actually interact with my translator. So they actually we are … maybe certain sentence or phrase or instruction that I having given.

Interviewer: OK you said that the caregiver will interact with the translator. How do you um monitor the interaction? … because … uh … ==yeah

Shun: ==based … based on non-verbal language. Based on their facial expression. Based on rarely a … let say I said pick up. I put maybe a pen cup or apple. I put on the table. Please pick up … choose the apple. So I might ask the translator. To translate it. And … caregiver tends to help the patients a lot. So … maybe we can observe that is it the caregiver keep giving the cues to ask the patient to take out the apple.

Interviewer: Uh huh …

Shun: Which mean if that is the case. So the translator (already …).

Interviewer: OK. Ah … for SLPs in particular communication is not just for efficiency and interpersonal aspects but also for diagnosis. Can you describe …

Shun: yeah

Interviewer: assessment and intervention protocols for clients whom you do not have a shared language or minimally do.

Shun: … OK you mean this come to the assessment part and diagnosis part?

Interviewer: ==yeah

Shun: ==Sometimes yeah … we talk about Tamil paeds with speech and language delay. Or generally we have a hard time to decide. Oh because we don’t speak their language especially in Tamil they are speak … or … the phrase they speak … speed… the speech rate is faster than other language. And they are not talking any word or … if they only speak in Tamil only speak one language. I would say oh it would be good if I refer out to speech therapist who is good in this language.

Interviewer: OK ==uh

Shun: ==if the family decide we would say OK or if you can speak English at least you speak English I can help you more.
Interviewer: Uh huh.

Shun: But still up to their right.

Interviewer: Uh huh. So if let say they decided to stay with you for example. What kinds of problems present in this context?

Shun: … Uh … OK what kinds of problem would be present. Ok they will say alright I will choose English as my first language.

Interviewer: Uh huh.

Shun: But you know it’s hard to change it’s just like I’m the Chinese I would speak my mother tongue all the time although I said I can speak English to you.

Interviewer: Uh huh.

Shun: Or even the phrase the word the grammar part as well as word choice vocab choice. Is limited for their … for the person.

Interviewer: Mmm.

Shun: So it’s not easy to change but I believe if they are going to decide the parents are going to do their best. I will remind and coaching all the time.

Interviewer: Uh huh OK. Um … what do you do to compensate a gap in language proficiency?

Shun: … What do I do alright. Um … currently …

Interviewer: uh huh

Shun: I remember during the first month of January I received a case which speak Vietnam.

Interviewer: Uh huh.

Shun: I am taking a Vietnam course …

Interviewer: oh!

Shun: to compensate the gap. Yeah.

Interviewer: Oh OK. == How …

Shun: ==(I’m learning that)

Interviewer: it works for you?
Shun: ... uh I work with the kids for three to four months. Unfortunately the kid going back to Vietnam. It’s very a cute kid. So I speak just a few simple language to the kid just two years three month. And the father is a Malaysian.

Interviewer: Oh.

Shun: Who can speak Hokkien to me. But the mother is Vietnamese and the one who main caretaker. So I’m learning Vietnam words. A few words and now I come to sentence level. So I can still give a basic language stimulation. Not that advance. As the kid shows speech and language delay which only one word level. So I can still stimulate it.

Interviewer: Um uh huh.

Shun: But Tamil. I I don’t have Tamil teacher around. So sometimes as I said. Learn from my friend for simple words. Simple phrase. So ... That’s why I think I can do.

Interviewer: Mmm.

Shun: But if we gonna teach a child of ... I mean a formal teaching. I still I will pass out to my colleague who can speak ...  

Interviewer: uh huh

Shun: good in that language.

Interviewer: Ok you said that. OK you give me an example based on that client.

Shun: Yeah.

Interviewer: As you and your clients have different levels of language proficiency. How do you know ...

Shun: yeah

Interviewer: whether it is exactly a language problem not a language variation?

Shun: ... Oh you mean how do I decide? The paeds having I mean the kids having the language barrier is not language.

Interviewer: Uh huh. Exactly a language ==problem or language variation yup. How do you differentiate that?

Shun: Or sometimes you will just observe the kids. You you ... Throughout experience as well as evidence show the child that showing a language delay. Not only interact with certain people. They will have language delay no matter they are talking to the parents their relatives. You will still see their difficulty.
Interviewer: Uh huh.

Shun: If I’m not the one who assess but I’m the one who observe. You might get the result. As well as sometimes we ask the parents to be the ... tester. They are going to test it. Like very easy. Ask your kid to pick up the pen. But the kid does not follow. Or maybe maybe it’s not that structured or we just informally assessment. Or you can ask your kids to do something else.

Interviewer: Uh huh.

Shun: So we can see or we can get more ... uh ... more information how do you interact with your kid at home. I think the first step is why parents come to you.

Interviewer: Uh huh.

Shun: Must be something wrong. Must be something they feel that’s not right in my kids. They are not following their instructions. They are not understand my question. They are not responding to ... me. The baseline that we can see. And further on we might need a precise area that your kid lack of. If I am not the one who test it. I ask my ... let the parents to test it.

Interviewer: Uh huh. OK ==in any ...

Shun: ==alright

Interviewer: consultation OK. The diagnosis and recommended treatment are critical for clients and their carers to understand.

Shun: Mmm.

Interviewer: Can you give some examples communication strategies you would use to ensure that your clients and carers have understood the interaction in particular the diagnosis and recommended treatment.

Shun: It’s talking about language ...

Interviewer: Uh huh.

Shun: ==do you mean technique?


Shun: Um ... OK I think the first thing is a basic interaction we need to have at least. You know that I am talking to you. So it’s the attention hook. And I think ... if I don’t speak Japanese. I see a Japan Japanese client. I don’t speak Japan and you look at me and I do all this kind of non-verbal language. You might think that alright I want to give something. So I need the attention hook. Eye contact and body language coming and you give some simple sound.
Interviewer: OK.

Shun: I'm hungry or I want to go toilet ‘shi’. And simple thing that you can communicate at least. Yeah that some strategies that you can use even you can uh ... draw picture out. Written the drawing skills.

Interviewer: Um

Shun: I think people can understand.

Interviewer: ... Ah if you give some examples both of you have minimal proficiency that both of you can understand all ==together

Shun: ==together

Interviewer: OK is there any other strategies that maybe you can use because you can understand them a bit minimal and they also the same proficiency ... in the language that you are actually uh agree on.

Shun: I think furthermore ... now technology it’s so advance.

Interviewer: Uh huh.

Shun: You can ask from Goggle.

Interviewer: OK.

Shun: Hahahaha Goggle translation is so easy.

Interviewer: OK.

Shun: (Make our life easy). I even meet an Arab ... Arabic ...

Interviewer: uh huh

Shun: Arabian.

Interviewer: Uh huh

Shun: He straight away took out the phone. And and I speak to him through out here [pointing and show the phone]. So he just took out the phone and record my word. So direct translate to him. So he can read so he actually cueing up here. So he can understand. ==so try it if you want to know it is work or not.

Interviewer: ==so how do you know it is valid or not?

Shun: It’s not about valid or not. Maybe he can give me a phrase and I translate it back in English.

Interviewer: Ah ...
Shun: It is forward and backward translation. It’s just like we are forward and backward clarification.

Interviewer: Uh huh huh huh. OK

Shun: Yeah but sometimes it is very depending to what response you giving me. You give me answer and your response is out of my expectation.

Interviewer: Uh huh

Shun: And you are not understanding for what I am talking. Right?

Interviewer: Yeah.

Shun: Yeah it’s about forward and backward verified.

Interviewer: O ... K.

Shun: Take the google translator in communication is quite ... although google translation is not that valid as well as not accurate.

Interviewer: Uh huh.

SHUN: I believe that there is so many kind of translation apps in the world. So we can we can fully utilise it ... and make your communication ... no barrier at all. But it is not applicant not applicable to my client because if you are going to translate it’s gonna be a long time consume time.

Interviewer: Uh huh. So if you are not using that kind of strategy what ...

Shun: mmm

Interviewer: what you are trying to change? Yeah.

Shun: What approach?

Interviewer: Yup.

Shun: Um ... we have using the translator we have using oh language technique write thing out attention hook even we are using non-verbal gestures like pointing ... 

Interviewer: uh huh

Shun: drawing that’s at least that I can think of la if there’s no one to help me out.

Interviewer: Uh huh.

Shun: Mmm.
Interviewer: So what is your last word before we end our interview? Maybe any recommendations or ideas?

Shun: Um ... I think ... one of the most important thing is why people communicate. People communicate because they need to convey their message ... which will form out because of our culture. Because people who share their common language. But now because the world is getting more group. I can use the group to describe. Their form their own language their own social. Their word their created. So now becomes like I can’t understand you and you can’t understand me because they are using different kind of language.

Interviewer: Uh huh.

Shun: So ... um this quite good if we can understand people. Not only by their language by their culture. We think the important thing we want to communicate to them. In the sense that so that we can help them. So that we can pass our message to them. And that’s why I think. If linguistic can create something out that ... something that direct translate and we can receive message from us. That will easy for us in our practice. So that we won’t ... even that what we have discussed just now is excluding the dialect.

Interviewer: Uh huh

Shun: We we didn’t talk about the dialect. We know in each language has their dialects.

Interviewer: Uh huh.

Shun: So even ... different dialect different kind of culture. So ... I think the world is some of the dialect is going to extinct in in the future because people seldom to use about it. Yeah. If I got really challenging case.

Interviewer: Mmm.

Shun: I don’t think SLP can do all the job. So it really need help from other as well if you need it.

Interviewer: OK. Thank you.

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Interviewer: Based on the information you provided in the questionnaire you ==have ...

Ara: =={yes}
Interviewer: around one to three years work experience in the SLP profession and currently work in university and specialise in speech language disorders autism and AAC.

Ara: Yeah.

Interviewer: Ah can you tell me more about your work setting because you state in the university and I am not clear about that ...

Ara: OK ...

Interviewer: Mmm.

Ara: in my current job scope one as the clinician and see the patient. Second I will supervise the student ... ah and also do all the admin work. For example statistic and inventory analysis.

Interviewer: It means that it likes a clinic in university clinic university?

Ara: Yes it ==is

Interviewer: ==OK.

Ara: Clinic in university like KPB Klinik Pertuturan Bahasa.

Interviewer: OK OK ah ... I see that you quite often have clients who speak in Mandarin ... ==but ...

Ara: ==yeah

Interviewer: ... and you also have a few speak in Arabic and Tamil which ==is ...

Ara: ==Um mmm.

Interviewer: which are not languages you are not proficient ==in.

Ara: ==yeah

Interviewer: So how would you describe the nature of interaction you have with client who speak mandarin and some other languages such as Arabic and Tamil?

Ara: So actually for Arabic and Tamil I will ask the parent to ... as a translator to their children. So I will using English and the parent translate in their language. Same goes to Arabic. As some ... might be some part of the basic uh word I can ... express to the uh children. Same goes to Mandarin language. For example I use simple phrases ‘fang’ letak (put) an play ‘an’ tekan (press) ‘wan’ play ‘shi’ makan (eat) ‘he’ minum (drink).
Interviewer: huh huh OK so um ... if for example if you do not have shared language or minimally do how do you communicate with your clients? Uh except because you said that you ask parents to be your ad hoc translator ...

Ara: uh huh uh huh

Interviewer: ... how do you monitor the conversation?

Ara: ... Ha ...

Interviewer: Yup how do you communicate with them yup and maybe the parents also have different proficiency how do ==you ...

Ara: ==that one is the challenges that I face during the session. Sometime I will use what we call the drawing. For example I want to explain how to play turn taking at home. So I explain in English for Tamil for example Tamil punya (kind) patient but the mother tak faham sangat (does not really understand) in English. So I will draw you have to prompt like this your kids like this like this.

Interviewer: OK ...

Ara: Um ...

Interviewer: ... what do you do to compensate for a gap in language proficiency other than drawing?

Ara: ... belajar slow slow la (learn slowly) sikit sikit bahasa yang basic (a bit basic language).

Interviewer: Uh huh.

Ara: Pun belajar (Just learn) learn by tanya kawan kalau tak ada Google la (asking friends if not Google).

Interviewer: Oh so for SLP in particular communication is not just for efficiency ...

Ara: uh

Interviewer: and interpersonal aspects but also for diagnosis ... can you describe assessment and intervention protocols for client ah who you do not have shared language or minimally do?

Ara: ... what uh ... the assessment the assessment uh ... ==and

Interviewer: ==intervention protocols

Ara: Assessment and intervention protocols ... the assessment actually I use the MDLAK malay development same as UKM. But currently at Malaysia we have MPLAT tu (that). MPLAT yang (which) under doctor Rogayah tapi (but) still not establish yet. Ah ... yeah yang tu memang guna (that one I really use).
Kalau (if) Mandarin I had case what speech punya (kind) ... articulation in Mandarin. I ask uh madam [name of a specific SLP]. And saya (I) borrow dia punya (her) assessment tu and then tu lah ... buat (make) ...

Interviewer: uh huh ... how about language because MPLAT or MDLAK is uh are developed for Malay ==population ...

Ara: ==yeah

Interviewer: are ... are the adaptations or yup or maybe what what is there any differences that you might do for your assessment protocols for these kinds of clients?

Ara: Currently at IIUM ... we are not use MPLS [referring to MPLAT]. So we are use. We are using MDLAK but using in English that's ... hum ...

Interviewer: OK ... ah ... ==can you tell me more about it.

Ara: ==MDLAK tu (that) ... dia ada (it has) two form. Dia ada (It has) in Malay and in English form. Same macam (like) PAB la. Haah (Uh huh). tapi (yeah but) MDLAK.

Interviewer: ==Um so ...

Ara: ==Malaysian development language assessment kit. Huh ...

Interviewer: Oh ... is a Malaysian OK.

Ara: Uh huh ... dia same like (it’s same like) PAB ... ==tapi dia lebih (but it’s more) detail

Interviewer: ==how about how about the materials? How about the materials?

Ara: The materials same. Same macam (like) PAB tapi dia punya (but it) what we call uh ... macam (like) PAB about two to three years tapi dia macam (but it like) two to three dua tahan to dua tahan tiga bulan (two years to two years three months). Lepas tu dua tahan tiga bulan to dua tahan enam bulan (Then two years three months to two years six months). Dia lebih detail (It’s more detail). Dia pecah pecah pecah (It divides into sections).

Interviewer: From what you have told me uh is more like communication competency. How about specific language based assessment?

Ara: Specific language based? Macammana tu (What is that)? Tak faham (I don’t understand).

Interviewer: Because as I know ... MDLAK is something that you compare with norms ... level of language competency means like communication use but
how do you actually measure the vocab one of the component of semantic and about syntax?

Ara: Uh huh.

Interviewer: How do you ... that what I mean by purely language based assessment.

Ara: OK for example for vocab we use uh MacArthur. Kalau (If) in English ada (there is) MacArthur in English. So I use that one. Kalau (If) in Malay sama juga (same also). Kalau in IIUM use the same with KPB USM in Malay.

Interviewer: Uh huh ... so you focus on um formal assessment rather than informal assessment?

Ara: Informal ada juga (There is informal too). So informal we just some ... memang tak guna alat tu tapi kita tengok secara informal sebab (we don’t use the assessment tool but we observe informally) for example kes ADHD yang tak boleh duduk lagi (ADHD case which unable to sit still) or kes yang macam tu lah (case something like that). Uh huh.

Interviewer: Can you tell me more about that ... If you have those clients and then plus there’s maybe a bit uh ... because our topic right now is language proficiency issue. ==so ...

Ara: ==uh huh

Interviewer: ... when you have that kind of client and then but you also have language proficiency issue with the parent how do you overcome that problem?

Ara: This is the case uh for Tamil or Mandarin case?

Interviewer: Yup yup.

Ara: The first step what I did with the patient. For example for the patient that had problem with ADHD ...

Interviewer: yeah

Ara: basically I will overcome or refer to the professional needed dia (their). For example kalau dah datang (if they come) ADHD tak boleh duduk (cannot sit still) or all those things. Saya refer pada yang patut (I do refer to) psychiatrist if needed or OT if needed and after two months or three months bila dia dah (when he is) OK follow up dengan (with) OT. And then come back baru boleh buat (and conduct) formally la assessment. Itu yang biasa saya buat (That’s what I usually do).

Interviewer: Um okay just put it aside about ADHD we focus wholly about speech language disorders.
Ara: Huh uh huh uh.

Interviewer: Because you and your clients have different level of language proficiency OK.

Ara: Uh huh.

Interviewer: How do you know whether it is exactly language problems or only like a language variation? ... Because you know that you already have language proficiency as an issue. So how do you differentiate whether is it language problem or language variation?

Ara: How ... ha ha ha ... ah this one it's actually ... usually I... we observe a patient ... what we call PCI parent child interaction ... whether to know ... parent ada guna bahasa Tamil ke or dia punya Mandarin (parents have use Tamil or Mandarin) uh using simple command untuk anak (with their child) so nampak (we can see). And then I ask again actually apa yang you guna tadi (what do you)? Soalan (Question), you tanya apa (what do you ask)? OK macam tadi dia bagitahu (like just now they said) 'kei mummy ball' dia campur macam tu maksud dia bagi mummy ball (they mix like that which means give mummy ball). So budak tu faham dia bagi (when the child able to comprehend they will give). Faham (Understand) the simple command. Macam tu saya confirmkan betul betul budak tu faham (That's how I confirm whether the child able to understand) the question lah. Maksudnya kalau yes budak tu faham (If the child does not understand) 'kei mummy ball' budak tu tak ambil (the child will not take it). Guna (Use) gestures pun tak ambil (also not take it) 'kei mummy ball'. Uh ... Uh ...

Interviewer: ==so ...

Ara: ==that's just by observation not a specific assessment to differentiate both ha ...

Interviewer: So I give you a situation. OK in situation when you have a seven year old ...

Ara: uh huh

Interviewer: Chinese speaking client ==with ...

Ara: ==seven

Interviewer: yup with speech and language impairment yup

Ara: SLI

Interviewer: He uh ... came to your clinic accompany by parent ==who ...

Ara: ==(what)
Interviewer: also native in Mandarin.

Ara: Mmm.

Interviewer: All of them native in Mandarin but limited in your ... two languages means because you are proficient in Malay and also English.

Ara: Uh huh.

Interviewer: You do not speak Mandarin but proficient in both Malay and English. What language would you use in this situation?

Ara: ... Both parent ... uh ...

Interviewer: Native in Mandarin.

Ara: If it is in Mandarin. Do not understand Malay and English.

Interviewer: Maybe have limited proficient level.

Ara: Eh I have this case.

Interviewer: Ha ...

Ara: So ... sometime I use English and then bila (when) English tak faham (do not understand) I change to Malay dia faham (they understand).

Interviewer: Oh ...

Ara: The term. Dalam (In) Malay kita panggil ni (we call this). Oh ... Oh I see dia pun faham (they understand). Ada case macam tu (I have this kind of case).

Interviewer: So ... it is totally you talk mainly in ... OK what kind of strategies do you use when the situation happens? ... yup other than maybe you say you change or code switch ==between

Ara: ==translate

Interviewer: ... English and Malay. Maybe ...

Ara: uh huh

Interviewer: they can’t understand English you use Malay but if both they cannot understand?

Ara: Alah (Oh no)!

Interviewer: What kinds of strategy when the when these situations happen? ...

Ara: What kind what kind ...
Interviewer: Strategies.

Ara: I might be drawing action. I might drawing picture. I can show uh the video. Uh huh

Interviewer: OK. This ==one

Ara: ==ada (there is a) case ...

Interviewer: uh huh

Ara: I had one case ...

Interviewer: uh huh

Ara: I have problem to teach the parents how to do PECS. For the stage one two or three. Nak buat ayat tu kan (To construct sentences).

Interviewer: Uh huh.

Ara: When the parent is not understand what I had explained to them. I use the video from other clients who I had the consent from all those thing la. So I show parent and parent understand by showing the video to them.

Interviewer: Ha ... OK.

Ara: Itu kes PECS punya la (That’s PECS case).

Interviewer: Because you told about AAC. OK I have further more question about that one. So I know that AAC you have to um assess everything. Uh in terms of their level of language. Because currently your clients who have not or maybe different level of language proficiency than yours. So uh how do you assess this kids and which stage of PECS? Or maybe other AAC things or you only specialise in PECS.

Ara: Now I’m using PECS more on PECS. Ah at the same time after ...

Interviewer: uh huh

Ara: client have good increase of vocab we change to the uh still using PECS but uh with iPad. Maksudnya kita guna (That means we use) apps Jack talk. Kita tekan tekan tekan (We click click click) tu dia PECS juga cuma by guna iPad (that is PECS also but using iPad) la tekan tekan tekan (click click click). Kalau PECS letak guna dekat buku textbook tu (If PECS usually use book). So we change that to another strategy. Sebab terlalu banyak vocab dia (Because there are so much vocab) ==um hum

Interviewer: ==so do you mean that you only focus um AAC to uh autism ... patient?

Ara: Uh huh ==sekarang (now)
Interviewer: ==uh huh not language case. Maybe other patients who are not I mean purely doesn’t have any underlying condition like autism. Do you use PECS for other cases? I mean AAC?

Ara: Autism.

Interviewer: ==OK autism

Ara: ==usually autism yang (which is) non-verbal yang memang tak ada yang memang non-verbal punya la (there is no and non-verbal). Tapi ada (There is) ... after I use PECS after stage four. Yes! the client express yogurt abah (father) very good. Um um.

Interviewer: OK.

Ara: That one ambil masa (takes around) six month ...

Interviewer: Six month.

Ara: ... untuk stage keempat. Tadilah dia dapat (for stage four just now because they can produce words) verbally ( ).

Interviewer: OK in any consultation ...

Ara: mmm

Interviewer: the diagnosis and recommended treatment are critical for the clients and their carers to understand. Can you des ...

Ara: uh huh

Interviewer: give some examples ah the communication strategies that you would use to ensure that your client or carer have understood the interaction in particular the diagnosis and recommended treatment.

Ara: Again ... panjangnya (so long).

Interviewer: OK. Can you give some example. OK as you know as an SLP ...

Ara: yes

Interviewer: is not only interaction but also for diagnosis right?

Ara: OK.

Interviewer: We use communication not only for interactions but also for diagnosis. So can you give some example ah communication strategy you would use to ensure that your client and have understood your consultation and recommended treatment ... Because you know that uh uh right now we have like a proficiency issue. Different levels of language proficiency issue ...
Ara: Right now ...

Interviewer: Yup. So how do you ensure that your client have understand what you are trying to tell them about the diagnosis and recommended treatment?

Ara: ... How to know after I explain to the parent?

Interviewer: Yes I just want the know the communication strategies you would use ... to ... yup to ensure they understand the diagnosis yup.

Ara: Usually after I explain the feedback session tu (in that session). I will ask again can you tell me back what I had explain to you?

Interviewer: Uh huh.

Ara: The first one just now. So usually parent akan (will) usually under me every parent should have their own book for their kids. So ... dia nampak la (we can see) kalau (if) Chinese pun dia tulis dalam Mandarin dia (they will write in Mandarin). This one number one dia siap lukis lagi bola ke apa benda (they will include drawing such as ball and etc.). So number two what I have given to him (refer) gini gini gini (this way). Huh number three that one how I nak confirmkan parent tu faham tak (I confirm whether parents understood) what I have told them.

Interviewer: OK how about Tamil? Is it you use ...

Ara: Yes. The same. Tapi (But) Tamil dia punya komitmen nampak (their commitment seems). Ada tiga patient semua nampak kurang la (There are three patients all together and all less committed). Kalau (if) Mandarin very good compared to Tamil punya patient (patients who speak Tamil). Uh huh.

Interviewer: OK.

Ara: Sebab kalau Tamil punya patient kalau tengok dia punya (If Tamil patient when we see) ... ayat dia macam confuse kalau dia cakap (their sentences seem confused what they said). Kalau (if) Mandarin ‘kei mummy’. Dia terlalu panjang (It’s too long). So kita macam tak tahu (we don’t know). Really not sure case macam tu (that kind of case).

Interviewer: So if you are not sure what do you?

Ara: So kalau macam tu (if that the case) usually more. Tapi tiga tiga kes yang saya dapat ni memang autism non-verbal semua la (but all three cases that I got are autism non-verbal).

Interviewer: Mmm.

Ara: Memang susah nak (It’s really hard to) sure. So kita memang tukar kepada PECS la (we have to change with PECS). So memang (very) hopefully ...
Ah currently ni kira (this is a) new case juga la Tamil yang saya dapat (of Tamil that I get also). So tiga tiga ni (these three) using uh picture ... video ... macam tu la (like that).

Interviewer: Um OK.

Ara: Dan kita nampak sangat (we can truly see) uh the commitment of between Tamil parents and Mandarin Chinese punya (kind of) parents. Mandarin more ... very commit with the homework compared to Tamil.

Interviewer: OK what is your last word before we end our interview today maybe any recommendations or ideas? ... in terms of communication strategies that you would use ...

Ara: I think uh ... every ... what we call setting should have one SLP Mandarin. One SLP Tamil. In to to apa (what) to overcome this issue. So in case kita rasa kita ada (we have) barrier ke apa (or anything). So kita (we) can ask or discuss uh uh dengan colleague kita (with our colleague) what is the next plan. At the same time SLP need to learn the language the other language.

Interviewer: OK.

Ara: Sekarang I belajar sendiri la (Now I learn by myself). Kelas dulu ada pergi (I went to a class before). Tu pun dah ingat dah (Now I forgot). Belajar sendiri je Mandarin (Just learn Mandarin by myself). Tapi (But) Tamil is quite hard la nak belajar (to learn). Even nak kira (to count) ‘yi er san si’ pun tak boleh (also cannot do). Tak ingat (Forgot). Kalau (If) Mandarin boleh (can).

Interviewer: OK how about other strategies that you think the most ... the most effective when you have problem maybe the communication breakdown ... with your clients who have different level of language proficiency?

Ara: Mmm...

Interviewer: for example maybe maybe you give some instruction but your patient cannot understand your instruction or perhaps you teach them something that they cannot do it. The way you intend them to do.

Ara: ... um ... yang tu ada (that kind of) case macam tu (like that). Yang tu kalau (That one if) for that case I show the model how to do the session. Maksudnya kita jadi (That means we be a model) model tunjuk terus macammana nak buat macam ni (straight away show what we want them to do). So mama you sit there beside behind your kid and I sit here. You have to throw ball like this for example. Memang (Definitely) prompt terus (straight way). Walaupun dia tak faham dia tengok la (Although they don’t understand they can observe). Cakap (Tell) throw the ball in Tamil. Kalau dia faham dia faham la (If they understand they understand). Uh huh uh ==huh

Interviewer: ==so...
Ara: macam tu la *(that’s how it is)*

Interviewer: ... OK uh when you said that that way ...

Ara: uh huh

Interviewer: how do you think uh ... How do you think uh your effectiveness of the ... therapy session itself? ... because right now ...

Ara: ... um ... for this case?

Interviewer: Yes.

Ara: Uh macammanama *(how)* ... uh less effective I think ... make it make it another strategy for special case like this I think.

Interviewer: So what do you do um in your session rather than ... OK you said model is depends whether they can understand or they cannot understand. But ... ah ... because before you end some session you have to ensure ...

Ara: uh...

Interviewer: that this patient ...

Ara: uh huh

Interviewer: need to understand the HBP.

Ara: Uh huh.

Interviewer: So how do you overcome that?

Ara: How ... after biasanya *(usually)* after I model.

Interviewer: Mmmm.

Ara: Lepas tu *(Then)* I ask the parents both parents ma ... *(suk)* *(enter)* sama ada *(whether)* parents outside observe me. Or model parents include together in the session. And then after that now you your turn to ... do the session. So I will assist you la. In case ni *(this)* is not the way the mistake you have to change this way. Itu caranya *(That’s the way).*

Interviewer: OK. Thank you so much for your time.

Ara: You’re welcome.

**180917 P5 R23 NAK**

Interviewer: OK based on the information you provided in the questionnaire you have eleven to twenty years in the SLP profession and currently uh work in Hospital Batu Pahat and specialise in ... all area. I see ==that ...
Amani: ==mmm

Interviewer: you quite often have clients who speak in Mandarin ... and also Tamil. Um how do you describe the nature of interaction you have with clients who speak mandarin and some other language such as Tamil?

Amani: ... Alamak cakap bahasa melayu boleh (Oh no! Can I speak in Malay)?

Interviewer: Boleh (Yes). Yup sure!

Amani: [Chuckles] OK huh Tamil memang tak reti la. OK Tamil saya cuma tahu beberapa words je (I don’t know Tamil. I only know a few words). So I can’t speak Tamil with my patient la. Mandarin boleh (yes).

Interviewer: Uh huh.

Amani: Mandarin for simple phrases saya akan cakap mandarin dengan patient (I will speak Mandarin with patient for simple phrases). Ah ... kalau dah susah (If it’s already complex) I will ask the mother to translate my instruction or my whatsoever la. Tamil I will use fully the caregiver.

Interviewer: uh huh.

Amani: Mak ke ayah ke saya akan guna. Saya akan guna mak ke ayah dia secara ... I think hundred percent kot (I will use parents. I will use parents maybe for hundred percent). Tamil mainly I will speak with patient first. Macam suruh duduk (Like ask them to sit). I mean mandarin. Sebab kita ada belajar mandarin (Because we have learned Mandarin).

Interviewer: Uh huh.

Amani: Ah ... Mandarin saya pakai (I use Mandarin). Tamil tak (Not Tamil).

Interviewer: OK how do you know the parents give the actual instruction you have given. For example Tamil like you said that ...

Amani: Mesti kita tahu (We must know). Sebagai contoh kita cakap tolong ambil barang tu (For example we tell please pick up that thing). So kalau mak dia bagi arahan (if mother gives instruction) ... ah kalau betul la budak tu faham dia akan buat seperti mana yang kita suruh (If it’s correct the kid understood and able to do what has been instructed).

Interviewer: Uh huh.

Amani: Um... atau otherwise kalau budak tu tak tahu memang tak tahu la sama ada accurate tak mak tu bagi (or otherwise that kid did not know and we also unsure whether the mother’s instruction is correct). Ha itu juga kelemahan kita kot (that is our drawback) [name of interviewer]. Ah betul betul ... reliability tu boleh dipensoalkan (yes the reliability can be questioned).
Interviewer: Uh huh

Amani: Untuk Tamil ya (That’s for Tamil). Ah … macam Mandarin ada some patient yang tak faham Bahasa Melayu (for Mandarin there are some patients who do not know Malay). Contoh macam patient dewasa (For example adult patient).

Interviewer: Uh huh.

Amani: Contoh macammana kita nak check reliability untuk instruction pada patient yang tak faham (The example on how to check the reliability for instruction that patient couldn’t understand) … macam seems faham la you tapi sebenarnya dia tak faham (it seems that they understand but they are not). In hospital we have translator.

Interviewer: Mmm.

Amani: Orang yang dilantik secara khas (A person who is specifically appointed) …

Interviewer: mmm

Amani: oleh (by) hospital to … act as a translator to the patient yang memang dilantiklah (has been appointed) yang ada sijil (who has certificate). So we can call them we can call them ah anytime.

Interviewer: Oh OK.

Amani: Walaupun diorang ni clinician (Although they are clinician). Patient ni appointment dua setengah boleh tak datang dua setengah just to check patient ni faham saya cakap atau tidak (I have a patient at 2:30. Can you come to check whether this patient able to understand me or not). Sebab kalau patient dewasa yang tak faham bahasa melayu sangat (If adult patient who is totally unable to understand Malay). Saya kena panggil translator tu (I have to call the translator). Tamil pun ada (There’s Tamil). Mandarin ada (There’s also Mandarin). Previously kita ada macam orang Vietnam tapi dah tak ada la kita punya staff tu (Previously we have a Vietnamese but we don’t have that staff now). So dah tak ada (we don’t have it). Available Mandarin dengan Tamil je (only Mandarin and Tamil).

Interviewer: OK for SLP in particular. Communication is not just for efficiency and interpersonal aspect but also for diagnosis. Can you describe assessment and intervention protocols. For the clients whom do not have a shared language with or only minimally do.

Amani: Alamak tak faham (Oh no! not understand). Apa dia (What is it)?

Interviewer: Can you describe assessment and intervention protocols with this kind of clients?
Amani: ... assessment and intervention protocols? ...

Interviewer: Are there any differences ... or maybe you make some adaptations?

Amani: Banyaklah adaptation sebenarnya (There’s a lot of adaptations actually). Kita memang fully ikut SOP tapi in terms of instruction tu kita akan adapt based on patient punya macam patient punya age (We are fully following the SOP but in terms of instruction we have to adapt based on patient for example age). Kalau dia dah terlalu tua (If they are too old).

Interviewer: Uh huh.

Amani: Ataupun based on dia punya education sebab masa case history taking kan kita akan tanya level of education dia (Or based on education because during history taking we will ask about level of education). So kita akan simplekan uh based patient punya ... kita jadi layman kan lah instruction tu (We will simplify and make the instruction layman). Tak ikut sangat (We don’t follow much). Tapi uh kalau kita buat ... standard test uh (If we do standard test) ... 

Interviewer: uh huh

Amani: ... tapi jarang sangat (but very seldom). Kita kalau ... macam apa dia namanya (If we ... what they call) ...

Interviewer: mmm

Amani: aphasia kita ada guna western battery aphasia tu (aphasia we will use that western aphasia battery). Agak standardise kan (It’s a bit standardised right)?

Interviewer: Mmm.

Amani: Yang tu kita terpaksa guna (We have to use that) ... kalau bolehlah kita terpaksa guna yang standard (if possible we have to use the standard). Ah ... kalau tak meet the requirement tu (if we cannot meet that requirement). Kita akan guna yang biasa je (We just use a common one). Kita akan guna standard assessment (We will use standard assessment).

Interviewer: Uh huh.

Amani: Um ... takut tak reliable assessment kita (Just afraid that our assessment is not reliable).

Interviewer: Uh huh

Amani: Something like that.
Interviewer: OK as you and your clients have different levels of language proficiency. How do you know it is exactly language problem not a language variation?

Amani: ... um sebab kita guna translator tu la (because we use the translator). Memang kita kena identify dulu (We have to identify first). Kita kena settlekan dulu language barrier (We need to settle the language barrier first).

Interviewer: Uh huh.

Amani: Before we start anything assessment ke kita kena tengok dulu ada language barrier tak (Before we start any assessments we have to see whether there is a language barrier or not).

Interviewer: Uh huh.

Amani: Sebelum kita proceed dengan assessment (Before we proceed with assessment). Mula mula assessment dulu (Start with assessment first). Don’t talk about intervention. Assessment dulu (first). Kena identify patient ni ada language barrier tak dengan kita (We have to identify whether the patient has language barrier with us or not).

Interviewer: Uh huh.

Amani: Kalau kita ada possible ahli keluarga boleh provide kita dengan translator (If there is a possibility that the family member is able to translate). We will ask the family member la. Otherwise we will use our translator. So kita kena clearkan dulu (we to clear it first). Tapi so far sejak tahun dua ribu lima belas (But so far since 2015). Saya datang HSI ni ye ... (I came to HSI)

Interviewer: uh huh

[Poor connection for 5 secs]

Amani: ... Hello? Hello? ...

Interviewer: Yeah.

Amani: Saya rasa ada satu je patient yang ada problem language barrier yang dewasa ni (I only have one patient with language barrier which is adult case). Um tak banyak la (Not so much) [name of interviewer] dari segi (in terms of) language barrier. So ... mainly kita sangat (we are very) clear la itu bukan (that’s not) language barrier. Memang ada (Certainly) language problem. Atau (Or) communication problem.

Interviewer: Um OK.

Amani: OK tak boleh tak (is it OK)?
Interviewer: When there is problem what do you do when the problem happens?

Amani: Problem what? Language barrier?

Interviewer: Yup yup.

Amani: Bila ada problem language barrier tu memang kita minta translator la (When we have language barrier problem we ask for translator). Kita akan cuba dapatkan translator (We will try to get translator). Translator among family member first.

Interviewer: Um

Amani: Kita akan cakap nanti (We will say next time) ... tak apa (it’s OK) ... lain kali bawa ahli keluarga yang boleh cakap melayu (next time bring a family member who can speak Malay).

Interviewer: Uh huh.

Amani: Kalau dia tak faham juga (If they still cannot understand) ... kita akan panggil one of our Chinese doctor or Tamil doctor (we will call one of our Chinese or Tamil doctors) ...

Interviewer: mmm

Amani: to instruct patient to bring family members along yang pandai cakap melayu (who know how to speak Malay).

Interviewer: Uh huh.

Amani: Ah kalau dia datang dia masih tak bawa translator tu (In the next session if they still not bring along that translator). So kita akan minta apa ni translator kita la (we will ask our translator). Tapi tak banyak berlaku la (But not often to occur). Mostly orang Cina dan orang Tamil di Malaysia memang pandai cakap melayu (mostly Chinese and Tamil in Malaysia know how to speak Malay) [chuckles].

Interviewer: OK.

Amani: Majority majority. Kecuali Cina (Except Chinese). Kalau Tamil banyak yang pandai cakap melayu (If Tamil a majority knows to speak Malay). Cina (Chinese)... ah ada juga melayu dia dalam thirty percent forty percent (they know Malay for about thirty to forty percent). Tapi still boleh dapat kita punya instruction la (But still can get our instruction).

Interviewer: Mmm.

Amani: Ah especially family members yang tak ada aphasia atau yang tak accident (who do not have aphasia and accident). Tak ada uh apa orang kata
brain problem kan (Do not have what people say brain problem). Selalunya ahli keluarga dia memang akan boleh faham (Usually the family members able to understand). Hanya satu je satu je patient (Only one patient). I can recall the patient name memang ada (there is indeed) problem. So I have to call the translator. To give the instruction during the assessment. To give the instruction during the therapy. Ah memang panggil (indeed call) translator. Tapi dah settle dah patient tu dah discharge dah pun (But the case has settled and the patient has been discharged).

Interviewer: So can you tell me more how do you work with this translator. Maybe they are only general qualified translator ... not just working with speech therapist.

Amani: No. They are clinician actually ...

Interviewer: uh huh

Amani: clinician ... one of them are medical doctor. Ah pharmacist. And then occupational therapist. So they are very familiar with our jargon. Jargon jargon ni memang diorang sangat (they are really) familiar. Ah ... lepas tu kita memang sangat kenal (and then we really know them). Memang kenal translator ni (we really know this translator). And then kita boleh call diorang by appointment la (we can call them by appointment). Kalau ad hoc pun boleh kalau dia tak ada patient atau tak busy (ad hoc also possible if they don’t have patient or not busy). Macam keperluan ad hoc (like ad hoc requirement). I tried once. Ah ... diorang akan datang (they will come).

Interviewer: OK.

Amani: Memang tak banyak (Indeed not much). Isu yang awak buat research ni (The issue you did for your research). Kat Johor memang tak banyak masalah (There is not much problem in Johor) [chuckles]

Interviewer: OK.

Amani: Satu je patient tu (Only that patient). Dia memang tak ada masalah (He has no problem). Language barrier kat Batu Pahat tak banyak sangat (Language barrier is not so much in Batu Pahat). Saya tak tahu pegawai seorang lagi (I don’t know the other speech therapist). Untuk saya memang tak banyak masalah (For me there is not much problem).

Interviewer: OK.

Amani: Selalunya kita jumpa patient yang tak berapa complicated sangat (Usually we see patients who are not so complicated). And then banyak family members dia yang faham bahasa Melayu (most family members understand Malay language).

Interviewer: Oh OK.
Amani: And diorang boleh bagitahu dia (they can tell him). Instruction tu (The instruction). Bila kadang kadang kita rasa arahan pertama arahan kedua macammana awak tahu nak bezakan language barrier or mainly communication problem sebab kadang kadang bila saya bercakap dengan patient saya akan rasa patient ni ada masalah komunikasi la (When sometimes we feel the first instruction and the second instruction how to differentiate between language barrier and communication problem because sometimes when I communicate with my patient I feel this patient has communication problem). Bila kita guna ahli keluarga translate balik apa yang kita nak cakap pada patient (When we use family members and translate what they said to the patient). Oh baru tahu dia sebenarnya bukan masalah komunikasi disebabkan oleh aphasia dia (just realised that he has no communication problem due to aphasia). Tapi disebabkan oleh masalah barrier language (But due to language barrier problem).

Interviewer: Uh huh.

Amani: Ah ... selalunya dia akan (usually it will) settle masa (during) first appointment. Tak ada masalah apa semua (no problem at all) and then dia boleh (he can) pronounce. Saya agak (I’m quite) familiar with some Mandarin pronunciation. Some Mandarin word and I will ask patient to just name ataupun cakap (or speak) uh ... ujaran ujaran yang saya biasa (utterances that I am familiar). So I can compare dengan (with) patient and other speaker pronunciation dan nampak (and look) OK. Tak ada (No) problem. Bukan (Not) aphasia bukan (not) dysarthria. So discharge the patient ... contohlah (for example).

Interviewer: Ah ... I give you a situation OK. In a situation when you have a seven year old Tamil or Mandarin speaking client ...

Amani: uh huh

Interviewer: with speech and language impairment. He or she is accompanied by uh his parents in the session. The parent is also native in mandarin and have limited proficiency maybe in Malay or English. You do not speak maybe you have a basic level of Mandarin but proficient in Malay and uh English. What language would you use in this situation?

Amani: uh ... dua (two) ke (is it)? Tamil ke (is it)? nak cakap (want to talk about) Mandarin ke Tamil je (or Tamil only)?

Interviewer: ==you can talk ...

Amani: ==patient ni cakap (this patient speaks in) Tamil ke (or) Mandarin?

Interviewer: Ah ... we talk about mandarin first.

Amani: Mandarin eh ... uh ... mandarin. Mak dia kurang fasih bahasa melayu (the mother is less fluent in Malay). Budak pun (the child also) speech delay.
Um ... mak dia boleh faham instruction orang tak (is the mother can follow instruction)? arahan orang (other’s instruction)?

Interviewer: Mmm.

Amani: Tak juga (Not also)?

Interviewer: It’s ==only have basic

Amani: == saya cakap (I speak) Mandarin la.

Interviewer: Uh huh.

Amani: Saya cakap Mandarin (I speak Mandarin). I will talk mandarin to the patient and I will speak Malay to the parents. Ubah suai sikit rentak bercakap (Change a bit the way I talk). Slowkan (slowing down) ... I bagi arahan banyak kali (I give instructions a few times). Tapi kalau sangat susah (if it’s too hard). Kita akan minta tolong (We will ask help from) translator tapi sangat jarang (but very seldom). I will try meet the patient and make the parent understand the task that she has to deliver to the patient to the child. Memang kena try juga (Have to try no matter what). And then selalunya memang (usually) OK. And dekat kena bagi kerja rumah tulis (write the homework). Tulis kerja rumah (Write down the homework) dan fahamkan satu satu (and understand one by one). Memang untuk patient macam ni agak lama sikit (Indeed for this client it takes a bit longer). Untuk patient macam ni memang pernah jumpa (I used to meet this kind of clients). Tapi sangat (But very) few saya rasa dalam dua tiga orang je (I think only two to three people).

Interviewer: Uh huh.

Amani: Tak banyak (not much).

Interviewer: OK.

Amani: Selalunya (Usually) OK. Selalunya (Usually) OK la. Diorang akan cakap Mandarin dengan anak dan goal kita memang akan cakap mandarin je dengan anak dia (They will talk in Mandarin with their child and our goal is indeed to speak Mandarin with their child).

Interviewer: Uh huh huh.

Amani: Sebabnya nanti jadi (Because in the future) ... biar dia belajar bahasa lain di sekolah bila budak tu pergi sekolah (let the child learns other language at school when he goes to school). Untuk kita (For us) ... untuk saya memang saya akan cakap mandarin (for me I will definitely use Mandarin). Sebab kita akan guna mak dia untuk nak tolong (We will use the mother to help).

Interviewer: Uh huh.

Amani: Um ... ==seven years ...
Interviewer: == (others?)

Amani: seven years sebab dia dah sekolah kan (because he has gone to school right)? So kadang kadang (sometimes) depends ... sebab dia dah sekolah contoh dia sekolah cina (because he already went to school for example Chinese school) ...

Interviewer: mmm

Amani: ada some budak yang Malay dia lebih baik dari Mandarin (there are some children have better Malay than Mandarin). So saya akan buat (I will conduct) assessment using Mandarin ...

Interviewer: uh huh

Amani: dalam masa yang sama try juga bahasa Melayu (test the Malay at the same time). Tengok yang mana satu bagus (Identify which one is better).

Interviewer: Mmm.

Amani: Selalunya kalau melayu dia lagi bagus (Usually if Malay is better). Saya akan guna melayu (I will use Malay) [name of interviewer]. Saya akan guna melayu (I will use Malay). Selalunya kat sini ada satu sekolah sini yang guna bahasa melayu sekolah khas (Usually in here there is one school uses Malay it’s special school). Bukan (Not) EIP. EIP yang guna bahasa melayu (which uses Malay) ... so kalau mak dia hantar ke situ dan dalam masa yang sama pergi sekolah Mandarin (if the mother sends the child to that program at the same time he goes to Mandarin school). Selalunya budak budak punya kemahiran melayu tu lebih baik daripada Mandarin (Usually the child’s skills in Malay is better than Mandarin). So in that case saya akan guna melayu (I will use Malay).

Interviewer: Uh huh.

Amani: Ah ... kalaualah Melayu dia langsung tak faham (if he totally unable to comprehend Malay). Dia hanya faham Mandarin sahaja (He only knows Mandarin). Kita akan guna (We will use) Mandarin.

Interviewer: OK.

Amani: Um tapi tujuh tahun kalau dia punya (but seven year old if they have) ... uh apa orang kata (what people says) ... communication dia (his communication) settle ...

Interviewer: uh huh

Amani: in any communication mode sama ada dia guna (whether he uses) pictures body gestures ke apa dia (or anything) ...

Interviewer: uh huh
Amani: and then dia pergi sekolah (*he goes to school*). Selalunya kita tak akan jumpa lama sebab dia dah pergi sekolah (*Usually we will not see them for so long*). Sebab (As) you know seven years old dia punya prognosis dah tak berapa bagus sangat (*the prognosis is not really good*).

Interviewer: Uh huh.

Amani: Sebab kita hanya akan tolong kalau dia masih tak ada (*Because we only help them if he still does not have*) communication skills using any ... ah communication mode tak kiralah (*regardless*) verbal ke (or) non-verbal ke. Masih tak ada (*If they still do not have it*) we will teach the parent ...

Interviewer: uh huh

Amani: to ... menggunakan uh sumber sumber yang ada untuk budak tu komunikasi (*using sources available to that child in order to communicate*). Once communication dia dah (*his communication already*) settle dia tahu apa dia nak commun (*he knows how to communicate*) ... nak (to) express dia faham apa orang cakap (*he understands what people say*) ... walaupun dia tak boleh bercakap sangat tapi dia dah ada (*although he can’t really talk but he already has*) communication skills selalunya kita akan (usually we will) discharge dan dia pergi sekolah (*and he goes to school*). Ah ... sebab untuk (*because for*) verbal dah agak susah (*already quite hard*).

Interviewer: OK.

Amani: Depends la kalau budak tu budak ni kalau dia bercakap dia hanya (*if that child this child speaks only*) ah ... apa orang kata (*what people say*) speech sound problem. Kita akan jumpa lama la (*We will see a bit longer*). Just to fix the the speech sound issue ah.

Interviewer: OK.

Amani: OK tak boleh tak (*is it OK*)?

Interviewer: Uh huh.

Amani: Boleh tolong tak (*Can help right*)?

Interviewer: OK for any consultations the diagnosis and recommended treatment are critical for clients and carers to understand. OK.

Amani: Uh huh.

Interviewer: Give me examples the communication strategies you would use to ensure that your clients and carers have understood the interactions in particular the diagnosis and recommended treatment.

Amani: Ah ... selalunya (*usually*) verbal.
Interviewer: Uh huh

Amani: Verbal ...

Interviewer: uh huh

Amani: tapi kena (but with) slow rate la. Slow rate lepas tu (and then) home-based program selalunya kita tulis (usually we write) ...

Interviewer: uh huh

Amani: kita tulis (we write). Lepas tu apa apa penekanan tu ah selalunya saya suruh parents cakap balik (And then whatever the highlight is I usually ask parents to tell back) ...

Interviewer: uh huh

Amani: cakap balik ulang balik faham tak saya cakap apa (tell back repeat back what I have said). Ah kalau tak faham ulang lagi (if unable to understand they have to repeat it again). Kalau betul betul nampak dia tak faham (If it seems that they really couldn’t understand). I will use one of my colleagues doctor MO Mandarin kita ada (medical officer who speaks Mandarin that we have). One Tamil MO one Chinese MO. So one Chinese MO tu saya selalu guna tapi sekarang dia dah pindah (I usually call one Chinese medical officer but now he has transferred to other setting). So since dia dah pindah saya tak ada kes macam ni (I don’t have this kind of case since he transferred). Saya ada panggil dia sekali untuk bagi (I called him once to deliver) consultation. Bagitahu (Tell) OK setelah kita buat assessment (after conducted the assessment). This is the problem. Blah blah blah blah blah. So ini yang mempengaruh faktor dia (these are the factors). And then encik kena buat satu tiga empat lima enam (You have to do one two three four five six). Contohlah (For example) eh. Ada soalan tak (Do you have any questions). Tanya dia faham tak encik ada apa apa soalan lepas tu (Ask whether they understood and have questions after that). So kita guna (we use) verbal kita guna (we use) written.

Interviewer: Uh huh.

Amani: We ask the feedback. Feedback balik (again) ...

Interviewer: uh huh

Amani: and then kita minta dia bertanya semula la (we ask them to ask questions).

Interviewer: Mmm.

Amani: Saya rasa semua patient saya buat macam tu (I think I do the same thing to all my patients). Sebab kalau tak ada (Because even with no) language
barrier pun. Patient tak akan faham kalau kita cakap je (*Patient will not understand us if we only talk*).

Interviewer: Mmm.

Amani: This one not particularly for patient with language barrier. No. Semua (*All*) patient. Sebab (*Because*) from my experience patient tu Malay speaker atau English speaker (*whether the patient is Malay or English speaker*). Kita pun cakap Melayu atau (*We also speak Malay or*) English which is a bit clear. Dia sebenarnya tak faham (*They actually do not understand*). One way communication kan (*right*)? Dia sebenarnya tak faham (*They actually do not understand*). Sebab saya guna teknik ni (*Because I use this technique*) for all my patient ... 

Interviewer: uh uh

Amani: and then caregiver. Or parents.

Interviewer: Uh huh OK.

Amani: Guna sama (*Use the same*). And then next time kita akan suruh dia bawa buku (*we will ask to bring a book*). Especially budak (*children*) la. Bawa buku untuk kita tulis kita punya (*Bring a book to write our*) home-based program. Untuk setiap (*For every*) session. Ah ...

Interviewer: OK

Amani: sebab ramai patient tak faham kalau kita guna (*because many patients do not understand if we use*) verbal only.

Interviewer: uh huh.

Amani: OK tak (*right*)?

Interviewer: OK what is your last word before we end our interview today maybe any recommendations or ideas?

Amani: Ah apa (*what*) recommendation ye tak ada kot (*I don’t think I have*). Tapi sebenarnya saya rasa (*But actually I feel*) language barrier ... problem language barrier sebagai contoh (*for example*) Hospital Batu Pahat eh saya boleh kira (*I can calculate it*) percentage dia (*the percentage*) less than two percent ...

Interviewer: uh huh

Amani: percentage dia (*the percentage*) less than two percent. Kalau (*If*) patient kanak kanak (*children patients*).

Interviewer: Uh huh.
Amani: Kalau (if) patient dewasa agak banyak (adult patients quiet a lot) ...

Interviewer: uh huh

Amani: sebab kita (because we) deal ... saya tak tahu mungkin (I don’t know maybe their) caregiver dia dah agak tua (a bit old) and patient kita pun dah tua (our patient also old). Kalau (if) patient kanak kanak (children patients) mostly ibu bapa dia muda (parents are young) education dia lebih (their education more advance) ah ... patient dewasa agak lebihlah masalah (adult patients have more problem). Kalau kanak kanak (if children) parents OK.

Interviewer: So what are the differences between children and adult cases in managing issue of different levels of language proficiency?

Amani: Sama sama tak ada beza dari segi (Both do not have different in terms of) language issue. Ah maksudnya sama dengan kanak kanak kalau ibu bapa tak faham kita guna (It means the same with children if parents do not understand we use) translator atau guna ahli keluarga yang lain bawa (or use family members who came along). First session maybe tak resolve lagi isu tu (that issue has not resolved). Ah second tu kita minta dia bawa orang yang sama sama dengan dia yang boleh faham bahasa Melayu (second session we ask them to bring someone who can understand Malay). Sama juga dengan patient kanak kanak juga (Same with children patient). Masa (During) first case history taking kanak kanak dan dewasa (children and adults) kita akan (we will) identify language dulu (first) sebab sangat pentingkan (because it is very important).

Interviewer: Uh ...

Amani: Sebab nak (Because when we want to) deliver instruction semua memang kena (we have to) identify language dia dulu (their language first).

Interviewer: Uh huh OK.

Amani: Kalau settle baru mula (If settle then we start) assessment dan barulah mulakan (and then start) intervention. Otherwise tak memang kena settlekan language dulu (we have to settle the language first). Tapi (But) so far language memang tak ada masalah la (do not have problem). Ah kecuali yang saya perasan (except what I notice) la common common phrases memang faham la tapi yang melibatkan (we can understand but when it involves). Contoh (For example) swallowing problem. Kalau kita kata (If we say) uncle tak boleh buka lagi ini tube di hidung bahaya (you can’t take off the tube in your nose because it’s dangerous). Kalau nanti uncle dah makan ikut mulut itu makanan masuk paru paru (If you eat through mouth the food will enter your lung). ‘Paru paru’ dia tak faham (he did not understand). Masuk (Enter) ‘paru paru’ nanti melibatkan (and it will involve) ‘nyawa’ (life and safety). ‘Nyawa’ dia tak faham (he did not understand). Nanti uncle akan demam sesak nafas (you will have fever and short of breath). ‘Sesak nafas’ dia tak faham (he did not understand).
So bila kita cakap banyak banyak kali (when we tell them several times). So kita (we) need somebody untuk (to) translate ‘paru paru’ ‘nyawa’ ‘sesak nafas’. Macam tu (That way) la. ‘Tersedak’ (Choking).

Interviewer: Uh ...

Amani: So we need ... I will identify certain word yang dia akan ulang balik (that they repeat). Huh? ‘Nyawa’? So patient atau ahli keluarga dia akan ulang balik (or family members will repeat) ‘Paru paru’? Apa tu (What is that)?

Interviewer: Uh huh.

Amani: ‘Paru paru’? ‘Nyawa’? So mostly ye kalau kita perasan (what I notice is) patient yang (who) eighty plus ...

Interviewer: uh huh

Amani: caregiver dia (their caregiver) fifty plus anak dia (their child) la. Contoh kalau dia umur lapan puluh lebih anak dia umur lima puluh lebih yang bawa dia (For example when they are eighty plus their child who bring them will be fifty plus). Anak dia pun tak faham apa itu (The child also does not understand what is) ‘paru paru’ ‘nyawa’ ...

Interviewer: mmm

Amani: apa itu (what is) ‘salah masuk’. Dia ada (There will be) certain words key words yang dia tak faham (they do not understand). Ah ‘demam’ dia faham (they understand) tapi macam (but like) ‘sesak nafas’ ‘tersedak’. So I need somebody la. But I dah (I already) jot down benda tu dalam Mandarin apa (what are those vocabs in Mandarin).

Interviewer: Oh Ok. ==so you have your own vocab?

Amani: Ye memang (Yes definitely). Mandarin memang kena tambah vocab setiap hari (Have to add Mandarin vocabs everyday). Ada buku dia buku tiga lima (I have a small notebook). So kalau kita suruh lidah keluar (if we ask to take out the tongue). Keluarkan lidah uncle dia tak faham (uncle take out your tongue but he did not understand). So kita kena belajar Mandarin la macammmmana nak keluarkan lidah (we have to learn Mandarin to ask patient to take out their tongue).

Interviewer: Ah...

Amani: Keluarkan lidah buka mulut besar besar (Take out your tongue and open your mouth widely). Dia tak faham contohnya (They do not understand for example). Kita kena belajar (We have to learn). Ha ... ‘kai chi pa’. So dia faham (they understand) la ‘chi’. Mandarin kurang (a bit). Kalau saya ada banyak patient Tamil mungkin ada masalah (If I have a lot Tamil patient I might be in trouble). Tamil banyaklah (a lot). Kita banyak patient Tamil yang
dari kampung kampung (We have a lot Tamil patients from rural areas). Tapi patient Tamil saya sangat sedikit (But my Tamil patient is very little in number)...

Interviewer: Oh

Amani: saya tak buat percentage la (I didn’t do the percentage). Mandarin agak (quite) OK la. Tapi dalam satu tahun dan sekarang ni dah bulan lapan (But in one year and now is August). Tamilnya baru belas belas kot (Tamil only has ten something).

Interviewer: Oh OK.

Amani: Macam (Like) Mandarin dah seratus lebih (we have hundred something) contoh (for example) out of one thousand something in August ...

Interviewer: mmm

Amani: kita ada (we have) Mandarin seratus lebih (hundred plus). Ah Tamil ada belas belas sahaja (only have ten something). So kita ada Melayu sembilan ratus lebih lapan ratus atau sembilan ratus macam tu (we have Malay nine hundred plus eight hundred or nine hundred like that).

Interviewer: Uh huh.

Amani: Tamil sangat sedikit (very little) ... dapat tak maklumat (have you gotten the information)? Bila awak bincang pasal isu language barrier ni (When you discuss about language barrier issue) buat akak terfikir (you make me think). Kita sebenarnya tahu (We actually know) step by step apa yang kita perlu buat bila kita berdepan dengan isu language barrier ni (what we have to do when we face this issue) tapi kita tak pernah nak tulis atau dokumenkan prosedur dia (but we never write or document the procedure).

Translator: When we have started to have translators in the hospital?

Amani: ... um dekat hospital kita ada (in hospital we have) family right policy. Maksudnya (It means) family member dan pesakit ada hak untuk tahu apa rawatan yang akan mereka terima (and patient have right to know what treatment they will get). Translator ni memang ada sejak dua ribu dua belas lagi kat (this translator has been here since 2012 in) Hospital Batu Pahat.

Interviewer: OK thank you.
impairment. So you work in school as I am not so familiar with school based SLP can you tell me about your nature of work.

Izati: I’m speech language therapist from um Pusat Pendidikan Khas (Special Education Centre) Perlis.

Interviewer: Uh huh.

Izati: From Bahagian Pendidikan Khas Kementerian Pendidikan Malaysia (Special Education Division Ministry of Education Malaysia) ...

Interviewer: um

Izati: so my work is ah ... um in Sekolah Pendidikan Khas Perlis.

Interviewer: Um OK.

Izati: It’s a ... dalam satu pagar (in the same institution).

Interviewer: Uh huh.

Izati: We are direct from Putrajaya Kementerian Pendidikan (Ministry of Education Malaysia) la.

Interviewer: Uh huh huh huh OK. So um I see you quite often have few clients maybe um ... you are proficient native in Malay and proficient in English and maybe you have basic Arabic and but ... you have around ah ... maybe less than ten percent ah Mandarin patient. How about Thai? Thai patient.

Izati: I have two Thai patients. Ah so ... I cannot speak Thailand but I just work with their mother la. So ... ah I teach their mother uh I will consult and couching the mother.

Interviewer: Uh huh. How would you describe the nature of interaction you have ah with client who speak Mandarin and also Thai. Ah yup can you describe the nature of interaction you have maybe you have different level of language proficiency. How do you communicate with them?

Izati: OK I communicate with them using gestures ... using pictures and then um ... I will ask their mother to help me to translate apa (what) communicate mak mak jadi orang tengah (the mother becomes the middle person) ah. ==cuma (but)

Interviewer: ==is it the same ...

Izati: What?

Interviewer: Is it the same as like a therapy session in hospital? One to one session ==or

Izati: ==yes
Interviewer: you conduct in group? OK …

Izati: more one to one

Interviewer: so you have your own room? In that particular school.

Izati: Yeah.

Interviewer: OK. For SLP in particular communication is not just uh for efficiency and interpersonal aspects but also for diagnosis. Can you describe assessment and intervention protocols … with these clients?

Izati: … OK … um me in Kementerian Malaysia has our own assessment. So we discuss between the SLP la. We have four speech therapists from Kementerian Pendidikan Malaysia around Malaysia. So we discuss and then we build uh our assessment.

Interviewer: Mmm OK.

Izati: Um and then we use that assessment to … work with to make diagnose with the children la. So four SLPs in Perlis Johor Putrajaya and … Pahang.

Interviewer: Uh huh. Can you tell me more what kind of assessment tools because you said that you developed an assessment tool. Can you describe more about that?

Izati: Assessment that we build. Just for outreach LINUS.

Interviewer: Uh huh.

Izati: So we use standard assessment for outreach LINUS to … we screening nine year old students. Pemulihan tu (From remedial class). That is one. Another one is language assessment which has the … which has a … um … ada umur umur kronologikal (has chronological age). So um receptive skills language expressive language communication and speech assessment. ==nak tahu (to know) …

Interviewer: ==what language do you use for the assessment tools?

Izati: Uh Malay language but … it depends on the patients la yang datang kan (who come). Based on their first language.

Interviewer: Uh huh.

Izati: But mostly in Malay la.

Interviewer: In Malay. So if you have clients … you are not proficient in their language ah how do you conduct uh the assessment?

Izati: … Uh I will … use more pictures. So visual. And then I will ask their parents to help me translate. Uh huh huh.
Interviewer: OK. What kinds of problems present in this context?

Izati: Uh ... the problem is ... uh ... we do not know. Because we don’t understand the language. So maybe the parents add some point or try to help their children. Um by asking the question. Ah I do not know whether they have give enough prompting. By asking the question.

Interviewer: OK what do you do when the problem happens?

Izati: Ah ... I will demonstrate first to the parent.

Interviewer: Uh huh.

Izati: And then I will ... don’t just ... apa dia (what is it) ah ... tegur tegur bukan tegur tolong (advice not advice help) ... parents untuk bagi (for parents to deliver) more precise la.

Interviewer: Uh huh.

Izati: Lepas tu tanya soalan (Then I ask questions).

Interviewer: As you and your client have different levels of language proficiency. How do you know whether it is exactly language problem or is just a language variation?

Izati: ... Uh I will use ... ask the mother uh their children can pick frequently in Thailand or Mandarin. I will ask the mother to ask some questions to the children. If the children can answer in their first language ... so maybe ... I can tell that’s language barrier where la.

Interviewer: OK because you said that ah become like uh the translator. It is like a ad hoc translator. How do you know is it reliable or valid? Using their interpretation. Because they are not maybe we can say that they are not certified ... as a translator. Yeah.

Izati: Uh huh huh huh huh ... maybe I can ask the mother to bring the teacher’s report or other professionals report too during the next session.

Interviewer: OK.

Izati: So I work with school children and I can contact their teacher or deal with other professions as well ...

Interviewer: I give you a situation. In a situation you have a seven year old Chinese speaking client with speech and language impairment. He or she came with parents who are also native in Mandarin. Ah but you are not speaking Mandarin. Ah but proficient in Malay and English. So what language would you use in this situation?
Izati: ... Uh ... I will use a ... Malay uh ... ulang balik soalan *(repeat again the question)* [interviewer’s name].

Interviewer: Means that the client and parents native in Mandarin but maybe have only basic proficiency in uh ... Malay and English ...

Izati: mmm

Interviewer: but you have you are proficient in Malay and English. But you are not proficient in Mandarin ==so ...

Izati: ==OK alright

Interviewer: what language would you use? ... in this situation

Izati: I will I will use both Malay and English to conduct the session. Uh ... because that the language I know. And can be communicate with them.

Interviewer: OK maybe the information cannot be reached uh your patient or maybe their parents. What kinds of strategies you use to compensate the language barrier?

Izati: ... Um ... I will write something on paper. And ask them to go to the teacher. To their children’s teachers or relatives or neighbours. So that bring more information to me.

Interviewer: It means that you ask them to bring someone to accompany ... to that session?

Izati: Yeah.

Interviewer: So in any consultation. The diagnosis and recommended treatments are critical for clients and carers to understand OK.

Izati: Mmm.

Interviewer: Give me examples the communication strategies you would use to ensure your client and carer have understood in particular the diagnosis and recommended treatment.

Izati: Um ... macammana nak bagi diorang lebih faham *(how to make them to have better understanding)* ... 

Interviewer: In terms of diagnosis and recommended treatment ... the most important thing.

Izati: Uh huh ... Usually usually I will give a simple point. Simple result for them. Ah ... kita bagi pada tahap ... pemikiran mereka *(we have to explain based on their level of thinking)* la. Not use the bombastic term. So I will use more error ... apa *(what)* arrow atau apa *(or what)* use gestures. I will write
something on paper la. Yang bagi diorang mudah faham (the easier way to make them understand). Um macam tahap tahap ke ataupun (like a level or) I will use percentage ah ... macam (like) thirty percent. Sederhana ke (like moderate). Use tahap tahap (levels) la.

Interviewer: Are there any examples based on your experience which you have maybe patient or maybe yourself can’t really understand those interactions ... in the session?

Izati: Um... between clients yeah. But between parents so far everything good uh.

Interviewer: Oh.

Izati: So I can communicate with parents. But with children I cannot understand what they try to say.

Interviewer: Uh huh huh ... OK uh what is your last word OK before we end our interview today maybe any recommendations or ideas? ... uh in particular how to maybe uh ... differentiate between language barriers or something to improve kinds of we do in our communication with patients especially for those who have different common language with us?

Izati: Oh ... uh from my experience I think I myself um ... but I want to learn Mandarin little bit. I want to go to Mandarin class. I want to go to Thailand class to learn by myself and ... learn to communicate with a ... better to communicate with them la. For me that ... not have time so far. I just learn from the internet.

Interviewer: Uh huh.

Izati: From time to time. To make me more efficient to diagnose or treatment uh with patient uh with ... bahasa yang lain kan (other language).

Interviewer: Uh huh ... any other ideas?

Izati: Um ... I will ... selalunya saya akan guna macam macam (usually I will use many things) la.

Interviewer: Uh huh.

Izati: Saya akan (I will) draw. Saya akan tulis (I will write). And then I will call my Chinese friends on the spot uh to ask what the parents try to say. I cannot understand so I just ask for help ah. Huh ... So I will uh ... usually they can speak Malay.

Interviewer: Um.

Izati: Basic Malay. So it is not really difficult for me.
Interviewer: Uh huh huh.

Izati: And then apa (what) ... Thai parents also can speak basic Malay. So far it's good. But the thing is try to help their children la. Um ...

Interviewer: Um ... how about ... in our own profession. We have to decide which language maybe appropriate to our client using at school and home because you are working in home-based I mean school-based. So what ...

Izati: uh huh

Interviewer: usually your advice to parents which language should they use ah maybe yup in terms of education and stimulation at home.

Izati: Uh ah ... I will ... usually I will say it depends on parents but the children will enter primary school uh apa sekolah kebangsaan (national school). So better for them to help their children to uh empower Malay. Language. Untuk menguasai (To master) Malay language. So try la to communicate in Malay at home. Try to buka (open) TV Malay program. Um try to buka (open) Upin Ipin for starting. Uh try give Malay book at first untuk biasakan Bahasa Melayu kan untuk (to familiar them with Malay language) speaker uh. If they are affordable to send their children to private school is OK.

Interviewer: Uh huh.

Izati: But if nanti diorang hantar anak ke sekolah kebangsaan (later they send their children to a national mainstream school). So dia (they have to) better prepare la. Ah untuk anak Bahasa Melayu tu kan (for the children in Malay).

Interviewer: Um how about other vernacular school? Uh for example like Mandarin uh medium school? Or Tamil for example.

Izati: Uh huh uh huh.

Interviewer: Yeah.

Izati: Chinese school yeah. Yang saya pernah jumpa (I have seen). OK la macam tu la kalau (if like that) it depends on parents. Kalau parents nak hantar anak darjah satu ke sekolah Mandarin (If parents want to send their children year 1 to Mandarin school). Please go for Mandarin I said. They can faham (understand) content education. Dia boleh bercommunicate berkomunikasi dengan kawan kawan kalau itu yang ibu bapa nak hantar (They can communicate with friends and if the parents decided to send). Tapi kalau nak hantar ke sekolah kebangsaan prepare anak untuk kuasai Malay (But if the parents want to send their child to a national mainstream school prepare the children to master Malay language).

Interviewer: Uh yeah.
Izati: Kalau nak hantar sekolah swasta (*If they want to send to a private school*). They can ... apa (*what*) use English as the medium. So it depends on parents.

Interviewer: Um ... are there any special school OK for maybe Mandarin or Tamil medium? ... Because as far as I know usually for special schools mainly are Malay based school.

Izati: Yes yes in perlis we only have one special school. Ah ... memang (*definitely*) Malay uh Malay language la. Uh is only for Sekolah Kebangsaan Pendidikan Khas Perlis. For children who have hearing problem.

Interviewer: Oh ...

Izati: The other schools are program Pendidikan Khas Integrasi (*special education integration program*). So it’s a Malay la. So uh mostly in Malay. Um ...

Interviewer: You talked about your colleagues who can help you in Mandarin. Ah is it your friend is also speech therapist or maybe a teacher something like that. Yeah ==I ...

Izati: ==(teacher)

Interviewer: just want to clarify about that.

Izati: Yup. Teacher and speech therapist.

Interviewer: Oh ... you have also Chinese speech therapist who are also work in school-based? I just ...

Izati: No no no. It just my senior in speech therapist.

Interviewer: Uh ... Oh it means that she is not available in that session but you ask help after the session? Or yeah ...

Izati: Yes yes. During during the session ...

Interviewer: oh

Izati: sometimes I recall after the session ...

Interviewer: oh okay

Izati: you ask to ... a get more clear information.

Interviewer: So uh the last word. Do you think um the communication ... as far as I know and search about our profession. It’s more likely they have like assumptions that uh SLP should competent in culturally and linguistically uh competent. But um ... when I search about all the literatures they have more focusing on ... communication science disorders for example. But it’s not focus
uh on communication per say. Especially communication barrier between SLPs and their clients. So ... how do you think? What is your opinion uh ... regarding this situation?

Izati: Um ... I think uh ... tak semestinya (it’s not necessary) we have to uh become proficient in uh ... other language. But the most the more important thing is uh how the way we communicate with the parents how do we couch the parents and how do we can help uh the children. Ah when we do the intervention session. So uh because the intervention is when when we want to help the children to follow apa (what) ... to continue to continue uh session at home. So we uh ... bagi saya saya akan try to uh ... tolong lebih (for me I will to help parents more) la. Dengan ibu bapa tu (With the parents). Supaya ibu bapa betul betul faham tunjuk demonstrate dulu (So that the parents really understand and will demonstrate first). And then um ibu bapa tu (the parents). Ibu bapa pula cuba (parents then try) and so they can uh uh carry on at home. What we ... apa yang kita try (what we try) to help the children. Um ... macam tu (like that) la. Uh huh.

Interviewer: OK thank you.

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Interviewer: Based on the information you provided in the questionnaire. You have uh four to five years of experience in the SLP profession and currently work in the hospital. Is it university hospital or what kind of hospital ... do you work with?

Maya: University hospital.

Interviewer: How about yup right now you also said um you also work on weekend. So it’s not only ... in the hospital. Is it freelance or yup? May I know ah ... other setting that you work other than hospital.

Maya: I do some locum ...

Interviewer: huh

Maya: I do some locum for the paed cases and some of it for adult cases. So far weekend and night time.

Interviewer: OK you specialise in speech language uh swallowing and feeding. OK. I see you quite often have client ... who speak in Mandarin Tamil Chinese and Indian dialects. Who which is not the language that you say you are proficient in. How would you describe the nature of interaction you have with clients who speak Mandarin or some other language such as Tamil English and Indian dialects? Because ==right now

Maya: ==mmm
Interviewer: I can understand from your profile ... you have basic Mandarin and basic Tamil and you do not have proficiency in Chinese and Indian dialects. Can you tell me how do you communicate with minimal proficiency and no proficiency ... because it’s just the same percentage that you state in your ==questionnaire.

Maya: Basically I think the main language is Malay and English.

Interviewer: Uh huh.

Maya: I do learn some um ... some words related to this my assessment regarding swallowing and feeding things la. So some patient who do not speak Malay and English. So I have to use at least Mandarin la but you know very basic la. Simple instruction that you know that I’m doing la.

Interviewer: Uh huh.

Maya: Tamil is also like that. So basically I need caregiver to translate for me la. For something that you know beyond my knowledge in Tamil and Mandarin language.

Interviewer: OK. Ah if you do not have shared language or minimally do. How do you communicate with your clients? Other than verbal.

Maya: Uh ... usually ... depends on the patient. Some maybe we use the non-verbal also.

Interviewer: Uh huh.

Maya: If the carer is around I will also ask the carer to help me with the language la. To be the translators and things la. But you know some patient they have the hearing impairment or really old Chinese who cannot understand all the things. So we use verbal non-verbal such as gestures and visual cues la.

Interviewer: OK visual cues. OK. You say about uh you make the family members as ad hoc translator. OK how do you know they will translate the exact and actual meaning that you want to convey or uh ... the might change the structure or sentence?

Maya: uh ... usually ... usually the things ah the things that I will instruct them to do. I will demo to them first. The second one is I can understand a bit la of their language macam (like) Cantonese when they say open your mouth and I know what the instruction la in Cantonese. Basically I will observe on that also. If I don’t know what they talking about I will ask them question about that la.

Interviewer: Uh huh OK.
Maya: Basically like that la.

Interviewer: OK for SLPs in particular. Communication is not just for efficiency and interpersonal aspect but also for diagnosis. Can you describe assessment and intervention protocols for the client whom you do not have a shared language with or minimally do.

Maya: How ah? Can you explain more about this.

Interviewer: Uh it means that I would like to know is there uh um assessment and intervention protocols with this kind of client.

Maya: The formal protocol you mean?

Interviewer: The assessment and intervention protocols. Maybe you have any adaptations or yup. Maybe you have something. You have different of levels of language proficiency. What kinds of assessment and intervention protocols with this kind of clients?

Maya: Um ... because mostly because of swallowing we don’t have so much you know like language cases.

Interviewer: Um.

Maya: Language cases you have to translate to culture and things la. But swallowing part and feeding part not so much of that la. Basically is open la you know it doesn’t need it doesn’t have to translate the thing. You have to adapt the thing. If the speech and language cases in PPUM we already have a set um ... how to say uh ... set of assessment that cover all the language. So we have Malay English and some Mandarin languages. So we have the sentence we have the words we have pictures related to the culture.

Interviewer: So is it formal or informal assessment because you said that because the material itself is the same material and you translate to other languages? Or um maybe different. Because you said about the culture thingy and then because of the different language. So I would like to know the exact assessment tools that you use.

Maya: Uh ... So mostly we have formal and informal. So some formal like BDAE ...

Interviewer: uh huh

Maya: we (pull) to our culture la. But mostly the items and everything are general to all different race but we do have informal assessment that we do it ourselves. And that’s relate ... I think mostly the picture and all just the same. We translated to um ... different language.

Interviewer: What kinds of problems uh ... present in this context?
Maya: What kind of problem?

Interviewer: Mmm.

Maya: ... Problem in term of language.

Interviewer: Uh huh.

Maya: Not so much unless your patient cannot read.

Interviewer: Uh huh.

Maya: OK? Um ... other than that I don’t think got any problem la. Unless your patient couldn’t read there’s a problem la.

Interviewer: Mmm.

Maya: The second thing they cannot see because the eye sight problem and things. But not so much of problem la.

Interviewer: Uh huh.

Maya: I don’t find any problem for doing the assessment and such things.

Interviewer: How many percentage of patient do you see whose adults and children?

Maya: ... Um ... I think sixty forty or fifty fifty around that.

Interviewer: Uh huh.

Maya: Because my working days I basically with adults ...

Interviewer: uh huh

Maya: some with paeds but during weekends and night I with the paeds. Sixty forty or fifty fifty.

Interviewer: Huh ... uh huh ... what are the differences between children and adult cases in managing the issue of different levels of language proficiency?

Maya: ... Ummm .... Issue? How to say? Because the paeds itself they cannot talk so much la. So I need the mother to be the full translator. You know because it involves speech and language cases. They need uh a lot of language stimulation. Of course la I only have basic things because we need the parents to expand the words. For the kids la. For adults uh usually not so much problem unless the language case also la. For swallowing and feeding not so problem. But for language cases I need the caregiver to translate for me also.

Interviewer: Mmm.

Maya: Yup.
Interviewer: What do you do when the problems happen?

Maya: Usually I need the the native speaker to help me. If there’s no native speaker that can understand Malay or English. So I will transfer the case to my Chinese friend la. My other friend that can speak the language that the patient speaks la. Means like worst come to worst. So ... especially speech and language cases. I don’t want to take the risk you know. We need to have proper language to talk with them to help them with their language. So I will transfer to my friends. I will pass over the case but swallowing and feeding ... not so much. As long as you have a person to translate for you. Or the patient can follow the instruction by visual cues. Not so much the problem la. Unless the management we we encourage them to do safe swallowing strategies and thing. That one might have a problem la. But so far not so much trouble I get to say.

Interviewer: OK as you and your client have different levels of language proficiency. How do you know it is exactly language problem not a language variation?

Maya: Um do you mean the language problem that patient cannot perform well or whether the patient are ... patient punya ni (has this) la?

Interviewer: Mmm.

Maya: Ah ... usually you need to ... usually we need to get the case history from their carer.

Interviewer: Uh huh.

Maya: When I do the assessment ...

Interviewer: uh huh

Maya: I ask the carer to translate but it depends ... I get the carer ... how to say uh ... um you will test the few times la. Exactly. So to test whether it is false negative problem or not la. ==Things like that.

Interviewer: ==uh huh.

Maya: So ... I will do a few times la mostly. So like that. I do a few times la.

Interviewer: So ... OK uh how you manage exactly the false negative is it? What do you mean by false negative? ==yeah

Maya: ==so ...

Interviewer: uh huh

Maya: means that we have patient. For example you show the picture right?
Interviewer: Uh huh.

Maya: So they answer other things.

Interviewer: Uh huh.

Maya: So after that I will show again the picture after a few cards. To see how reliable it is. Things like that. Or if the translator is there. I will ask the translator to translate to me whether it is right or not. Things like that ... But ah ... apa soalan tadi (what is the question just now)?

Interviewer: Yeah ... yeah because you said about false negative. How do you manage the false negative?

Maya: It’s the same. By know it is false negative ...

Interviewer: uh huh

Maya: so I will get the translator la. I will confirm with the translator also whether it is correct or not. Uh previous with the patient and next with the translator itself. The second one is if I cannot manage this case ...

Interviewer: uh huh

Maya: I will pass over to my friends ...

Interviewer: uh huh

Maya: to help on that la.

Interviewer: OK I give you a situation. In a situation when you have a seven year old Mandarin speaking client with speech and language impairment. He is accompanied by his parents who are also native in Mandarin but have a basic level in either Malay or English. So uh because you are not proficient in Mandarin. What language would you use in this situation?

Maya: ... Um in this situation of course I will use Malay and English with the parents. Or maybe some basic. But I will see how much whether which language the parents know well whether English or Malay. That is one. The second one I’ll might get some gestures for the parents to understand what I’m saying la. And and I do some drawing with them. Maybe maybe when I explain things I’ll doing some drawing for them. So that they will understand better la. Mmm.

Interviewer: OK. Um ... in any consultation the diagnosis and recommended treatment are critical for clients and their carers to understand. Give me examples the communication strategies you would use to ensure that your client and carers have understood the interaction in particular the diagnosis and recommended treatment.
Maya: ... um ... usually I will speak in a short sentences. OK. And then explain more.

Interviewer: Uh huh.

Maya: The second one is I will show a video on how to demonstrate and how to do it. Um ... I might get help from my staff.

Interviewer: Uh huh.

Maya: To do the training ...

Interviewer: uh huh

Maya: and show to them. And sometimes the patient itself. I teaching the carer. The task that I’m doing with the patient so that the carer knows exactly to be done at home. The first one is ask them to write and understand and they need to write it ... their own how they understand it la.

Interviewer: Mmm.

Maya: I will ask them to repeat it again so that the exercise or strategy that we are doing have the same understanding about that.

Interviewer: Uh huh.

Maya: Usually (simple) ...

Interviewer: OK. Um ... one more thing. What is your last word before we end our interview today? Um maybe any recommendations or ideas? ... regarding the issue uh different levels of language proficiency? ... between SLPs and clients.

Maya: I think that the different in language will affect a lot in our job la. In our assessment in our management but that cannot be said you know as barrier. There’s a lot of thing we can do to make sure they can understand you and they can do what what we recommend.

Interviewer: Uh huh.

Maya: OK. You also ... I think for my personal view is you need to learn some basic language to communicate with your patients. Um at least instructions on things la. So at least the basic one that you can help to to communicate with your patient.

Interviewer: So that’s all?

Maya: Yup.

Interviewer: OK thank you.
Interviewer: Based on the information you have provided in the questionnaire you have less than a year work experience as in SLP profession. Currently work in private centre. Uh ... what do you mean by private centre? ... in here.

Vee: ... Uh ... Sorry? ==is what do I ...

Interviewer: ==yeah

Vee: mean by private centre.

Interviewer: Yeah.

Vee: Uh ... is a ... is a private setting that offers speech and language therapy services.

Interviewer: Uh huh.

Vee: For children and adults with communication and swallowing disorders.

Interviewer: Uh huh ... ah ...

Vee: (mmm ... yeah)

Interviewer: what are the differences between private hospital and the centre you work that you work in right now? ... ==I just want to know basically

Vee: ==uh ... the difference ... So in terms of hospital setting. Uh ... we would normally work ... we would have all the swallowing punya (kind) ... Swallowing art ... in terms of swallowing instruments. In our private setting we don't have that.

Interviewer: Uh huh.

Vee: We only yeah ... cater mostly communication disorders.

Interviewer: OK. Uh ... you said you work in southern region. Which part of southern region are you?

Vee: uh Batu Pahat Johor.

Interviewer: You are in BP OK. Johor. So OK I see you quite often see Mandarin speaking patient. Uh ...

Vee: yeah

Interviewer: which is the language that you said you are proficient in. How would you describe the nature of interaction you have. With clients who speak Mandarin. The language you said you are not proficient in.
Vee: Yeah. Firstly when we see ... children that ... family that basically interact Mandarin. They are somewhat proficient in Malay.

Interviewer: Uh huh.

Vee: So I would say something in Malay and communicate in Malay and the parents will translate to Mandarin to them. So the parents will be my main mediator uh in the therapy session. And ... I do know some phrases and words that most commonly use. So it would be benefit for me in communicating with them ... as well.

Interviewer: OK. You said that the parents will become your ad hoc translator. How do you actually ...

Vee: yeah

Interviewer: ensure that the parents itself. Give the same information that you convey ... to the kids?

Vee: Uh ... yeah so for now. I’m seeing ... as the current practice.

Interviewer: Uh huh.

Vee: I’m seeing children that uh their quite non-verbal or at just one word level stage. One word level. So ... I would. We would use the ... (in any sense) usually use those words that are very familiar like preposition. Their mostly one to two word. So I’m familiar with that. I’m confident that the translation is accurate.

Interviewer: OK. If you do not have shared language or minimally do. How do you communicate with your client?

Vee: Uh. If I don’t have shared language it means that I don’t have knowledge is it?

Interviewer: Yeah. ==how do you communicate with your client?

Vee: ==uh ... how I communicate with client? So basically we would use pamphlet or brochures that would have the pictures can describe better to them ...

Interviewer: mmm

Vee: and ask them back what do they understand. Um I can also ask my colleague who are proficient in that language to confirm back.

Interviewer: Uh huh.

Vee: What I conveyed and what they understood is the same.

Interviewer: Uh huh. ==you said that ...
Interviewer: you ask them whether they understand or not. Right now you don’t have shared language or maybe minimally do. So how do you ensure that maybe their understand. You know our culture will just like to nodding whether they understand or not. How do you ensure that they get the important information?

Vee: Um... so basically when we tell them. So ... we usually model to them. This is how it’s done.

Interviewer: Uh huh.

Vee: So in terms of we model and show them how it’s done.

Interviewer: Mmm.

Vee: If the parents are not proficient in that language. We would ask them which language ... for if with the children. Which language uh benefit them the most. Considering they are living in Malaysia and the main language used is Malay.

Interviewer: Uh huh.

Vee: If they agree. They would slowly learn one or two words and then. Move from there.

Interviewer: OK. For SLP in particular. Communication is not just for efficiency and interpersonal aspects.

Vee: OK.

Interviewer: But also for diagnosis. Can you describe assessment and intervention protocols for this kind of clients?

[Poor connection for 5 secs]

Vee: Again. Sorry. I can’t hear you.

Interviewer: Can you describe assessment and intervention protocols with this kind of clients? It means that the clients you have different levels of language proficiency.

Vee: OK.

Interviewer: Uh huh.

Vee: ... Um... Ah we would ask them the main language.

Interviewer: Uh huh.
Vee: Ah ... their first language uh ... proficient in. And then assessment should be done in that language based on ... uh ... the assessment tools that are ... culturally suitable for them. So uh ... in that case we should sensitive enough to to confirm back the information with the parents. And also ... uh if they are ... uh if they know certain words or certain things in other languages we can also test it with that. So we can actually understand which language is they are more proficient in. They expose to multi ... language.

Interviewer: What types of assessment that you usually use uh ... to test this kind of clients?

Vee: Uh we would go for mostly informal assessment based on developmental milestones. Uh that can be generally use to test ah ... ah ... developing skills. Speech and language development skills.

Interviewer: Mmm.

Vee: Uh ... Are you asking for specific names of the assessment tools?

Interviewer: Is OK if you want to share with me. If you have any specific ...

Vee: (OK)

Interviewer: uh assessment that you usually use. Maybe they have names. Yeah standardised test. Something like that ... Do you have any?

Vee: So current ... for current practice the most uh ... commonly use informal uh language assessment developmental milestones. Rhea Paul and also based on Shipley. Uh ... so from assessment ...

Interviewer: Ah... again what what what are the name? Again. I can’t really get uh ...

Vee: Rheal Paul ... Rhea Paul’s developmental milestone.

Interviewer: OK.

Vee: Speech and language developmental milestone ...

Interviewer: uh huh

Vee: from infant to adulthood.

Interviewer: Uh huh.

Vee: Yeah and then ... uh ... and also in Malaysia we have the Penilaian Awal ... Penilaian Awal Bahasa. The PAB. So based on that. We can do assessment to them also. Um ... and then the most commonly use so far.
Interviewer: OK. Because now you have told me about assessment and intervention protocols. May I know what kinds of problems present in this context?

Vee: What kind of problem. Firstly in terms of formal assessment. Because developmental milestones from different population from other country may ... may have some bias. Some skills some grammar in terms of pronouns uh those children should acquire in English language kind of different from children who using Malay as their own language ...

Interviewer: mmm

Vee: may have some bias. We have to cross check skills up to where.

Interviewer: Uh huh.

Vee: In terms of PAB. We have um brief skills that we can test the patients. So ... in terms of that. Formal assessment is not that standardised.

Interviewer: Uh huh.

Vee: We have to also careful in terms of interpreting assessment findings.

Interviewer: What do you do when the problems happen?

Vee: So ah ... based on the assessment findings. I clarify with the parents again.

Interviewer: Uh huh.

Vee: Are they familiar with those skills? Have they got exposure to them? And then um clarify with the parents mostly.

Interviewer: Uh generally what do you do ... to compensate the gaps in language proficiency?

Vee: (the gaps in language proficiency) ... uh ... to convey the ... the words are mostly use gestures. And then uh pictures ... um ... to ... and then ask uh a translator and ad hoc translator. So that ah we can clarify and have a better result.

Interviewer: Uh huh. OK. Um ... do you said in your work setting. You also work with adult right? Is it?

Vee: Yeah. Mostly parents.

Interviewer: OK. What are the differences between children and adult cases in managing issue of different levels of language proficiency?

Vee: Um currently I only work with children and the parents. So ... I can still answer the question?
Interviewer: OK. I give you a situation. In a situation when you have seven year old Mandarin speaking client with speech and language impairment. Uh ... he accompanied by his parents in the session. The parents are also native in Mandarin and have limited proficiency in either Malay or English. You don’t speak um ... maybe you have limited proficiency in Mandarin but you are proficient in other two languages. What language would you use in this kind of situation?

Vee: Um ... language use. I will clarify with mother firstly in Malay. Using gestures first.

Interviewer: Uh huh.

Vee: Ah ... so if they capable to understand it we can use Malay. If there is some procedure that we want to do. We can prepare a flowchart and show to the parents and convey it at the same time.

Interviewer: OK. So you ... other than what you have stated just now. What other strategies that you will use to encounter this kind of situation?

Vee: Um ... what other would I use? So far client that I have met have some sort of language proficiency.

Interviewer: Uh huh.

Vee: For those we don’t ... probably I ask my colleague to set and help me out ...

Interviewer: uh huh

Vee: to act like a ad hoc translator ...

Interviewer: uh huh

Vee: so that we can convey the message that’s yeah.

Interviewer: Uh huh OK. As you and your client have different levels of language proficiency. How do you know it exactly language problem not a language variation?

Vee: Language variation ... uh ... um ... OK uh in terms of that ...

Interviewer: mmm

Vee: we usually uh have sort of vocabulary checklist for the parents to fill in whether uh the children more uh proficient in which language. And see whether if any children cannot understand because of language variation or is it basically because of one language. Uh huh. Some sort of language of their own. First language.
Interviewer: OK. How do you double check? Maybe some parents just like to claim. OK. My children proficient in this kind of language. But in real world sometimes um what we call um misinterpret with that kind of information. That parents gave to us as a profession. So how do you check back because you said you have a checklist of language. Maybe perhaps these children might be used. Or might be not. So ... how do you actually clarify? Those vocabs that parents already reported to you.

Vee: Ah ... OK. Um ... during the assessment session. We can actually ... clarify on that. Ah ... we can prepare um a list of picture cards. Objects that you play. We can actually identify at least those words that their they can understand. Or they can point or express. So we could actually get uh better picture whether the parent’s report and the child skills actually tally.

Interviewer: Uh huh. OK. Umm in any consultation. The diagnosis and recommended treatment are critical for clients and their carers to understand. Give me examples the communication strategies you would use. To ensure your clients and carers have understood the interaction in particular the diagnosis and recommended treatment.

Vee: Uh can you repeat the question again?

Interviewer: OK. Give me examples.

Vee: OK.

Interviewer: The communication strategies you would use to ensure your client and their carer understand the interaction. In particular the diagnosis and recommended treatment.

Vee: Um OK. Strategies ... um ... firstly ah ... I would give uh written materials. Ah ... clarify with my colleagues in their own language. As what sort of strategies they would use with the children. After they understood the material. So I would model to them. Uh based on each one. Uh ... the communication strategies that we can use with the child. So ... through modelling. And so they can see and practice.

Interviewer: Uh huh.

Vee: And then ... after that we could actually uh watch them do. Ah... uh sort of teach back technique. Ah so ... uh see the parents whether they can do. Whether they can do it. So from there we can know actually whether the message is conveyed in a proper way. Uh huh. Yeah.

Interviewer: OK. What is your last word before we end our interview today? Maybe any recommendations or ideas. Related to the issue of different levels of language proficiency. Especially for our profession.
Vee: Um... yeah. Firstly I think that. We experience we gain more. Because I have less experience. The exposure is quite less. So I believe there’s more to learn. So in terms of multilanguage ...

Interviewer: mmm

Vee: influence to the child. Uh... would be beneficial for ... um ... speech therapist to have more languages. Proficiency more languages. Uh ... and then in terms of uh strategies um ... I think we should be taught more strategies in the school as well how to deal with those parents ... or caregivers that might have those language barriers. And then in terms of assessment tools.

Interviewer: Uh huh.

Vee: Um ... would beneficial if uh ... in Malaysia that in our country we develop uh ... we develop those assessment tools that are tested on multilanguage.

Interviewer: Uh huh.

Vee: Ah ...Multilingual ... ah population. And ... yeah so far that is my suggestion.

Interviewer: OK thank you so much.

Yein:

Interviewer: OK. Based on the information the information ...

Yein: mmm

Interviewer: you provided in the questionnaire.

Yein: Mmm.

Interviewer: You have a range of one to three years of work experience in the SLP profession and currently work in rehabilitation centre. Tell me more about your work setting.

Yein: Mmm ... what working setting?

Interviewer: Uh huh.

Yein: Ah OK I’m going to community rehabilitation centre. Which is more specialise in children who have schooling in day. I am like have a station. I am schedule to each of the PDK. Each of the school. Each of the centre. So almost I need to cover around thirteen centres.
Yein: So I would have a visitation and having a speech therapy in there la.

Interviewer: Uh huh. Because you also mention that you are specialised in speech and language disorders aphasia and voice disorders. So do you cover adults in that centre also ...

Yein: Um ...

Interviewer: or just cover in paediatric cases?

Yein: in rehabilitation centre is mostly for paediatric. And for adult one I am having like going to ... a centre which all elderly at there.

Interviewer: Uh huh.

Yein: Because it’s under social worker welfare. We have a lot of organisation and department there.

Interviewer: Uh huh ... OK that’s interesting. OK. I see that you often have a client maybe around uh less than ten percent who ... who speak in Chinese dialect. Which is not the language you said you are proficient in. How do you describe the interaction you have with clients who speak in Chinese dialect? Or maybe you know some Hakka or Hokkien or Cantonese. I do not know exactly how do you interact with this kind of clients. Can you describe ==the nature of interaction?

Yein: ==you mean that’s is uh ...

Interviewer: Yes because ...

Yein: Uh I just want to clarify.

Interviewer: Uh huh.

Yein: Yeah just now your question is mean that uh if the client is Chinese speaking and I’m not familiar in Chinese is it?

Interviewer: Because currently you are native in Mandarin but Chinese dialects have different ...

Yein: mmm

Interviewer: kind of is it totally different language.

Yein: Mmm.

Interviewer: But if you have this kind of clients ...

Yein: mmm
Interviewer: how would you describe the nature of interaction you have with this client?

Yein: Oh OK means so means that the client having a different dialect is it? Which I am not familiar is it? Which a dialect language?

Interviewer: Uh huh.

Yein: OK for example because for Chinese we have different of dialects. For example I am only familiar with Fuchsia but the client is more familiar with Hokkien. So in terms of this interaction. I would ask that if the client know how to speak in Chinese which I can understand and he or she can understand as well. So if the client is not prefer in Chinese. Only prefer in Hokkien. So I maybe need someone to translate for me.

Interviewer: Uh huh. So ... you mentioned that you need someone to translate for you. Uh is it a qualified translator or maybe from uh their family members? Or someone maybe your colleagues?

Yein: First I will ask the family members as well because he or she will know better the client’s situation. And if I don’t have choices I will ask my colleague.

Interviewer: Uh huh. So because you said that family members who the one who know the client better and I agree with that. But the thing is uh family members sometimes may might be give bias. Because they like a ad hoc translator.

Yein: Mmm.

Interviewer: Not a qualified translator.

Yein: Mmm uh huh.

Interviewer: How do you deal with this kind of situation?

Yein: ==yeah yeah ... In terms of some question that I need to clarify for example I ask whether that client knows or understand this kind of command or everything. So ... of course I will make or deal with some family members that would just yeah of course he or she knows that. Because they want just to upgrade their level.

Interviewer: Uh huh.

Yein: In terms of this sensitive questions that I will clarify again. I will ask the family members to demo. How do you decided the client knows how to do this or not. Beside that how um what are the thing that make you so sure about it.

Interviewer: OK. ==this
Yein: ==normally I will ask like this.

Interviewer: OK. Uh ... If you do have shared language or minimally do. Like the situation we discussed just now. How do you communicate with your client?

Yein: ... You mean the cases just like now?

Interviewer: Uh huh.

Yein: OK. I would try to ... maybe I need one translator through family member because I can’t speak the language that the client understands. Maybe in terms of communication maybe I would use more in gestures. Maybe more on visual to support me.

Interviewer: Uh huh. OK. Ah ... For SLP in particular communication is not just for efficiency and interpersonal aspects. But for diagnosis also. Can you describe assessment and intervention protocols with this kind of clients?

Yein: OK. Because I’m having a language barrier in terms of these cases. I will make two ... two times of assessment maybe using different language. ( ) Maybe first time the family members will help me and for the second language maybe I will be asking the second language that they use in the family.

Interviewer: Uh huh.

Yein: Normally they not only. For those Chinese family they will not only focus on the first language. Maybe they will insert the second language.

Interviewer: Uh huh.

Yein: Maybe I will check those terms that the client understands by the second language.

Interviewer: Mmm.

Yein: That’s what I’m doing like a comparison. Which language that I need to use for my ... therapy session. Yeah. In terms of ... that one for the assessment. In terms of therapy of course based on the assessment result. That’s why I want to see whether the client able to understand better in which language.

Interviewer: Um yeah. What are the difference um in terms ... you said that you have some changes in your assessment protocols how about the materials in the assessment itself?

Yein: OK because of in terms of material normally I’m using the pictures. So for me the materials is almost the same. Maybe just like some of them are quite sensitive in terms of some things like. I won’t use it. I will use something
that familiar. Something that quite familiarise in Malaysia. Especially in Sarawak.

Interviewer: Uh huh.

Yein: Because in Sarawak have a lot of how to say. A lot of races ... 

Interviewer: uh huh

Yein: for example uh Iban have Chinese have Malay have Kadazan. All of these Bidayuh all of these. For example I will see what type of races. If he or she is coming from Iban family.

Interviewer: Uh huh.

Yein: Is OK for me to introduce some sort like uh ... I’m sorry to say this maybe I will introduce something about the pork.

Interviewer: Uh huh.

Yein: Because they didn’t sensitive on it. So if if it’s coming from um Malay family. Maybe I will just take out that sensitive la.

Interviewer: Mmm uh huh.

Yein: In terms of materials I will I will (sort) this kind of issue.

Interviewer: Uh huh.

Yein: And then the most important thing for me is the language la.

Interviewer: Uh huh.

Yein: The language yeah.

Interviewer: Because right now you mention about the language ecology and races that uh very diverse in Sarawak. So ...

Yein: mmm

Interviewer: because you mention about indigenous people. So if you have this kind of client and then they use their native language. And how do you actually communicate and do the assessment ... with this client?

Yein: Yeah yeah. Yeah ... actually this is a ... because this is actually is a ... I think after I back to Sarawak is really a big issue for me. Because I can’t communicate in Iban language.

Interviewer: Uh huh.

Yein: Because most of my clients are come from Iban family.
Interviewer: Uh huh.

Yein: Some of the Iban family is OK. Because they can communicate in standard Malay language. So that’s one is okay for me so. If they can understand Malay. So I will using Malay language to continue my therapy.

Interviewer: Uh huh.

Yein: Especially for the family members. Because I need to make sure the clients and family members are understand.

Interviewer: Uh huh.

Yein: And the for some of the client is only specialised in Iban language. My another homework is I need to learn. Some basic terms in Iban.

Interviewer: Uh huh.

Yein: For example like makan (eat) is ‘makai’. Sudah (Finish) is ‘udah’. Jatuh (Fall) is ‘labuh’. This kind of terms that I need to learn. And beside this. And beside this I need to um meet a translator. Especially I will ask the teacher in the centre. To help me.

Interviewer: Uh huh.

Yein: Because they can translate and give feedback to the family members as well.

Interviewer: Uh huh.

Yein: Mmm.

Interviewer: What kinds ==of

Yein: ==basically like this.

Interviewer: OK. What kinds of problems present in this context?

[Poor connection for 35 secs]

Interviewer: I repeat my question. What kinds of problems ...

Yein: mmm

Interviewer: presents in this context?

Yein: OK. Types (of problem) of course the language barrier. When I give the home-based program when I give the consultation. Um I need to teach the translator especially the teacher what actually I want to advise what I want to explain to the parents. Because the teacher is not the speech therapist. So maybe there is some like miscommunication. So I need to really satisfy in my
explanation. Yeah. That one thing that I assess as the problem. Especially in the consultation part. Yeah.

Interviewer: What do you do when the problems happen?

Yein: Pardon?

Interviewer: What do you do when the problems happen?

Yein: Hello?

Interviewer: Again?

Yein: What I can do when the problems happen first I need to write down. I need to write down. Of course the teacher can understand in Malay language. So first I need to write down. First one the homework is what. Second one the homework is what. This is just to clarify in terms of like asking the family members to fill up like the the ... those exercise that I need to ask them to practice at home. So this is one thing that I want to make thing clearer. I will try to demo and ask the family member to demo again to me. Whether it is correct or not. Yeah normally I use this kind of techniques. To solve the problem.

Interviewer: OK. As you and your client has different levels of language proficiency. How do you know it is exactly language problem not language variation?

Yein: You mean in terms of cases who clients have different language with me? So if there is no language barrier between two of us so it will be easier for me to conduct the therapy. For example my first language is Chinese. So in terms of assessment I will ... I will make it in Chinese session. Yeah.

Interviewer: But currently you have different levels of language proficiency. So how do you know your client is actually having a language problem not a language variation? Because you know that you have different levels of language proficiency. So how do you know ...?

Yein: uh huh

Interviewer: it is a language problem not a language variation?

Yein: ... OK. In terms of having the same language. Of course I need to (ready) receptively. In terms of family member I will ask how the client communicate with you all. How they interact with you all. Try to make my session like uh ... not like a test. Is having them like in a natural setting. Then I will check whether the client is really having language barrier or language problem. Because if he or she is having language barrier. Means that he was unable to
communicate with the parents using the same language as well. So if he or she is really having a language problem. So it means easy for me to detect because if using the same language. Using the Chinese language at home. And at home the parents also speaking like this. I will try to reassess. Try to communicate with the client.

Interviewer: Uh huh.

Yein: The same way like parents whether he or she is having the language problem or not.

Interviewer: If the patient or parents having different language proficiency with you ... how how you will do about that?

Yein: OK. I would like to ask what does it mean by different language level?

Interviewer: Yeah. It means that OK. You are native ... OK I give you a situation. When you have ==seven ...

Yein: ==mmm

Interviewer: year old perhaps Iban speaking client with speech and language impairment ...

Yein: mmm ... mmm

Interviewer: who accompanied by his parents in the session. The parents are also native in Iban. And have limited proficiency ...

Yein: mmm

Interviewer: either in Malay English or even Mandarin. You do not speak Iban ...

Yein: mmm

Interviewer: but proficient in other three languages. What language would you use?

Yein: mmm ... mmm ... what language what language I prefer to use?

Interviewer: Yeah.

Yein: OK. Um ... currently I never be with this kind of cases before. But if like this means I’m totally cannot communicate at all because the family members also cannot understand the three language that I mastered. So maybe I will try to communicate with other person who become a middle person.

Interviewer: Uh huh.
Yein: So maybe the the ... the messages were not hundred percent been transferred. So ... what can I do is just maybe to refer to other speech therapist that able to communicate directly. If they really are no. Then I have to choose the way to have the other person. They have to transfer the message. Yeah.

Interviewer: OK. If you have maybe minimal. Proficiency in those languages. What kind of strategies do you use when this situation happens?

Yein: OK. Minimal is it? OK. So if ... for example if Iban client. I only have minimal. Iban language is it?

Interviewer: This is minimal. Minimal in Iban. Yup.

Yein: OK. Minimal in Iban language. Then what kind of strategies is like. I just ... I mention just now I’m using like. Not only through verbal. Because if only through verbal the actual thing is ... a ... (not) functional at all. So I maybe will using a writing style. Or maybe like using more on action style. Or maybe meet another person to help monitor. Because maybe like I’m adult. He or she like ... communicate or yeah.

Interviewer: OK. In any consultation. The diagnosis and recommended treatment are critical for clients and carers to understand. Give me examples of communication strategies. You would use to ensure that your clients and carers have understood the interaction in particular the diagnosis and recommended treatment.

Yein: OK. In terms of this it means that the ... the client and the parent cannot communicate at all. Is it with me ==is it?

Interviewer: ==ah maybe you have ... some minimal shared language.

Yein: Mmm.

Interviewer: Perhaps you can give me two situations. When you have minimal shared language. And the other one ... uh ... yup currently we have two different levels of language proficiency. Uh you said that uh you are native in Mandarin proficient in English intermediate in Malay and maybe basic Chinese dialect. But ...

Yein: mmm

Interviewer: some of other languages you are not proficient. So can you give me two different situations? How do you actually communicate with your clients and carers ... in order to tell them about diagnosis and recommended treatment uh including the home-based program?

Yein: O ... K. So the first situation is I’m having a minimal in ... in for example Iban language. So in terms of I need to discuss about discussion is quite critical
for the clients. Is ... I will use a lot of ways to make sure the parents really know. For example um like the client has severe speech and language delay. Then I will try to inform to explain to the parents that um ... by using maybe writing. For example when the when the client is at nine years old and currently the language level is only at three years old for example like that ...

Interviewer: mmm

Yein: I need to. Maybe have some figures on the paper. And drawing some gap. I think the parents can get some information on it.

Interviewer: Mmm.

Yein: So for the second situation is uh ... I totally no minimal is it? Is there when I need some other therapist to help me with them.

Interviewer: Uh huh.

Yein: Because ... the most important one is I need the parents to know the situation of the ... the client yeah. Um ... that’s the way la.

Interviewer: OK. What is your last word before we end our interview session? Any recommendations or ideas?

Yein: OK.

Interviewer: Especially about our topic.

Yein: OK. Actually this kind of topic is quite interesting. For me.

Interviewer: Uh huh.

Yein: ... First for Western country. But for Sarawak here. Especially for Borneo is really ... is really different because we have a lot of Bumiputera. We have a lot of races and ... for example the first cases maybe Iban and the second one is maybe Bidayuh. And the third one maybe Kelabit. So we have all of this. And even to Melanau. For example I need to travel to a place named Mukah.

Interviewer: Uh huh.

Yein: First a lot of Melanau. They can’t even understand Iban. Malay. They they only just can understand Melanau. So when they really really ... quite a hard time for me. So what I need to do is. I need ... I really need to learn. In terms of basic term and that and of course I need someone to help me.

Interviewer: Uh huh.

Yein: So in terms of this recommendation is ... I think the better is. Meet myself as a therapist really need to know. Especially the culture. Especially ... because you ... for example like my job is I’m having visitation. So I need to go
to the place stay. Sometimes um some of my clients are coming from those the quite Ulu (rural) area.

Interviewer: Uh huh.

Yein: It’s really uh ... uh ... interest and special for me. But I also need to learn.

Interviewer: Uh huh.

Yein: Yeah. So I need to learn.

Interviewer: OK. Uh you have mentioned something about Western country just now. Uh ... I can’t really hear you about what do you talk about Western country. (In ==comparison)

Yein: ==O ... K. Because because just now I am not sure I mention it because I’m not sure about the Western country but because of Sarawak. A lot of races have having here. Yeah. That’s the one that I tried to link.

Interviewer: Uh huh ... yeah. Ah... thank you for your information.

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Interviewer: I will start now. Based on the information that you provided in the questionnaire. You have more than twenty years work experience in the SLP profession. And currently work in KK is it?

Prudence: Yes.

Interviewer: And specialise in uh paediatric cases. Such as autism apraxia and speech delay. ==um ...

Prudence: ==yes

Interviewer: in your profile. You have stated your ethnicity as others. Can you specify which ethnic groups are you come from?


Interviewer: Oh you come from Kadazan. OK. My first question is um ... I see you have clients who speak in Chinese dialect and also indigenous language. Which are languages you said you are not proficient in. How would you describe the nature of interaction you have with clients who speak Chinese dialect or indigenous language?

Prudence: We usually ... Some of them might be cannot speak Malay fully but they can understand me.

Interviewer: Uh huh.
Prudence: It depends on what type of intervention. If it is just speech sounds we do more …

Interviewer: If you do not have a shared language or only minimally do. How do you communicate with your clients?

[Poor connection couldn’t hear the participant’s responses. The participant changes her network]

Interviewer: Again. Um can you describe about the nature of interaction you have with clients who speak indigenous language or … maybe Chinese dialect?

Prudence: OK. Some of them are actually … they don’t speak either language fully. And when you got those kids who have autism or speech delay. Sometimes the family would say let’s focus on Malay or let’s focus on English.

Interviewer: Uh huh.

Prudence: Um … what I normally do is if I am going to focus on it usually I would say to parents if you want me to do that you have to do at home as well.

Interviewer: Uh huh.

Prudence: At least there will be some understanding for the child you know.

Interviewer: Mmm uh huh.

Prudence: And also the worst case is normally in Chinese speaking family is where they really really cannot cope then. I will normally do the program and monitor.

Interviewer: Mmm.

Prudence: And someone else who run it.

Interviewer: Oh OK. Do you mean that. Because you said you have someone also who have done it for you. Is it speech therapist for Chinese Mandarin?

Prudence: [Shaking her head]

Interviewer: Is not?

Prudence: No no. We only have one speech therapist who speak Chinese in Sabah.

Interviewer: Uh huh.

Prudence: She just started.

Interviewer: Mmm.
Prudence: What I have done in the past is I have a learning centre whereby employ people to work. They act as speech therapist aids.

Interviewer: Uh huh

Prudence: Yeah. I have those who speak Chinese and we work. I work together with them.

Interviewer: That’s pretty cool. OK if you do not have shared language with your clients. How do you communicate with them?

Prudence: Visual tools ...

Interviewer: OK

Prudence: gestures pictures. Um normally those two are quite good enough as long as my pictures are clear should be alright.

Interviewer: OK. For SLP in particular communication is not just for efficiency and interpersonal aspects. ==Um ...

Prudence: ==uh huh

Interviewer: but also for diagnosis. Tell me assessment and intervention protocols with client who ... with these clients.

Prudence: Then I will work with interpreter.

Interviewer: Uh huh.

Prudence: Somebody who can translate.

Interviewer: Uh huh.

Prudence: Normally when I have someone who can translate. I will tell them try to translate word by word. What I am saying. No cues given.

Interviewer: Mmm.

Prudence: Then I will observe um the clients or learners’ behaviour as well ... yeah.

Interviewer: Where do you get this interpreter? Is it certified interpreter or maybe ...

Prudence: They are my staff ...

Interviewer: oh your staff. OK.

Prudence: who are proficient in that language.
Interviewer: Uh huh huh. Um ... what kinds of problems present in this context?

Prudence: Um ... I think you know how. There’s a bit of language which is hard to translate. By the meaning. An example is ... OK. When do you do something like um to see or not the child can comprehend simple object or recognise simple objects. This is just a simple example. But for a cup ...

Interviewer: uh huh

Prudence: you know just say the word cup. But in Chinese they don’t usually use the word cup. They would say drink water.

Interviewer: Oh.

Prudence: And that added the clue you see.

Interviewer: Yeah.

Prudence: Um so then you have to say. OK what is the word cup in Chinese and everyone will be thinking. Is there any word for cup in Chinese? We always say ‘he sui’ ‘he sui’. Means drink water. It changes the meaning of of the assessment you know. And you are looking at a verb ...

Interviewer: mmm

Prudence: not a noun form.

Interviewer: Uh huh.

Prudence: Things like a tooth brush.

Interviewer: Uh huh.

Prudence: When everybody called a brush teeth ...

Interviewer: oh yeah

Prudence: and it’s again changes the meaning of the actual activity. Yeah. It’s a small small um language but this particular to that group. You know what I mean. You know that somebody who come from indigenous background live in kampung (village) and it’s very different the way they view language.

Interviewer: Uh huh.

Prudence: And when you ask them to translate it it loses its meaning. So ... yeah those are the kinds of difficulties we have here.

Interviewer: What do you do when this problem happens?
Prudence: I usually make adjustment and I usually stated in the assessment that it is affected by cultural differences. Even within Malaysia. Even we have one standardised test it will differ in terms of culture ...

Interviewer: uh huh

Prudence: ah because we have different different cultures within Malaysia. So I normally state that they have different cultural differences. And how I have to make changes with reference to them.

Interviewer: OK. Um ... because you talk about assessment. Can you describe what are the differences between clients that you have shared language and this type of clients in terms of intervention and assessment protocols? Are they any adaptations or maybe ... yup ...

Prudence: um ... you mean that during the assessment?

Interviewer: Yup

Prudence: Within a particular assessment tool is it?

Interviewer: Yup.

Prudence: Can you repeat the question. Sorry.

Interviewer: OK. Can you describe ah ... intervention and assessment protocols?

Prudence: ... Yeah. There are differences. Hang on. One second one second [a staff pass a document]. Sorry. There are differences because I interpret the result. I have to take into account um ... I know strictly you’re not supposed to because of the validity of assessment and all that. But sometimes the individual differences just too many.

Interviewer: Uh huh.

Prudence: And you cannot really follow the protocol. Because when you follow the protocols it will paint a different picture of the child. I will make adjustment. Unfortunately it is subjective. Um I have to make that adjustment and I have put it. It might not be reliable ah when you compare it with the data. Or or the measurement. You know but I have had to make those adjustment because of this particular client’s background.

Interviewer: OK.

Prudence: Yup.

Interviewer: What kinds of assessment tools you use in your um clinic?

Prudence: Mmm hmm ... to assess speech and language?
Interviewer: Yup.

Prudence: I use ... I’m using the preschool language scales.

Interviewer: Uh huh.

Prudence: But again it is US based. So we’ve got like I have to. Once you translate that into Malay it changes. You know. Once you translated into Malaysian English it changes as well. So I just use it as a measure. But not as the strict like um how far behind the child is. It’s more just like I said yeah. I use that PLS.

Interviewer: Mmm.

Prudence: You know the Malaysian developmental language assessment?

Interviewer: MDLAK?

Prudence: Yup we use MDLAK. Um again that one is not standardise. So again is just to compare children. Um ... I use those two mainly for language assessments. Speech assessment I have an app on my phone on my iPad.

Interviewer: Uh huh.

Prudence: I use that. And again it’s compared to more US speaking kids or British speaking kids. So yeah I normally adjust when I need to.

Interviewer: Uh huh.

Prudence: So ... uh yup those the tools I mainly use.

Interviewer: OK. As you and your clients have different levels of language proficiency. How do you know ...

Prudence: mmm hmm

Interviewer: this is exactly language problem or maybe it’s just a language variation?

Prudence: Ah I will ask the family. The family normally will give me a lot of information. And I will gage when I speak to the family if they understand me.

Interviewer: Oh.

Prudence: Because if I find that the family themselves who are ... who do not having a language delay. If they have difficulties understanding me. Then I think OK that is a language variation there. But if they are able to understand me. Then I think OK it could be that. It’s a language delay. So I will also gage the family. You know. So when they come to see me I’ll say that OK if they are able to understand me when I speak. Ah what is their level of language proficiency in that particular language.
Interviewer: OK. I give you a situation. Ah if you have uh seven year old ...

Prudence: uh huh

Interviewer: perhaps uh indigenous speaking client with speech and language impairment. This client is accompanied by his parents who are also native in indigenous language. Um because you are proficient in either Malay or English.

Prudence: Uh huh.

Interviewer: What language would you use with this client?

Prudence: If it is indigenous family. I would use Malay.

Interviewer: OK.

PRUDENCE: Simplified Malay.

Interviewer: What kinds of strategies do you use when this situation happens?

Prudence: And if I don’t have anyone to translate?

Interviewer: Yup. Uh huh.

Prudence: A lot of gestures. A lot of examples. A lot of yeah ... a lot of examples. And just let the family talk and probably just recording it.

Interviewer: Uh huh.

Prudence: At certain point showing that to somebody who are actually um speak that particular dialect.

Interviewer: Uh huh OK. In any consultation. The diagnosis and recommended treatment are critical for clients ad carers to understand. Right? Can you give me communication strategies that you would use that your clients and carers have understood. The diagnosis and recommended treatment.

Prudence: Hmm ... this is clients who are unable to speak the language? The same language right?

Interviewer: Ah maybe you can give me two different situations. Perhaps one client maybe you have minimal language proficiency you shared together. And of course perhaps the other client who doesn’t have proficiency at all that you shared together.

Prudence: ... Mmm how do I explain to them the diagnosis? Is that what you mean?

Interviewer: Yup.
Prudence: And to know that they understand ==the diagnosis

Interviewer: ==the diagnosis and recommended treatment perhaps like HBP. Yup.

Prudence: Um OK. Um ... for clients who don’t speak the same language. Who I don’t speak that language.

Interviewer: Uh huh.

Prudence: I will look for. I rely quite a bit on visuals. If something like a diagnosis of autism.

Interviewer: Uh huh.

Prudence: Then I bring a poster of autism you know and show them you know this is what happening. And this is what your child has. Um and then I will say this is recommended. Because it does help with the child’s development. And then I will gage it by ... how they respond to me and how they ask me. Um if need be I will demonstrate what I mean ...

Interviewer: uh huh

Prudence: you know if I’m trying to say. Look your child can actually carry out instructions. I will demonstrate to them what I mean.

Interviewer: Uh huh.

Prudence: Then I will get them to try and do it as well so sort of coach the parents during that session. Um on how to do it. Yeah ... I would do similar for parents who have the same language proficiency as me. Um mainly because although we have the same language. But I come from a view of speech therapist and their parents. And again that language you would use is different so as I said I will rely on something like a poster and um showing them you know what the diagnosis mean. And you know a lot of demonstration. Yeah.

Interviewer: OK. This is my last question. What is you last word maybe any recommendations or ideas related to this issue?

Prudence: Um you mean in terms of the language ...

Interviewer: (uh huh)

Prudence: barriers?

Interviewer: Yes.

Prudence: Uh ... you know in the PLS ... five ...

Interviewer: uh huh
Prudence: during that assessment there are always have adjustment at the bottom. They will say based on this dialect based on this and that. I think I like that but the thing is we don’t have specific test for Malaysian children yet. I would like to see a test with Malaysian children. Um so that we can use that. And even even when we do have that. It is um um changes are made. For different states.

Interviewer: Uh huh.

Prudence: Obviously each state is different. But you know that what I would like to see. Um. I mean at the moment the actual thing is very subjective ...

Interviewer: uh huh

Prudence: you know I don’t know where do we get a measure who is more objective. If I don’t know whether we need a measure of more objective but yeah. Something like that. I suppose.

Interviewer: So from your experience do you think more objective measurement will be beneficial uh to improve our profession?

Prudence: I always question that. I mean is you are working with people. Um sometimes when you are too objective. You don’t really see the child and you don’t really see the child’s strength.

Interviewer: Uh huh.

Prudence: I always think that with the autism because you have this all list of this is what they child should be doing. And that that that that.

Interviewer: Uh huh.

Prudence: When you work with children with autism you say oh my goodness. It’s spectrum disorders. All over the place.

Interviewer: Uh huh.

Prudence: So in order for you to communicate with other professionals. It is good to have something that fairly objective.

Interviewer: Uh huh.

Prudence: You know but yeah ... it is more to communicate something on the common ground. So it would be good to have something it is objective. But not too rigid la.

Interviewer: Uh huh. You talked about professionals but how about um ... in terms of your clients sometime they have different levels of education. So ==yeah
Prudence: ==yeah. Yeah um ... so with my client you have that assessment and it’s result and I always explain um this is what it shows your child is doing at the moment. However ...

Interviewer: uh huh

Prudence: based on your culture experience um that can be explained by this. You know so um I will always put that in. Um like I said it’s very hard to ... to say like um to measure that child and it’s so ... I mean it’s a person.

Interviewer: Uh huh.

Prudence: And a person changes you see. So if you strictly measure them again something that too objective. I think you don’t see other areas of the child. I mean I can understand objective assessments. But at the same time. It should be allowed for some individuals’ differences.

Interviewer: So this is last ... last question.

Prudence: [Laugh]

Interviewer: Just because my study is more on uh between SLP and the client itself and then different levels of language proficiency. What do you think the kind of strategy that really work if you have this problem? ... ==between SLP and client

Prudence: ==visuals. Use a lot of visuals. Um I like visuals you know. Um I like demonstration as well. Um because I think sometimes you when you used talk talk talk. It it ... you loss your client after a while.

Interviewer: Uh huh.

Prudence: Especially those that are not of the same language proficiency. But if you demonstrate. If you use visuals. They help. They help a lot. And that’s the most in people’s mind. That visual cue.

Interviewer: OK. Thank you.

**Transcription convention**

... indicates a trailing off or short hesitation.
== means overlapping or simultaneous talk
[words in square brackets] are contextual information or information suppressed for privacy reasons
(words in parentheses) were unclear but this is the transcriber’s best analysis.
( ) empty parentheses indicate the transcriber could not hear or guess what was said.
Appendix 4 – Approval Letters

aries@anu.edu.au
Tue 29/08/ (16:40)
Khadijah Khalid; Human Ethics Officer@anu.edu.au; Susy Macqueen

THIS IS A SYSTEM-GENERATED E-MAIL. PLEASE DO NOT REPLY. SEE BELOW FOR E-MAIL CONTACT DETAILS.

Dear Ms Khadijah Khalid,

Protocol: 2017/469
Exploring Communication Strategies used by Speech-Language Pathologists in Multilingual Contexts in Malaysia

I am pleased to advise you that your Human Ethics application received approval by the Chair of the Humanities & Social Sciences DERC on 29/08/2017.

For your information:

1. Under the NHMRC/AVCC National Statement on Ethical Conduct in Human Research we are required to follow up research that we have approved. Once a year (or sooner for short projects) we shall request a brief report on any ethical issues which may have arisen during your research or whether it proceeded according to the plan outlined in the above protocol.

2. Please notify the committee of any changes to your protocol in the course of your research, and when you complete or cease working on the project.

3. Please notify the Committee immediately if any unforeseen events occur that might affect continued ethical acceptability of the research work.

4. Please advise the HREC if you receive any complaints about the research work.

5. The validity of the current approval is five years’ maximum from the date shown approved. For longer projects you are required to seek renewed approval from the Committee.

All the best with your research,

Human Ethics Officer
Research Integrity & Compliance
Research Services Division
Appendix 5 – Participant Information Sheet

Participant Information Sheet (Interviews)

Researcher: My name is Khadijah Khalid and I am a Speech-Language Pathologist from Malaysia. I am carrying out this research project as a part of my Master degree in the School of Literature, Languages and Linguistics, College of Arts and Social Sciences at the Australian National University.

Project Title: Exploring Communication Strategies used by Speech-Language Pathologists in Multilingual Contexts in Malaysia.

General Outline of the Project:
- You are invited to participate in an interview through a video call online about the communication strategies used by Malaysian Speech-Language Pathologists (SLPs) in their practices.
- The time for the interview will be arranged at a time that is convenient to you.
- The interview will be audio-recorded and transcribed for data analysis.
- Data gathered from the interview will be analysed and reported on in my Master thesis. It will also be used in an academic publication and for professional development purposes.

Participant Involvement:
Participation in this study is voluntary. You may, without negative consequences, decline to take part or withdraw from the research without providing an explanation at any time before the work is prepared for publication. You are free to refuse to answer any questions. If you choose to withdraw from the research project, your data will be destroyed and not used.

- You are invited to an interview. You will be asked about your personal experience in managing interactions with your multilingual clients of different levels of language proficiency. The interview will be audio-recorded and then transcribed for analysis. You may check and revise your transcript before it is analysed for the project. If you would like to do this, please let the researcher know at the end of the interview. The transcriptions will be de-identified and your name will not be connected to either your answers to the questions asked or the answers to the written questions.
- The interview is expected to last approximately 30 minutes.

Confidentiality:
- To protect your privacy, all responses to the interview will be de-identified and kept confidential as far as the law allows and you will not be referred to by name in any academic publications arising from the data. All data we collect will be de-identified.
- The names of patients and clinicians will be removed from all interactions. All information obtained in the course of this research will be securely maintained in accordance with university data security policies, and will be used only for the research project as approved by the ANU Human Research Ethics Committee.
You are asked not to name any patients or clinicians but in the event that any names of people or place names are mentioned in the course of the questionnaire or interview, these will be removed from the stored data. Despite this de-identification process, there is a possibility that you might be identified through the description of your background and experience.

Privacy Notice:
In collecting your personal information within this research, the ANU must comply with the Privacy Act 1988. The ANU Privacy Policy is available at https://policies.anu.edu.au/ppl/document/ANUP_010007 and contains information about how a person can:

- Access or seek correction to their personal information;
- Complain about a breach of an Australian Privacy Principle by ANU, and how ANU will handle the complaint.

Data Storage:
- Data will be securely stored on the researcher’s personal password-protected computer. Physical records will be kept in a locked cabinet in the researcher’s room.
- All research data will be retained and securely stored for at least five years following publication arising from the research.

Queries and Concerns:
- If you have any questions about this study, please contact Miss Khadijah Khalid on +61 464810591 or at k6093661@anu.edu.au.

Ethics Committee Clearance:
The ethical aspects of this research have been approved by the ANU Human Research Ethics Committee (Protocol 2017/469). If you have any concerns or complaints about how this research has been conducted, please contact:

Ethics Manager
The ANU Human Research Ethics Committee
The Australian National University
Telephone: +61 2 6125 3427
Email: HumanEthics.Office@anu.edu.au
Written Consent for Participants in Follow-up Interviews
Exploring Communication Strategies used by the Speech-Language Pathologists in Multilingual Context in Malaysia

I have read and understood the Information Sheet you have given me about the research project, and I have had any questions and concerns about the project (listed here) addressed to my satisfaction.  

I agree to participate in the project. YES □ NO □  
I agree to this interview being audio-recorded YES □ NO □  
I agree to be identified in the following way within research outputs:  

Pseudonym YES □ NO □  
No attribution YES □ NO □  

Signature: ..................................................  
Date: ..................................................  

The Australian National University | Canberra ACT 2601 Australia | CRICOS Provider No. 00120G
Appendix - Follow-up Interviews Question

Indicative semi-structured interview questions are provided below. Note that these questions are a guide only.

1. What kinds of multilingual interactions do you have with clients?
2. Is multilingual interaction typical of your SLP practice?
3. Describe your current assessment and management protocols for clients with whom you do not share a first language.
4. Are there any adaptations you regularly make to assessments to compensate for a gap in language proficiency?
5. Have there been any instances in which language proficiency has been a barrier to effective practice? What was the particular configuration of languages in this instance?
6. Imagine you have a 3-year-old client with speech and language delay and both parents are native in e.g. Tamil and have limited proficiency in either e.g. Bahasa Malaysia or English. You do not speak e.g. Tamil but proficient with the other two languages. What language would you use? How would you manage the diagnosis?
7. Imagine you have the same situation but this time your client is a school-aged child with learning difficulties whom may or may not have been diagnosed with language impairment before. From the case history, you identify the different languages used at home and school. How would you consult the family members?
8. You have a 56-year-old e.g. Chinese speaking client and his carer in a consultation. You do not speak e.g. Cantonese and you have limited proficiency in e.g. Mandarin. What language would you use? How would you manage the diagnosis?
9. From what have you described just now, what are the most effective ways to overcome the challenges of communication in the clinical consultations?