Development of a Coaching-based Guidebook to Enhance the Quality of Life of Parents of Persons with Developmental Disorders in Southeast Asia

Edited by

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Development of a Coaching-Based Guidebook to Enhance the Quality of Life of Parents of Persons with Developmental Disorders in Southeast Asia

– with a Parent Training, Mentoring, and Coaching Guidebook –

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List of Abbreviations and Acronyms

AC-QoL	Adult Carer-Quality of Life
ADHD	Attention Deficit Hyperactivity Disorders
ASD	Autism Spectrum Disorders
ASEAN	Association of Southeast Asian Nations
COVID-19	Coronavirus Disease 2019
GHQ-12	General Health Questionnaire
ICF	International Coaching Federation
JDDnet	Japan Developmental Disorders Network
NPS	Net Promoter Score
QoL	quality of life
SNS	Social Networking Service
TUPT	Tottori University-style Parent Training
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
US	United States
VAN	Viet Nam Autism Network

Chapter 1

Introduction

1. Overview

In the vast and diverse mosaic of Asia and the Pacific, the clarion call of 'leave no one behind' resonates with profound significance, guiding the collective effort towards a more inclusive and equitable society. This principle once again took centre stage at the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) High-Level Intergovernmental Meeting on the Final Review of the Asian and Pacific Decade of Persons with Disabilities, 2013–2022. As the 'Decade' ends, ESCAP members, associate members, organisations representing individuals with disabilities, and other stakeholders are looking at and planning the way forward for the next 10 years in accordance with the 2030 Agenda for Sustainable Development (UNESCAP, 2022). Thus, a renewed sense of purpose beckons, one that places disability-inclusive development at the heart of the regional agenda for Asia-Pacific, specifically Southeast Asia.

This forward-looking vision examines key and emerging regional issues and opportunities, highlighting the pressing matters that require our focus. Specifically significant in the ESCAP review is the Outcomes of Stakeholder Consultations, where it shed light on persistent challenges hindering the effective engagement of individuals with disabilities and disability organisations. Amongst these challenges include specific barriers that hinder participation in decision-making processes, particularly for certain segments of persons with disabilities such as those with intellectual and psychosocial disabilities. Scarce opportunities exist for persons with disabilities and their representative organisations to assume decision-making roles, often relegating them to mere informants or input providers (UNESCAP, 2022).

The crucial role of care partners and personal assistants of persons with disabilities, along with the necessity for improved collaboration amongst organisations of persons with disabilities, comes into sharp focus. The gap between disability-related policy and its on-ground implementation remains a persistent challenge, further compounded by the absence of robust complaint mechanisms to address failures in non-discrimination policies. A critical concern lies in the continued lack of funding and capacities of organisations of persons with disabilities, highlighting the need for sustainable support mechanisms.

These challenges, central to this report's discussion, somehow echo the issues that this project is trying to tackle. It may just touch upon a small aspect of these highly nuanced, multifaceted challenges, but it is an important first step in looking at the complexities of developmental disorders in the region. This is especially true not only for persons with developmental disorders but for their parents and carers as well.

Developmental disorders, as defined in alignment with the United Nations General Assembly (2012–2013), cover conditions like autism spectrum disorders (ASD) and related disabilities. It also includes conditions specified in the Act on Support for Persons with Developmental Disorders in Japan, such as autism, Asperger Syndrome, pervasive developmental disorders, learning disabilities, attention deficit hyperactivity disorders (ADHD), amongst others (National Rehabilitation Center for Persons with Disabilities, 2004).

Parenting children with developmental disorders, such as ASD, is an intricate journey fraught with challenges, yet also filled with profound rewards. The responsibilities and pressures placed on parents are immense, compounded by the unique demands of navigating the healthcare and education systems in Southeast Asia, a region marked by cultural diversity and varying economic conditions. The differences in the cultures amongst the region's 10 countries (Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand, Viet Nam) form a cultural mosaic. This diversity shapes parental views on caring for children with developmental disorders. This journey leads to feelings of isolation, emotional vulnerability, and a dearth of knowledge about care planning. However, hope shines through in the form of parent training, parent mentorship, and group coaching programmes. These multifaceted approaches seek to provide parents with knowledge, skills, emotional support, and a sense of belonging, enabling them to advocate effectively for their children (while living a good quality of life [QoL] themselves).

Delving into the challenges faced by parents of children with developmental disorders and exploring the solutions provided by parent training, parent mentorship, and group coaching programmes, it becomes evident that the emotional impact on parents is universal, even though the challenges may differ due to varying cultural, economic, and social factors. These programmes offer unique strengths and tackle specific needs, but together they create a holistic approach to support parents.

The 'Parent Training, Mentoring, and Coaching Guidebook' is the tangible outcome of this groundbreaking research, setting a precedent in Southeast Asia. This programme equips parents with essential strategies to address their unique challenges and expand their perspectives. This guidebook is designed with a dual purpose in mind: (i) to empower parents with the knowledge and skills needed to effectively nurture their children with developmental disorders; and (ii) to facilitate their transition into mentorship or training roles, enabling them to share their experiences and wisdom with others. Furthermore, it underscores the importance of ongoing personal growth and development through coaching sessions led by a certified life coach (ERIA, 2024).

This comprehensive approach ensures that parents continually enhance their parenting abilities, leading to an improved QoL. Notably, these three components – parent training, mentorship, and coaching – can function independently or collaboratively to help parents navigate the challenges mentioned above.

This report presents a synthesis of the goals, methodologies, and impacts of these programmes, underlining the transformative potential they hold. We also delve into the key findings from research studies in this area, which emphasise the positive changes experienced by parents when they receive support tailored to their specific challenges. This comprehensive overview of parent support initiatives in Southeast Asia will offer valuable insights for parents, caregivers, educators, and policymakers.

2. Summary of Research Studies

2.1. Parent Training

Research studies on parent training programmes reveal their potential to address the unique needs of parents in Southeast Asia (Inoue, 2009). It is a type of intervention that teaches parents how to support their children with developmental disorders. Parent training programmes can cover various topics, such as how to improve communication, reduce problem behaviours, and promote social skills development.

Besides having the flexibility to be tailored to the specific needs of participants, parent training programmes can be delivered in a variety of formats, including group and online sessions. This flexibility makes the programme accessible to a wide range of families. Parent training is also relatively inexpensive. For example, in Japan, these programmes are offered through government agencies or non-profit organisations.

The study evaluating the Tottori University-style Parent Training (TUPT) programme, adapted for Vietnamese parents of children with ASD, underscores the positive impact of online parent training programmes. High attendance rates and improved parental well-being indicate the value of these cross-cultural adaptations. However, the study also acknowledges the complexities of addressing ASD-related challenges in children. This research highlights that while parent training programmes can significantly benefit parents, there is room for further refinement and expansion.

2.2. Parent Mentorship

The role of experienced parents as mentors offers a valuable source of support in Southeast Asia. Parent mentor training programmes (Parent Mentor Guidebook Development Committee, 2018), such as those endorsed by the Japan Developmental Disabilities Network (JDDnet), have shown promise. These trusted advisors provide vital insights and empathetic support for fellow parents, sharing information about community resources and drawing from their own experiences. While research on parent mentorship in Southeast Asia is limited, studies from the Asia-Pacific region underscore the need for greater support and the potential for peer monitoring to empower parents.

2.3. Group Coaching Programme

Coaching can be used to help people achieve various goals, such as improving their communication skills, managing stress, or developing new skills. Professional coaching, whether in an individual or group setting, is a collaborative, goal-oriented process that helps parents navigate the challenges associated with raising a child with a developmental disorder (Celestine, 2021).

Coaching the parents of children with developmental disorders can be a valuable way of providing support and guidance. The novel concept of group coaching programmes, designed to enhance the QoL for parents of children with developmental disorders, introduces a transformative approach. The Group Coaching Programme, aiming to strengthen the QoL for parents, uses a comprehensive methodology, which includes pre-intervention, intervention, and post-intervention phases (ERIA, 2024). By addressing physical well-being, emotional health, relationships, and the environment, the programme focuses on enhancing parents' knowledge, coping skills, self-awareness, and self-confidence.

Parent training, parent mentorship, and coaching are both effective interventions for supporting children with ASD and their parents. While the best intervention for a particular family will depend on the needs of the individual and his/her family, along with easy access and availability of interventions and resources, combined interventions may be particularly effective. These interventions can provide families with the benefits of both structured learning and individualised support.

More research is needed to compare the effectiveness of parent training, parent mentoring, and coaching, including combined interventions in different populations and settings. However, existing research suggests that all three types of interventions can be effective in improving the outcomes of children with ASD and enhancing the QoL of their parents.

The decision of whether to choose parent training or coaching, or a combined intervention, should be made on a case-to-case basis. Some factors to consider include the child's specific needs, the parents' needs, the family's goals, and the availability of resources.

Parent training programmes may be a good option for families who are looking for a structured approach to learning specific strategies and skills. Coaching programmes may be a good option for families who are looking for individualised support and guidance. Combined interventions may be a good option for families who want the benefits of both parent training and coaching.

The synthesis of these research studies and approaches highlights the following key insights:

- **Cross-cultural adaptations:** To optimise the effectiveness of parent support programmes in Southeast Asia, incorporating elements that align with local

cultures, traditions, and values is essential. These cultural adaptations promote cultural sensitivity, engagement, and relevance, building trust and improving parent–child relationships. Cultural competence plays a pivotal role in the success of these programmes.

- **Integration and collaboration:** Collaboration between parent training, parent mentorship, and group coaching programmes can lead to a more comprehensive and effective support network for parents. Integrating coaching into existing support services, such as parent training and mentorship, enhances the resources available to parents.

- **Challenges and limitations:** It is important to recognise the limitations of these programmes, including the need for cultural sensitivity and the risk of emotional vulnerability. Addressing these challenges requires well-trained coaches and a strong emphasis on cultural awareness.

- **Advocacy and government support:** Governments and relevant organisations should be encouraged to support these initiatives, recognising their potential to positively impact families and communities. Government endorsement can help expand the reach of these programmes and enhance their effectiveness.

- **Research and evaluation:** Continued research and evaluation are essential to refine and enhance parent support programmes. Longitudinal studies can provide insights into the long-term impact of these programmes on parents and their children.

Empowering parents in Southeast Asia with specialised support that considers the region's cultural and societal nuances is essential. In the realm of parenting, the aim of parents universally revolves around the well-being of their children, without any doubt. This objective remains constant across the globe, with the only variation lying in the approaches taken to achieve it. In this regard, it becomes evident that culture plays a substantial and distinct role in shaping parenting practices, particularly within the rich tapestry of Asian cultures (Girindra, 2019).

The combination of parent training, parent mentorship, and group coaching programmes offers a holistic approach to address the unique challenges faced by parents of children with developmental disorders. By incorporating cultural adaptations, advocating for government support, and conducting ongoing research and evaluation, these programmes can make a significant difference in the well-being of parents and, ultimately, create a more supportive and empowered caregiving community in Southeast Asia.

Chapter 2

Conducting Online Parent Training for Vietnamese Parents of Children with Autism Spectrum Disorders

1. Background

Recently, the implementation of online parent training programmes for neurodevelopmental disorders, particularly ASD, has gained momentum. However, the adoption of rehabilitation programmes and parent training as a means of parental support in Southeast Asia has been relatively slow.

ASD is a neurodevelopmental disorder characterised by deficits in social communication and the presence of restricted interests and repetitive behaviours (American Psychiatric Association, 2013). Parents of children with ASD have been noted to have a higher risk of stress than parents of children with typical development and those with non-ASD psychiatric disorders (Hayes and Watson, 2013). Parents of children with ASD have also shown to have a higher risk of developing psychological symptoms, such as depression and anxiety (Schnabel, et al., 2020). The World Health Organisation (2014) emphasised the importance of psychoeducation for parents and caregivers of children with ASD.

Parent training programmes is a promising support for improving the mental health of parents and behaviour in children with ASD and developmental disabilities (Haraguchi and Inoue, 2022). Parent training is a programme in which parents actively acquire parenting skills through mechanisms such as homework, modelling, and practice skills (Rossi, 2009). The term 'parent training' describes a wide range of interventions, including care coordination, psychoeducation, treatments for language or social development, and programmes designed to address maladaptive behaviours within the research or implementation of ASD (Bearss et al., 2015). Recent systematic reviews have provided evidence of improved parental mental health (Lichtlé et al., 2020) and child behaviour owing to parent training in the United States (US) (Postorino et al., 2017). However, outside of the US, few studies have been conducted on parent training (Dawson-Squibb et al., 2020), and none has been conducted in the countries of the Association of Southeast Asian Nations (ASEAN).

Shortage of appropriately trained behaviour analysts and inaccessibility of face-to-face intervention services by families of children with autism owing to geographical distance have propelled the need for the adoption of computer and internet technologies (Pickard et al., 2016). This was further heightened with the emergence of the coronavirus disease in 2019 (COVID-19). The impact of COVID-19 led to an increase in studies on telehealth interventions, including parent training (Ellison et al., 2021; Li et al., 2022; Narzisi, 2020).

2.   Parent Training in Viet Nam – An Overview

This report seeks to assess the efficacy of an online parent training programme from Japan and tailored for Vietnamese parents of children with ASD living in Viet Nam. Sixteen Vietnamese parents of children with ASD, identified through the Viet Nam Autism Network, participated in a series of seven online parent training sessions conducted in real-time from Japan, accounting for a 2-hour time difference. These sessions were delivered in Vietnamese through Powerpoint presentations, with Japanese staff providing explanations, simultaneously translated by a Vietnamese interpreter.

The staff calculated attendance and homework completion rates, tracked participant engagement through Zoom and social networking service (SNS) interactions, and employed pre–post-test designs to measure changes in parental mental health and children's behaviour.

The results showed high attendance and task completion rates. Significant improvements were observed in the mental health scores of the parents before and after online parent training. However, there were no significant improvements in children's behaviours. A participant acceptability questionnaire confirmed a high level of satisfaction with online parent training across countries. The results of this study showed the results of the first step of internet-based, cross-country parental support.

The Tottori University–style parent training (TUPT) has been shown to be effective for Japanese parents of children with ASD, provided on a community basis in a face-to-face setting (Haraguchi and Inoue, 2022). TUPT has also been shown to be effective in improving the mental health of parents (Inoue, Tatsumi, and Fukuzaki, 2022). The purpose of this study was to evaluate the effectiveness of TUPT, provided in real-time via the internet to parents with children with ASD living in Viet Nam via a Vietnamese interpreter. The expansion of parent training for parents of ASD into the Asian region will then be discussed in terms of the challenges of parent training in different languages and countries.

3.   Methods

3.1. Participants

Participants in this study were recruited via postings of flyers on the Viet Nam Autism Network website. Participants were selected based on the following criteria:

a)   Parents who lived in Viet Nam;
b)   Parents who were at least 20 years old at the time when their consent was sought out;
c)   Parents who had a child with a diagnosis or suspected diagnosis of ASD between 3 and 9 years at the time of consent;
d)   Parents who could use an application to receive training remotely; and

e) Parents who had the means to receive online training.

As a result of the recruitment procedures described above, 27 parents were selected for the study. Ultimately, 16 parents of children with diagnosed or suspected ASD were enrolled.

Table 2.1 shows the demographic profiles of the study participants. The mean age of participants was 33.88 years (SD=3.77). Fifteen mothers and one father were employed (93.8%). Fifteen participants (93.8%) had a university degree or higher and one (6.3%) had a junior college degree. The mean age of the children was 4.42 years (SD=1.26), representing 15 boys and 1 girl with ASD diagnosis. Two had comorbid intellectual disabilities, and two had comorbid ADHD.

Table 2.1. Demographic Profile of Participants

Parents (n)		16
Age (years)		
M (SD)		33.4 (3.40)a
Range		29-39
Sex (n)		
Male		1
Female		15
Educational Background		
Graduate school		2
University		13
Junior colleges		1
Monthly family income		
3.00–7.99 million dong		3
8.00–8.99 million dong		2
9.00–9.99 million dong		3
More than 10 million dong		8
Children (n)		
Age (years)		
M (SD)		4.42 (1.26)
Range		2.50–6.75
Sex (n)		
Male	15	
Female	1	
Comorbidities (n)		
ID	2	
ADHD	2	

ID = intellectual disability, ADHD = Attention-Deficit hyperactivity Disorder calculated for 15 participants. The above data being revised and accepted for publication in Yonago Acta Medica. Sources: Inoue et al. (2023).

3.2. Programme Staff

The online parent training in this study consisted of a leading facilitator in charge of lectures (Masahiko Inoue), group facilitators in charge of group work in each group (Honami Yamaguchi and Keita Nakatani), recorders (Avano Nishimoto, Kei Namiki, and Satori Kuroda) who recorded the work, and Vietnamese parents of children with ASD (Viet Nam Autism Network members) who were responsible for interpreting. These two interpreters studied in Japan and worked for a Japanese tourism company and were fluent in Japanese.

3.3. Online Parent Training

The TUPT is a parent teacher programme based on applied behaviour analysis that was created to help children adjust their environment to inappropriate behaviours and acquire alternative desirable behaviours for all developmental disabilities, including ASD. This has been shown to be effective in helping children acquire adaptive skills. The programme is manualised, and a revised version by Haraguchi and Inoue (2022) was implemented in this study.

The online training programme consisted of seven sessions. Each session included

    a) a review of the previous session,
    b) confirmation of previous homework,
    c) lecture and group work, and
    d) homework assignment related to the theme of that session.

The duration of the parent teacher programme was 4 months. Each session lasted 120 minutes and was offered every 2 weeks.

Participants were required to complete homework between sessions. Group work was conducted with two groups of eight participants and three or four staff members using Zoom's breakout function to discuss the issues and themes presented in the session. This group work was conducted two to three times per session, with each group work lasting 15 to 20 minutes. Group facilitators or leading facilitators answered questions from group participants. Homework was explained at the end of all sessions, except for session 7.

After the session, participants who wished to take part had a roundtable discussion for 10 minutes. During the roundtable discussion, questions from the participants were solicited and answered by a leading facilitator. If a participant was absent, a video of the lecture portion of the session that was missed was sent to the participant.

3.4. Support by Social Networking Service (SNS)

Zalo, Viet Nam's most popular messaging application, was used to answer the questions of participants during and between sessions. Zalo provided closed group security and facilitated the sharing of videos of training and homework presentations.

3.4. Research Design

This study employed a one-group, pre–post-test design with no control group.

3.5. Measurements

a)   Number of statements made by participants in SNS and Zoom

This was set as an indicator to determine whether the participants were actively taking part in the programme. The number of participants who spoke during each session or communicated via the Zoom chat function from session 2 onwards was recorded. From the beginning to the end of the programme, the number of SNS posts was recorded weekly. Text-based statements and photo and video posts were tallied; however, file attachments for homework submissions were not counted.

b)   Questionnaire evaluation

Questionnaires were administered during pre- and post-intervention periods. The Beck Depression Scale II (BDI-II), Depression Anxiety Stress Scales 21 (DASS-21), and General Health Questionnaire (GHQ-12) were administered to the participants. Behaviours of the children were assessed using the Strengths and Difficulties Questionnaire.

c)   Acceptability questionnaire

An acceptability questionnaire was administered after the intervention to assess the level of satisfaction with the lectures and assignments. The questionnaire consisted of 28 items asking about online parent training, use of Zalo, feelings during lectures, use of online, overall, and net promoter scores (NPS). The 27 items other than NPS were asked using a five-point scale ranging from '1' (agree) to '5' (disagree). The NPS is a measure of continued usage intention and is based on the answer to the question, 'How likely are you to recommend this service to a close friend or colleague?'

The scores were then used to classify answers into three groups: (i) 10 or 9 (recommenders), (ii) 8 or 7 (neutrals), (iii) 6 to 0 (critics).

The value obtained by subtracting the percentage of critics from the percentage of recommenders is called the NPS and is expressed as a number between −100% and 100%.

Additionally, the open-ended questions allowed participants to freely write their opinions and impressions.

3.6. Statistical Analysis

The Shapiro-Wilk normality test was conducted on the pre- and post-intervention scores of the DASS21, Beck Depression Scale II, GHQ-12, and Strengths and Difficulties Questionnaire to confirm that the data were normally distributed. Data for which

normality was confirmed were subjected to a paired t-test, and data for which normality was not confirmed were subjected to the Wilcoxon test.

Additionally, the effect size 'r' was calculated for each indicator. The standard for effect size 'r' was 0.1 as 'small', 0.3 as 'medium', and 0.5 as 'large' (Mizumoto and Takeuchi, 2008).

4.   Results and Discussions

This study examined the usefulness of online parent training for Vietnamese parents of children with ASD living in Viet Nam using a pre–post-test design. The results showed high attendance and homework submission rates as well as significant improvements in parental QOL, child-rearing behaviour, and conduct problems in children with ASD. These indicators are discussed in the following subsections.

4.1.   Characteristics of the Participating Parents

Of the 16 participants, 15 were mothers, and only 1 was a father. Fathers' participation in parent training is similarly low in other countries (Fabiano, 2007; Haraguchi and Inoue, 2022). Although fathers' participation in parent training has been reported to produce positive effects (Tully et al., 2017), various factors may contribute to the low participation of fathers in interventions. This may include differences in parenting culture and social systems, understanding of autism, and time availability.

Of the 14 participants in the analysis, 9 (64.29%) had a household monthly income of at least 10 million dong (VND), and all had at least a junior college education. The average monthly income of workers in Viet Nam is VND7.5 million (General Statistics Office of Vietnam, 2022), and the percentage of the population aged 15 years and older attending college, university, or vocational school or higher is 18.3% (General Statistics Office of Vietnam, 2018). All participants except one were employed and had a high level of education, which may explain the higher household income. It should be noted that the distinctive bias of the participants in this study may be due, in part, to the fact that they were recruited through the internet, which is different from the general Vietnamese data.

4.2.   Attendance Rate

In the present study, the average attendance rate for all sessions was 83.3% (range: 62.5–100). Two parents dropped out (17%). In on-demand type parent training, where parents proceed with the study on their own, many participants registered for the study; however, they have less access to the training materials on the internet (Çelik, Tomris, and Tuna, 2022). In contrast, in real-time type parent training with real-time interaction, as employed for this study, attendance rates of more than 60% were maintained for all sessions (Çelik, Tomris, and Tuna, 2022). Although the high attendance rate in this study may also be due to real-time interaction, a high level of education, income of the

participants, and cultural differences cannot be ruled out. Further research is needed in this regard.

4.3. Homework Submission Rate

As the aim of parent training is to enhance the daily involvement of parents in child development, homework is essential, and its performance rate plays a significant role in success (Chacko et al., 2012). The homework submission rates were 100% in session 1, 93.8% in session 2, 68.8% in session 3, 81.3% in session 4, 62.5% in session 5, 56.3% in the session 6, and 81.3% in session 7. The overall submission rate was high. The homework with the lowest submission rate was environmental adjustments, followed by A-B-C Analysis.

The A-B-C Analysis was reported to be very difficult in an internet parent training survey of Japanese parents (Inoue et al., 2023) and needs to be improved. Of the 16 respondents, 7 reported a homework submission rate of 100%. Two participants had a homework submission rate of 85.7%, three had a submission rate of 71.4%, two had a submission rate of 57.1%, one had a submission rate of 28.8%, and one had a submission rate of 14.3%. Participants with low submission rates cited 'life difficulties' as a reason for their low submission rates.

In this study, participants who had difficulty submitting homework were encouraged to comment on other participants' homework in lieu of submitting homework. This is essential to avoid dropouts.

4.4. Number of Statements Made by Participants in SNS and Zoom

Active parental participation in parent training is important (Nock and Ferriter, 2005) and one of the facilitating factors is the introduction of interactions between parents and staff (Chacko et al., 2012). In this study, owing to language and cultural differences between Japanese staff and Vietnamese parents, SNS ad chat functions during zoom video conferencing were actively introduced.

Previous Japanese studies have reported that training participants do not actively use the SNS setup for parent training (Inoue, Tatsumi and Fukuzaki, 2022). This is contrary to the findings of this study: the frequency of posts was high. Although cultural differences may exist, the fact that the Vietnamese interpreter actively encouraged the participants to speak up may have been a significant factor.

4.5. Change in Rating Scale

Parent training measures parental depression, anxiety, stress, mental health, and behavioural changes in children pre-post. Results revealed statistically significant improvements in several parental psychological measures. This is like the results of Korean (Liu et al., 2022) and Japanese (Inoue, Tatsumi, and Fukuzaki, 2022) studies on

internet-based parenting and parent education programmes for ASD. Few studies have been conducted on cross-cultural internet-based parent training interventions in Asia, and comparisons are limited. A study in China, where supervisors and teachers were selected from the US, provided only qualitative data and no pre-post psychometric measures (McDevitt, 2021) The results of this study suggest that internet-based parental support is effective across different countries. However, the lack of significant improvements in scales related to children's behaviour requires further research.

4.6. Acceptability Questionnaire

The mean scores for the items 'about online parent training', 'use of Zalo', and 'use online' were all above four points. In 'feelings during lecture', the mean scores for the questions, 'concentrate', 'friendly', and 'easy' were above four points. In 'overall' the question, 'Some of the content was difficult to understand, due to cultural differences between Japan and Viet Nam, had a low average score of 2.93, but the average scores for the other questions were above four. The average scores for the other questions were greater than four. The average score for 'I would recommend this parent training course to friends or family members who are in a similar situation' is 9.26 out of 10. The NPS had 12 recommenders and 2 neutrals (85.7%).

The most common answer to the question, 'Which area of your home did you use to access this programme?', was 'bedroom' for nearly half of the respondents. When asked about their preferred day of the week and time, more than half of the respondents chose 'once a week'. Preferred days of the week were divided into 'weekends' and 'weekdays' with no bias shown. The preferred time of day was 'evening', 'night', and 'late at night' with no bias.

The following suggestions were made for the programme:

- 'Video and pictures would make it easier to understand the lectures'.
- 'I would like to see the duration extended'.
- 'I would like to see the 2-hour lecture extended to 2 hours and 30 minutes, taking into account the extra time required for interpretation'.
- 'I would like to know how to cope with behavioural and sensory disorders'.

Other comments are as follows:

- 'I feel more confident in praising my child and others around me'.
- 'Using visual imagery when teaching makes it easier and more enjoyable'.
- 'I feel more confident in praising my child and others around me'.
- 'Using visual imagery when teaching makes it easier and more enjoyable'.
- 'The use of a timer helped the child understand the principles of ending an activity and reduced child tantrums'.

- 'This course is great for parents like my family because there is no school for children with autism in the area and the child has to ride a motorcycle over 70 kilometres to school every day'.

The questionnaire item 'Cultural differences between Japan and Viet Nam' was rated favourably by participants. One possible reason for this could be preliminary meetings held between Japanese staff and a Vietnamese interpreter who was also a parent of a child with ASD. During the pre-meeting, cultural appropriateness of instances of inappropriate behaviour of children in the programme was discussed.

For example, in the first Japanese programme, 'children making noise in a restaurant is a nuisance' was used as an example for a group discussion assignment. This is culturally acceptable in Japan. In Viet Nam, however, the culture is that 'adults do not get too angry when children make noise in restaurants', and the tolerance surrounding children was cited as a social and cultural difference between Japan and Viet Nam. Therefore, it was necessary to replace the 'restaurant' scene with a 'temple' because silence in temples is revered in the Vietnamese culture.

In addition, because the parent training was a Japanese-based programme for Vietnamese participants, some cultural shocks were experienced. These included 'manners at meals' (in Viet Nam, children say *Itadakimasu'* one by one in order of seniority, etc.) and 'helping out at home'. For example, in Viet Nam, sweeping is often done with a broom instead of a vacuum cleaner).

When conducting parent training between different cultures, staff will need to know the customs and culture of the country and examine the content beforehand. Furthermore, the use of visual media, such as SNS videos, to share short videos of children at home and the instructor's comments on them were employed to enhance understanding beyond language barriers.

5.   Limitations

This study has several limitations. First, because this was a pre–post-test design with no control group, we cannot rigorously examine the effectiveness of online parent training. Second, the educational background and household income of the parents enrolled in this study were higher than the average of the general Vietnamese population. In the future, expanding the target population is necessary. It was observed that Vietnamese parents have different perceptions of ASD compared to North American parents (Van Cong et al., 2015), and differences in perceptions may also influence treatment participation and selection. Investigating the impact of parental perceptions of ASD on parent training participation and effectiveness is a topic for future research. Hopefully, this parent training programme will be developed into a culturally adapted programme delivered by Vietnamese supporters.

6. Conclusion

This study aimed to evaluate the effectiveness of the TUPT developed in Japan and implemented as an online parent training for Vietnamese parents with ASD children living in Viet Nam. The results showed high attendance and task completion rates. Significant improvements were observed in the mental health scores of some parents before and after the training. However, there was no significant improvements in the behaviour of the children. A participant acceptability questionnaire confirmed a high level of satisfaction with parent training across countries, suggesting the effectiveness of considering cultural differences in examples of parent–child interactions covered in parent training and the effective use of videos.

The authors of the study declare that they have no conflicts of interest. The study has also been approved by the Ethics Committee of the National Centre for Persons with Severe Intellectual Disabilities, Nozominosono, the lead research institution (Approval No. 04-5j-01). The explanations and consent for research cooperation were provided through the Viet Nam Autism Network. This study was conducted according to the ethical standards of the 1964 Declaration of Helsinki.

Chapter 3

Identification of Elements to Supplement Parent Training

1. Empowering Parents

Parenting a child with developmental disorder can be both a challenging and rewarding experience. Parents, whether of children with or without disability, often face unique challenges in terms of giving their child the much-needed support and care (National Academies of Sciences, Engineering, and Medicine, 2016), making sense of the available educational and healthcare systems, and coping with emotional and financial impact in the process.

Depending on the degree of disability and the specific circumstances the family is involved in, parents need to provide therapy, medication, and other interventions to ensure their child will be taken care of (National Academies of Sciences, Engineering, and Medicine, 2016). Additionally, providing emotional support and assisting their child to develop skills and independence are equally important.

Moreover, in preparing for their child's future, parents must navigate their way through the often-times complex and time-consuming process of looking at the educational and healthcare systems available to a child with developmental disorder. In many places in Southeast Asia, however, parents may have to advocate for their child's needs so they could find the proper services and support.

On a more personal level, parents can be vulnerable emotionally and financially and often experience stress, anxiety, and even depression. This could extend to these parents sacrificing work–life balance, which takes its toll in the long run and have negative impact of their lives, including:

- **Quality of life:** Parents may feel overwhelmed and exhausted physically, mentally, and emotionally. They may have less time for themselves and their other children. Parents may also require additional financial, social, emotional, and physical resources (Ali et al., 2021).
- **Sense of isolation**: Parents may feel they are the only ones going through this experience. They may not know where to turn for help (Mencap, 2016).
- **Knowledge in care planning**: Parents may not know what services and support are available to them. They may not know how to advocate for their child's needs. This is especially true for parents who are not members of any disability organisation or support group in their community.

This is where programmes such as parent training, parent mentor training, and group coaching sessions come in handy. These programmes can help parents increase their

knowledge about developmental disorders, learn effective parenting strategies, develop coping mechanisms, feel less isolated, and advocate for their child's needs.

Moreover, many other resources are available to parents of children with developmental disorders. These resources can provide parents with information, support, and guidance. Some of these resources include:

- **Government agencies:** Many government agencies offer programmes and services to parents of children with developmental disorders. These agencies can provide parents with information about available services, financial assistance, and legal rights. Examples of this is the Ministry of Social Affairs of the Republic of Indonesia's Directorate of Social Rehabilitation of Persons with Disabilities and the National Council on Disability Affairs in the Philippines.

- **Non-profit organisations:** Many non-profit organisations provide support to parents of children with developmental disorders. These organisations can provide parents with information, support groups, and advocacy services. Some well-established and highly active non-profit organisations in the ASEAN region include Autism Society Philippines, Movement for the Intellectually Disabled of Singapore (MINDS), Asia-Pacific Development Center on Disability in Thailand, and Vietnam Autism Network, to name a few.

- **Online resources:** Many online resources can provide parents of children with developmental disorders with information and support. These resources can include websites, blog, and forums. Websites and forums such as Autism Speaks, MINDS, and Smarter Brunei, amongst others.

2. Comprehensive and Holistic Approach

The parent training, parent mentor training, and group coaching sessions conducted during this research programme is geared towards providing parents of children with developmental disorders a comprehensive resource via the *Parent Training, Parent Mentoring, and Coaching Guidebook in Southeast Asia for Parents of Children with Developmental Disorders* (ERIA, 2024). The guidebook provides parents with information, skills, and support to help them navigate the challenges of parenting a child with a developmental disorder. It also aims to help parents who have had parent training and/or parent mentoring training and stresses the importance of having ongoing support and guidance through regular coaching sessions facilitated by a certified professional life coach.

Recognising that each family's experience is unique is essential, and the challenges they face may vary. This is especially true amongst Southeast Asian countries, which have various cultures, tradition, social structures, belief systems, economic challenges, and awareness about developmental disorders. On the other hand, the challenges here are also quite universal and most, if not all, parents can relate to such challenges in varying degrees.

Providing support and resources to parents can help them better cope with these challenges and enhance their child's well-being and QoL, which this research project aims to provide. When parents are physically, mentally, and emotionally healthy, and armed with knowledge and skills, they can better provide their children with developmental disorders and those who require more support and attention with the care they need.

Figure 3.1. Synergistic Approach
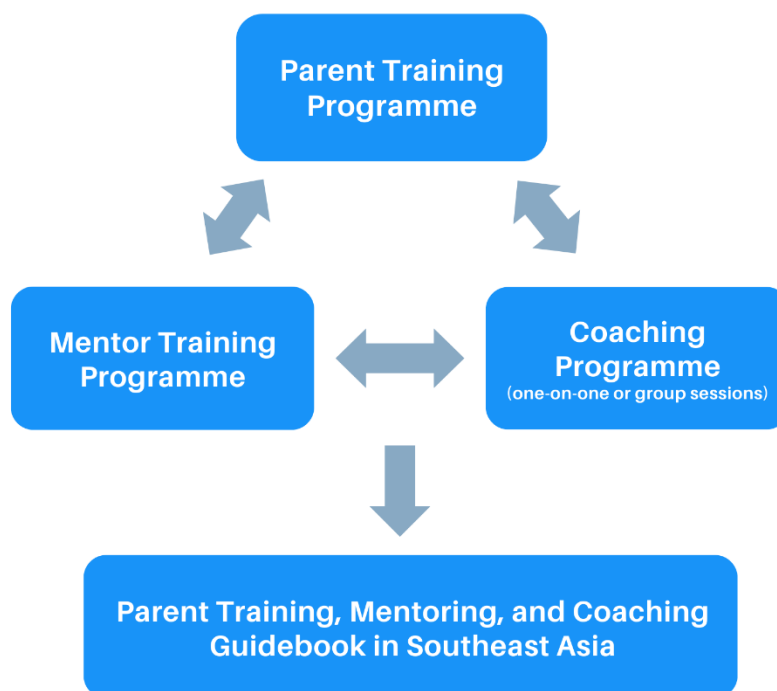
Source: Compiled by authors (2023).

3. Understanding the Distinct Goals and Approaches of Parent Training, Mentoring, and Coaching

In a general sense, coaching, training, and mentoring are all valuable tools for personal and professional development. However, they each have different goals and approaches.

Parent training is a more structured and didactic approach to learning. A trainer typically provides instruction on a specific topic or skill set. Training is often used to teach new skills or knowledge, and it can be delivered in various formats, such as workshops, online courses, or in-person classes.

Mentoring is a relationship between a mentor and a mentee. The mentor shares their knowledge and experience with the mentee to help them develop their skills and knowledge. Mentoring is often focused on the mentee's long-term goals, and it can be a valuable source of support and guidance.

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Coaching is a one-on-one relationship between a coach and a client or a group of clients. The coach's goal is to help the client achieve their goals by providing guidance, support, and accountability. Coaching is typically focused on the present and future, and it is often used to help people overcome challenges or achieve specific goals.

The best approach for parents will depend on their individual needs and goals. If they are looking to learn new skills or knowledge in caring for a child with developmental disorder, parent training is a good fit. If looking for someone to share their experience and wisdom, parent mentoring may be the right choice. If a parent wants to look for support to achieve a specific goal, or cope with challenges in their daily life including enhancing their QoL, coaching is a good option.

These three approaches can be used as either stand-alone approaches or synergistic processes that help parents cope with the challenges of raising a child with a developmental disorder. For example, you could participate in a training programme to learn new skills, then work with a coach to apply those skills to your work or personal life. Or you could start by working with a mentor after undergoing parent training programmes, then use coaching to help you achieve those goals.

Below are brief descriptions of each programme:

Parent Training Programme

Parent training is a programme that equips parents with the skills and knowledge to interact with their children with developmental disabilities in a positive and supportive way. The program typically includes lectures, role-plays, and exercises, and it often involves small groups of parents.

Parent training has been shown to be effective in reducing stress, improving parenting skills, and helping children develop adaptive behaviours. In Japan, parent training programmes have been developed since the 1990s, and JDDnet has been promoting parent training as an important part of family support for persons with developmental disorders.

One key principle of parent training is to focus on positive reinforcement. This means that parents learn to praise their children for the behaviours that they want to see more of. By doing this, parents can help their children understand what is expected of them and to develop positive behaviours.

Parent training can also be a valuable source of support for parents of children with developmental disabilities. By participating in a parent training programme, parents can meet other parents who are facing similar challenges, and they can learn from each other's experiences.

While very effective, parent training is not a quick fix, but it can be a valuable tool for parents of children with developmental disabilities.

Parent Mentor Programme

A parent mentor programme is a structured initiative involving trained and experienced parents who have successfully raised a child with a developmental disorder. As parent mentors, they have undergone specialised training in counselling and support. This training earns them the designation of a 'trusted advisor' to other parents.

Parent mentors play a crucial role by offering empathetic support, sharing valuable insights from their personal experiences, and providing essential information about community resources available to families in similar situations.

What sets parent mentors apart is their ability to provide a unique form of support that goes beyond what specialised organisations can offer. Their perspective as parents who have navigated similar challenges proves immensely valuable to others facing similar circumstances. Japan's Ministry of Health, Labour, and Welfare recognises parent mentor activities as an effective family support system and advocates for their implementation.

Parent mentor activities have gained momentum across local governments in Japan and hold potential to be extended to other countries within the ASEAN region. While these activities are initially focused on developmental disorders, they have shown promising results in aiding individuals with different types of disabilities, including intellectual disabilities, epilepsy, mental, and physical disabilities. In some cases, parent mentors also engage with individuals facing multiple conditions, as developmental disorders might coincide with other disabilities.

These mentoring activities complement the support systems provided by various parent associations, serving as an integral component of daily consultations. As the success of parent mentor programmes continues to unfold, the scope of their activities is expected to expand further, offering comprehensive assistance, and understanding to an increasing number of parents and individuals within the developmental disorder and disability community.

Group Coaching Programme

Group coaching sessions for parents with children with developmental disorders are structured sessions where a group of parents come together to receive coaching, support, and guidance from a qualified professional coach. These sessions are specifically designed to address the unique challenges and experiences faced by parents in caring for their children with developmental disorders and aim to help them achieve an overall better QoL.

The main objectives of group coaching sessions for parents of children with developmental disorders include:

- **Knowledge sharing**: Group coaching sessions provide a platform for parents to share their knowledge, experiences, and insights related to raising a child with

developmental disorder. It allows them to learn from each other's successes and challenges.

- **Emotional support:** Parents often experience a range of emotions, including stress, frustration, and uncertainty, when caring for a child with developmental disorder. Group coaching sessions create a safe and empathetic space where parents can express their feelings and receive emotional support and encouragement from the coach and other participants who can relate to their journey.

- **Skills development:** The coaching sessions may focus on developing specific skills and strategies to manage behavioural challenges, communication difficulties, and other aspects of parenting a child with developmental disorder. The coach may introduce evidence-based techniques and approaches that parents can implement in their daily lives.

- **Goal setting:** Group coaching allows parents to set personal goals related to their child's development and their own well-being. The coach assists them in formulating realistic and achievable objectives and provides accountability to track progress.

- **Building confidence:** The supportive environment of group coaching can boost parents' confidence in their abilities to care for their child and address various issues effectively.

- **Problem solving:** Parents may encounter various obstacles in their caregiving journey. Group coaching sessions provide an opportunity to brainstorm solutions collectively, drawing from the diverse perspectives and experiences of other parents in the group.

- **Community building:** Like the parent training and parent mentor programmes, group coaching sessions foster a sense of community amongst parents facing similar challenges. It helps reduce feelings of isolation and promotes a supportive network where parents can connect and form lasting relationships.

4. Enhancing Parent Training Programmes: Additional Components for Southeast Asian Settings

Southeast Asia is home to 10 countries (Brunei, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand, and Viet Nam) and is a melting pot of cultures, languages, and traditions. This rich diversity in the region significantly impacts how parents perceive and approach the care of children with developmental disorders. As such, complementary methods to bolster parent training programmes are crucial in recognising and addressing unique cultural, social, and economic factors that influence parenting and caregiving in the region.

5. Benefits of Supporting Elements to Parent Training Programmes

By incorporating supplementary elements specific to the Southeast Asian context, parent training programmes become more culturally relevant and responsive to the needs of families in the region. These additional components can:

- **Promote cultural sensitivity**: Tailoring parent training and other programmes to Southeast Asian cultures ensures that the programme respects and aligns with local customs and practices. It helps avoid potential cultural misunderstandings and fosters a deeper connection between the trainers and participating families.

- **Increase engagement and participation**: When parents see that the programme is designed with their cultural background in mind, they are more likely to feel engaged and invested in the training. This can lead to higher levels of participation and commitment to the programme.

- **Address specific challenges**: Southeast Asian countries may face unique challenges related to healthcare access, resources, and support systems. Additional components can help parents navigate these challenges effectively, providing practical solutions relevant to their local context.

- **Build trust and rapport**: Incorporating elements familiar to Southeast Asian families builds trust and rapport between trainers and parents. This trust is essential for effective learning and skill-building in the parent training and other programmes.

- **Improve parent–child relationships**. A culturally relevant approach can enhance parent–child relationships as parents gain a deeper understanding of their child's needs and behaviours within the context of their culture.

- **Strengthen family support networks**: By acknowledging the significance of extended family and community support in Southeast Asian cultures, the programmes can encourage the involvement of grandparents, relatives, and community members in the care of children with developmental disorders.

- **Boost programme effectiveness**: Tailoring additional components to Southeast Asian settings can improve the overall effectiveness of parent training. It increases the likelihood that parents will apply the learned strategies consistently in their daily lives, resulting in positive outcomes for both parents and their children.

6. Proposed Components to Supplement Parent Training Programmes

Here are some elements that could support parent training in Southeast Asia, specifically Indonesia, the Philippines, and Viet Nam:

- **Cultural sensitivity training**: Ensuring that parent training programmes are culturally sensitive and relevant to the specific context of each country is crucial. Facilitators or lead trainers and staff need to be able to understand and respect

cultural beliefs, practices, and norms to help establish a stronger connection with parent participants.

- **Culturally appropriate materials:** Parenting materials that are culturally appropriate can be a valuable resource for parents in Southeast Asia. These can help parents understand the cultural values and beliefs that influence parenting in their region (Shamsi, 2015). For example, in Indonesia, parents may benefit from resources that are based on Islamic teachings. In the Philippines, parents may benefit from resources that are based on Catholic teachings. In Viet Nam, parents may benefit from resources that are based on Confucian teachings.

- **Online resources:** Many online resources can be used to supplement or support parent training in Southeast Asia. These resources can be accessed from anywhere, making them a convenient option for parents who live in rural areas or who have limited transportation. Many websites and blogs offer information on parenting topics, such as child development, discipline, and positive parenting. There are also many online forums where parents can connect with each other and share their experiences.

- **Community programmes:** Many community programmes can be used to supplement or support parent training in Southeast Asia. These programmes are often offered by government agencies, non-profit organisations, and religious organisations. They can provide parents with opportunities to learn about parenting, to connect with other parents and to get support.

- **Peer support:** A valuable resource for parents, peer support groups provide parents with the opportunity to connect with other parents going through similar experiences. This can help parents feel less alone and to learn from each other's experiences. This type of supplement can be easily found in parent mentor training and group coaching programmes.

- **Support for parents from marginalised communities:** In Indonesia, Philippines, and Viet Nam, many parents come from marginalised communities. These parents may face additional challenges – such as poverty, lack of education, and discrimination – in raising their children with developmental disorders. It is important to provide these parents with specific support that addresses their unique needs.

- **Addressing mental health and stigma:** Mental health is often a neglected issue in Southeast Asia. Parents of children with developmental disorders may be at a higher risk of having mental health problems, such as anxiety and depression. It is important to provide these parents with support for their mental health needs. Programmes should also include components that address the stigma associated with developmental disorders. Raising awareness and promoting mental health support can also contribute to reducing the negative effects of stigma.

- **Integration of cultural values, beliefs, and traditional healing practices:** Incorporating local values, beliefs, and traditional healing practices will help

ensure that the programmes are relevant and effective for the parent participants. In Indonesia, the Philippines, and Viet Nam, many traditional healing practices can be used to support parents of children with developmental disorders. These practices can be integrated into parent training, mentor training, and coaching programmes to provide parents with a more holistic approach to their care.

- **Language-appropriate resources:** Create resources that are available in local Southeast Asian languages to make it easier for parents to access information and support. Materials in a language people can understand can also help reduce the stigma associated with developmental disorders. This means translating and adapting the training materials, guidebooks, and coaching sessions into the local languages of each country to ensure that the programme is more accessible to a wider audience, thereby facilitating better understanding and engagement.

- **Train coaches and other professionals who are familiar with the needs of parents in Southeast Asia:** This will help ensure that the parents receive the support they need.

- **Availability of programmes in rural areas:** Many parents with children with developmental disorders live in rural areas, where access to resources and support services may be limited. It is important to make these programmes accessible to parents in rural areas, either through online resources or through outreach programmes.

- **Local partnerships and collaboration:** Partnering with local organisations, support groups, and government agencies that are already working in the field of developmental disorders can enhance the programme's reach and impact. These partnerships can provide valuable insights and resources to tailor the programme to the local needs.

- **Follow-up and evaluation:** Implementing a follow-up mechanism to assess the progress of parents after the training and coaching sessions will help identify areas for improvement and ensure the long-term success of the programme.

- **Train-the-trainer approach:** To create a sustainable impact, consider implementing a train-the-trainer approach where selected parents who have completed the programme can be trained to become facilitators, mentors, or coaches to support other parents in the communities.

7. Supplementary Approach to the Core Elements of Parent Training

The parent training programme's foundation is its core elements, which are essential for the programme's success. Although the parent training programme covers universal themes in terms of the skills that parents learn and acquire, it can be further enhanced by incorporating elements that are familiar to local cultures in Southeast Asia.

7.1. Find and Praise Children's Good Points

Southeast Asian cultures strongly emphasise collectivism (Carteret, 2010), which means that people place a high value on the needs of the group over the needs of the individual. This can lead to parents being more likely to focus on the needs of their extended family and community, rather than just the child's individual's needs.

In many Asian cultures, children are considered a 'gift from God', including those with disabilities (Sudarsan et al., 2022), and a responsibility to the family and community. This is why it is important to focus on the positive aspect of their children's behaviour and to stress the good points. By doing so, parents can help their children feel valued and appreciated, and develop a positive self-image. Involving the extended family in praising the child's good behaviour is also crucial. This is because the extended family plays an important role in the child's life, and they can help reinforce the positive messages that the parents are sending.

One way to do this is to use positive words in the local language to praise the child. For example, the Indonesian word 'bagus' or the Thai word 'dee', which means good or excellent, can be used to praise children for their good behaviour, their accomplishments, or simply their presence.

Communication is key. One of the simplest ways to involve the extended family in praising the child is to simply ask them to do so. Letting the extended family to help you in creating a positive environment where the child feels safe, loved, and appreciated is also beneficial.

7.2. Classify Children's Behaviours into Three Types

Being respectful towards elders, helping around the house, and being kind to others are all examples of favourable behaviours that are welcomed in many Southeast Asian countries. These are just some examples of what children with developmental disabilities can do to earn praise for their favourable behaviours.

By engaging in these behaviours, children with developmental disabilities can show that they are learning and growing. They can also demonstrate that they are contributing members of their families and communities. This can help boost their self-esteem and build positive relationships with others.

These are just a few examples of favourable behaviours. The specific behaviours that are considered favourable may vary depending on the specific culture. However, the general principles of praising favourable behaviours are the same. By praising children for their favourable behaviours, parents can help them learn and grow. They can also help build positive relationships with their children and create a supportive environment for learning and development.

A reminder for trainers: Be aware of the cultural values that may influence parents' parenting styles. For example, there is a strong emphasis on collectivism in some

Southeast Asian cultures, which means that people place a high value on the needs of the group over the needs of the individual. This can lead to parents being more likely to use an authoritarian parenting style, where they focus on obedience and respect for authority. Be patient and supportive and ask parents about their parenting goals and values. This will help trainers understand what is important to parents and to tailor the training accordingly.

7.3. Behaviour Understanding (ABC Analysis)

Many Southeast Asian cultures have strong cultural norms that can influence the antecedents, behaviours, and consequences of children's behaviour. For example, in some cultures, it is considered disrespectful for children to argue with their elders. This antecedent could lead to the child behaving in a disruptive way. Parents can explain to the child what the family's values are and why being 'difficult' is not acceptable.

The family is the primary source of support and guidance for children. If a child's parents are constantly arguing, this could create an antecedent for the child to behave in a disruptive way. Parents can talk to the child about how their parents' arguing is affecting their behaviour and how they can learn to cope with this stress in a healthy way.

Religion can also play an important role in Southeast Asia. In this case, if the child's family is religious, the mother could talk to the child about how their religion teaches them to be respectful of their elders and others. This could help the child understand why their behaviour is considered wrong and to change their behaviour in the future.

7.4. Environmental Adjustment (Strategies before Action Takes Place)

At times, if the trainers are not highly aware of the nuances of the local culture, they tend to overlook certain cultural background. In some Southeast Asian cultures, for instance, children are expected to be seen and not heard. This means that they may be less likely to speak up if they are feeling overwhelmed or stressed. Parents can help create a more supportive environment by providing their children with opportunities to express their feelings in a safe and respectful way.

It would also help parents who are trying out the training module to reduce distractions at home for their children's sake. Noise and activity, quite common in many Southeast Asian homes, can be overwhelming for children, especially those who are sensitive to sensory input. Parents can help create a more calming environment by reducing distractions and providing their children with quiet spaces to relax.

7.5. Easy to Achieve Instructions for Children

Besides observing cultural sensitivity, incorporating local language in the instructions, promoting collective responsibility, and involving family and community are just some of the ways to encourage children to behave appropriately. For example, the Philippines'

concept of '*pakikisama*', which emphasises harmonious relationships and cooperative behaviour helps children to follow instructions while considering the feelings of others. In Viet Nam, fostering a sense of collective responsibility in supporting children with developmental disorders come in the form of engaging parents, teachers, and community members in regular meetings or workshops to share experiences and learn from one another. Meanwhile, involving parents, grandparents, and extended family members in instructional activities can strengthen family bonds and provide consistent support to the child.

7.6. Deal with Children's Inappropriate Behaviour

In some Southeast Asian countries, it is common for children who misbehave to be yelled at or even spanked by elders in the family. This can be counterproductive, as it can lead to more inappropriate behaviour. Instead, parents should step back and actively and consciously apply appropriate measures, such as building rapport with the child. This means spending time with the child, doing activities they enjoy, and showing them that they are loved and respected. By building a positive relationship with the child, parents can better understand their behaviour and develop effective strategies for dealing with it.

In many cases, parents who are struggling to deal with their child's inappropriate behaviour may hesitate to seek professional help. This may be due to stigma or financial reasons. However, it is important to remember that professional help can be very beneficial. A qualified therapist can aid parents to understand their child's behaviour and develop effective strategies for dealing with it.

During training, these issues should be discussed, and effective strategies drawn up for dealing with them. For example, parents could be taught about the importance of positive reinforcement and how to build rapport with their child. They could also be given information about the availability of professional help and how to access it.

By addressing these issues, parents can encourage their children to learn appropriate behaviour in a positive and supportive environment.

Chapter 4

The Impact of Group Coaching on Parents in Indonesia, the Philippines, and Viet Nam

1. Introduction

Parents of children with developmental disorders often face overwhelming challenges in their daily lives (Lučić, 2019). They are under immense pressure to provide their children with the best possible care, while also trying to maintain their own mental and physical health. This can lead to a lower QoL, isolation, and difficulties in care planning.

The challenges that parents of children with developmental disorders face are numerous and varied. They may include:

- **Financial pressures:** The cost of raising a child with a developmental disorder can be high, due to the need for specialised therapies, equipment, and other resources.
- **Time constraints:** Parents of children with developmental disorders often must spend a lot of time taking their children to appointments, providing therapy, and helping them with daily activities. This can leave them feeling exhausted and stressed. They may also be at increased risk of depression, anxiety, and burnout.
- **Emotional toll:** Caring for a child with developmental disorder can be emotionally draining. Parents may feel guilt, sadness, anger, and anxiety. They may also feel isolated from friends and family who do not understand what they are going through.
- **Social isolation:** Parents of children with developmental disorders may find it difficult to socialize with other parents. They may feel self-conscious about their child's condition, or they may worry that other parents will not understand their needs.

The lack of consistent and standardised training in other forms of support for parents in Southeast Asia is also an issue. This means that parents often must rely on informal sources of information and support, which can be unreliable and inconsistent.

There are, however, promising initiatives underway. For example, in Japan, parent training and parent mentor training programmes are being conducted under the tutelage of the JDDnet that aim to help parents learn how to interact with their children in a way that promotes positive behaviour and development. These parent training programmes typically include lectures, role-plays, and exercises, and they often involve small groups of parents. The parent training programmes have also been piloted in Viet Nam, with good results.

Another type of intervention, also being conducted in Japan, is the parent mentor training, which is led by parents who personally experienced raising a child with developmental disorder. These parents have undergone training in counselling and support and are often referred to as 'trusted advisor' for their expertise on the topic. They can provide empathetic support to other parents, provide information about community resources, and share their experiences. The parent mentor training programme is endorsed by the Ministry of Health, Labour, and Welfare of Japan as an effective family support system. The organiser of this programme hopes to bring it to other countries in the ASEAN region.

Complementing these two existing programmes is a pioneering concept of group coaching programme meant to enhance the QoL of parents who have children with developmental disorders.

Professional coaching, whether individual or group, is a collaborative and goal-oriented process between a coach and a client that helps the client achieve their goals, improve their QoL, and develop the skills and confidence they need to cope with the challenges of raising a child with developmental disorders.

Parent training, parent mentor training, and group coaching are all valuable forms of support for parents of children with developmental disorders. Each approach has its own strengths and weaknesses, and they can be used together to provide a more comprehensive and effective level of support. Parent training, parent mentor training, and group coaching can be used together to create a more holistic approach to supporting parents of children with developmental disorders.

One of the biggest challenges for the project is the dearth of research on group coaching interventions in the ASEAN region. However, there are scientific and academic studies in the Asia-Pacific region on similar and related topics. For example, a study in Nepal titled 'Evaluating Quality of Life of Parents Having a Child with Disability' in the *Journal of Karnali Academy of Health Sciences* (Ban, Luietal, and Regmi, 2020) found that parents of children with disabilities have a lower QoL. Another study in Pakistan on assessing the QoL of parents of children with disabilities found that the QoL of parents of children with disabilities decreased during the COVID-19 pandemic (Usman et al., 2021). Although the empirical results of the group coaching programme for parents of children with developmental disorders are still limited, the program has a proven track record in various subjects and is expected to develop in the future.

These studies have shown that parents who care for children with developmental disorders often have a lower QoL than parents who do not have children with developmental disorders. This is because they often have lower scores in physical health, emotional health, social relationships, and environment.

2.   Objectives

The objectives of the group coaching programme are:

- To bridge the gap in the lack of consistent and standardised training in other forms of support for parents of children with developmental disorders in Southeast Asia;
- To promote the synergy and the complementary nature of parent training, parent mentoring, and group coaching programmes for these parents in the region;
- To create a guidebook on parent training, parent mentoring, and group coaching programmes that will benefit parents in Southeast Asia;
- To improve the QoL of parents who have children with developmental disorders via a series of group coaching sessions in Indonesia, Philippines, and Viet Nam as initial target countries.

3.   Project Description

3.1. Nature of the Group Coaching Programme

The group coaching programme offers a supportive and inclusive space for parents to share experiences, learn effective coping strategies, and build a strong network of support. Here are some characteristics of a group coaching programmes:

- **Group Setting:** The coaching sessions are conducted with a group of parents who have children with developmental disorders. Participants come together to share experiences, learn from each other, and receive support from the coach and other group members.
- **Common Goals:** The group coaching programme focuses on addressing common challenges and goals shared by parents of children with developmental disorders. It may target specific themes or areas of concern relevant to the participants' needs. For this study, the group coaching sessions conducted in Indonesia, Philippines, and Viet Nam focused on enhancing the parents' QoL in four areas: physical, emotional, relationships, and environment.
- **Coach Role:** A trained professional life coach leads the group sessions. The coach's role is to guide discussions through skilful questioning, offer insights, and encourage active participation amongst the parents. Depending on the circumstances, a lead coach and a sub-coach (who will assist in group coaching proceedings) should be present all throughout the group coaching sessions.
- **Supportive Environment:** The coaching programme creates a safe and non-judgmental space where parents can openly express their thoughts, emotions, and experiences without fear of criticism.

- **Peer Learning:** Parents in the group learn from each other's experiences and gain new perspectives on how to cope with challenges related to raising children with developmental disorders.

- **Interactive Format:** The coaching sessions may involve active sharing and discussions with other participants, brainstorming, and even role playing if relevant to explore new perspectives. Many exercises can be used in group coaching, such as relaxation, visualisation, or journaling exercises to help members manage stress, set goals, or discover and/or rediscover skills.

- **Customisation:** The coaching programme may be tailored to the cultural context and specific needs of parents in the target countries, such as adapting coaching materials and approaches accordingly.

All group coaching sessions for the project were conducted following the core competencies as stipulated by the International Coaching Federation (ICF). The ICF, founded in 1995, sets standards for the coaching profession worldwide, including the ICF Code of Ethics and ICF Core Competencies.

The ICF core competencies (International Coaching Federation, 2019) are a set of skills and behaviours that are essential for effective coaching. Below is an overview of said competencies.

Table 4.1. ICF Core Competencies

Core Competencies	Description
1. Demonstrates ethical practice	Understand ethical and coaching standards guidelines provided by the ICF.
2. Embodies a coaching mindset	Develop and maintain an open, flexible, client-oriented, and curious about learning.
3. Establishes and maintain agreements	Ensure to establish and maintain a clear agreement with the client and relevant stakeholders regarding the coaching relationship, aims, plans, and the whole process. Furthermore, establish an agreement for the whole coaching engagement and each coaching session.
4. Cultivates trust and safety	Ensure a relationship of mutual trust and respect. Besides, create a safe and supportive environment where the clients can freely share.

5. Maintain presence	Remain fully conscious and present with the client and practice an open, confident, grounded, and flexible style of coaching.
6. Listen actively	Listen to the client attentively, focus on what the client is saying, and support the client's self-expression.
7. Evoke awareness	Direct to use impactful tools and techniques such as silence, powerful questioning, analogy, or metaphors to facilitate insight and learning of the client.
8. Facilitate client growth	Work with the client to turn insight and learning into action. Furthermore, partner with the client to promote the autonomy of the client in the overall coaching engagement.

Source: International Coaching Federation,
https://coachingfederation.org/credentials-and-standards/core-competencies

3.2. Benefits of a Group Coaching Programme

Professional coaching can offer several benefits for parents of children with developmental disorders, including improved coping skills, increased self-awareness, improved relationships, increased knowledge, and better self-confidence. It teaches participants to look at situations from various perspectives and helps them explore ways in meeting the personal goals they have set for themselves.

For this project, group coaching sessions looked at the following themes and their respective benefits:

- **Physical benefits:** Coaching can help parents develop healthy coping mechanisms for stress, which can positively impact their physical health. Coaches can also provide guidance through skilful questioning on how to manage the physical demands of caring for a child with special needs.

- **Emotional benefits:** Coaching can help parents to deal with the emotional challenges of raising a child with a developmental disability, such as grief, guilt, and anger. Coaches can provide support and guidance and aid parents to develop a positive outlook on their situation.

- **Relationship benefits:** Coaching can assist parents to improve their relationships with their spouse, other children, and extended family. Coaches can provide tools for communication and conflict resolution and help parents find ways to balance the demands of their child's care with their own needs.

- **Environmental benefits:** Coaching can aid parents to create a supportive environment for their child. Coaches can provide guidance on how to adapt the home environment, find appropriate educational and recreational opportunities, and connect with other families of children with special needs.

The specific benefits that a parent experiences will depend on their individual needs and circumstances. For example, a parent who is struggling with stress may benefit more from the physical benefits of coaching, while a parent struggling with grief may benefit more from the emotional benefits of coaching.

3.3. Scope and Duration of Programme

a) Number of sessions

The group coaching programme consisted of 10 sessions lasting 14 weeks including coaching breaks. Each session was held on weekends when parents were not working.

Each session focused on a different theme, such as physical well-being, emotional well-being, relationships, and environment. After each session, participants were given 2 weeks to practice what they learned in real-life situations and try to achieve their short-term goals, i.e. stress relief, communicating properly with loved one, etc.

At the end of the 2 weeks, participants reunited to discuss their challenges, insights, and progress. They then began the next 2-week cycle, focusing on a new theme.

This cyclical format allowed participants to apply what they learned in real-world settings and to receive feedback and support from their peers. It also helped them to stay motivated and on track as they worked towards their goals. Throughout the programme, participants were given the coach's email address and were encouraged to reach out to her at any time with questions, concerns, or to provide resources.

Table 4.2. Example of Coaching Schedule

Week No.	Session Topic	Suggested Dates
1	Introduction to Group Coaching	Week 1
2	Physical Health	Weeks 2 & 3
4	Group Feedback	Week 4
5	Psychological/Emotional Health	Weeks 5 & 6
7	Group Feedback	Week 7
8	Relationships	Weeks 8 & 9
10	Group Feedback	Week 10
11	Environment	Weeks 11 & 12
13	Group Feedback	Week 13
14	Concluding/Final Session	Week 14

Source: Compiled by authors (2023).

b)   Length of each session

Group coaching sessions conducted in English lasted 1.5 hours, while those that required language translation lasted 2 hours. This is because language translation – especially for participants who do not speak English fluently – can take additional time.

Ideally, a group coaching session should last 1.5 hours for a group of six to eight participants. This allows for enough time for participants to share their experiences, learn from each other, and receive feedback from the coach.

However, the length of time may change depending on the number of participants. For example, if there are more than eight participants, the session may need to be longer to give everyone a chance to participate.

Sessions lasting for more than 2 hours are discouraged. This is because participants may start to lose focus and attention after a certain amount of time.

c)   Group coaching session topics

While group coaching sessions are typically flexible in terms of personal goals and objectives, a common theme runs through each session from which participants can set personal goals.

This project focuses on enhancing the QoL of parents who have children with developmental disorders. Under this topic, four relevant themes point to what constitutes QoL: physical health, emotional well-being, relationships, and environment.

Participants worked with the coach to set personal goals within each theme. For example, one participant from Indonesia set a goal to improve their physical health by exercising regularly or eating healthier. Another participant from the Philippines set a goal to improve her communication with her husband and learned to apply communication techniques she learned during the session.

The goal of the programme is to help participants improve their QoL and to better support their children. By working on the four themes, participants learned how to:

- Take care of their physical health.
- Manage their emotional well-being.
- Build strong relationships with their children and other family members.
- Create a supportive and nurturing environment for their children.

The programme is designed to be flexible and adaptable to the individual needs of participants. The coach will work with each participant to create a plan that is tailored to their specific goals and circumstances.

d) Group coaching session activities

At the beginning of the programme, participants were asked to complete an online survey to assess their QoL. The survey was also administered at the end of the programme to measure any changes or progress that had occurred.

In addition to the QoL survey, participants were also given a qualitative assessment questionnaire. This questionnaire asked open-ended questions about their thoughts and feedback on the programme. Plus, they were given the Wheel of Life diagram, a personal assessment tool that gives them information on whether they have improved certain aspects of their life after a certain time.

Session activities were a mix of interactive activities, including:

- Icebreakers
- Short reflections
- Short presentations
- Goal-setting exercises
- Group work
- Discussion
- Feedback

Participants were encouraged to share their thoughts and experiences, but there was no pressure to participate. If a participant preferred to listen, that was perfectly fine.

The goal of the activities was to create a safe and supportive space where participants could learn from each other and grow. The activities were also designed to help participants identify their strengths and weaknesses, set goals, and develop strategies for achieving their goals.

All sessions were recorded for research purposes with the permission of participants.

e) The role of the coach

The role of the coach in a group coaching programme is to facilitate the group's progress and to help them achieve their goals. The coach provides guidance, support, and feedback to the group members.

The scope and duration of a group coaching programme may also be affected by the following:

- **Setting the tone for the group**: The coach will create a safe and supportive space where participants can feel comfortable sharing their thoughts and experiences.
- **Fostering discussion**: The coach will facilitate discussions, ensuring that everyone has a chance to participate, and that the conversation stays on track.
- **Providing guidance**: The coach will offer guidance and support to participants as they work towards their goals.
- **Encouraging reflection**: The coach will encourage participants to reflect on their experiences and to learn from each other.
- **Monitoring progress**: The coach will monitor participants' progress and provide feedback as needed.

The sub-coach typically assists the coach in facilitating the group and supporting participants and may come in the form of taking notes, helping with activities, answering questions, offering encouragement, and giving feedback about participants' progress to the coach.

f) Budget

Since this is part of the project, the budget for the group coaching session was focused on giving minimal allowance for coaching participants to take care of internet connection expenses, for example. In a real-life setting, a budget needs to be allotted for the professional coach (and sub-coach, if applicable). A face-to-face group coaching session might incur more expenses for reasons ranging from venue rental, materials, or transportation allowance for participants.

g) Target parent participants

Because this is an initial pilot for a group coaching programme for parents with children with developmental disorders in Southeast Asia, the project focused primarily on Indonesia, the Philippines, and Viet Nam.

These three countries have the largest populations in Southeast Asia as of 2023 – with Indonesia having 277,534,122; the Philippines with 117,337, 368; and Viet Nam with 98,858,950 (Worldometer, 2023) – and are also active in disability activities in the region. This makes them ideal locations for a pilot programme, as there is a large pool of potential participants and there is already a strong foundation of support for people with developmental disorders.

Most of the participants who joined the group coaching sessions in the three countries are members of disability organisations, with ages ranging from 25 to 55. Majority of participants across the three countries were women who are directly in charge of taking care of their child with developmental disabilities.

Eligibility
o Parents of a child, teenager, or adult with a developmental disorder.
o Looking to enhance their own QoL so they can better care for their child.
o Experiencing stress-related issues that negatively impact their QoL.
o Acknowledging that they need some form of intervention based on professional coaching principles and peer support.

Requirements
o Can commit to attending 10 group coaching sessions.
o Can actively apply what they learn during the sessions within the allotted group coaching period.
o Must have a good internet connection to join regular Zoom meeting sessions lasting 2 hours each session.
o Can set aside a time and place free of distractions during the group coaching sessions.
o Can attend one 90-minute follow-up session at an agreed date a month after the main group coaching session programme has ended.
o Group coaching sessions are limited to 8 to 10 participants.

h) The availability of the participants

The availability of the participants will also affect the scope and duration of the programme. If the participants are not available for regular sessions, the programme needs to be adjusted accordingly and rescheduled, which extends the time frame of the sessions.

i)   Contracts and agreements

Before the group coaching programmes began, all participants were asked to sign a coaching contract, confidentiality agreement, and a Terms of Reference for their personal allowances. All documents were submitted to the project secretariat.

4.   Evaluation of Group Coaching Sessions

4.1. Brief Overview

The Group Coaching Programme was aimed at examining the current state of the QoL of parents of children with developmental disorders in Southeast Asia and listen to them. The sessions were designed to supplement existing parent training and parent mentoring programmes.

4.2. Purpose

The purpose of this evaluation is to assess the effectiveness and value of group coaching programmes in improving the QoL of parents who have children with developmental disorders. This evaluation also sought to identify the challenges and opportunities for future group coaching sessions.

4.3. Methodology

In reference to Table 2.1, the participants in the evaluation were selected using snowball sampling. This method involves asking existing participants to recommend other potential participants. The participants were limited to 10 persons (or less) per session. The organisations Yayasan Autisma Indonesia, Autism Society Philippines, and Viet Nam Autism Network were tapped to identify potential participants. A series of consultations were also conducted with these organisations and their members to ensure that everyone involved clearly understand the project. Other participants, not necessarily members of any organisation, were chosen through referrals from existing members. These members referred certain participants because they thought these parents needed coaching to help 'steer them' towards the right direction.

The evaluation was conducted in three phases:

a)   Pre-intervention

Participants were given a questionnaire to assess their QoL using the Adult Carer Quality of Life (AC-QoL), a tool that measures the QoL of adult carers across eight domains: (i) support for caring, (ii) caring choice, (iii) caring stress, (iv) money matters, (v) personal growth, (vi) sense of value, (vii) ability to care, and (viii) career satisfaction (Elwick et al., 2010). It is a simple and easy-to-use instrument that can used to assess the impact of caring on a person's life.

The manual was chosen because it is the closest version to what the study is aiming to find out and it was also one of the shortest questionnaires available. Parents who are juggling too many things all at once would less likely have the time and patience to fill out overly long questionnaires. With 40 questions divided into eight themes, this questionnaire was the 'friendliest' of the lot.

The Wheel of Life Diagram is a visual tool that helps people assess their current state of well-being and satisfaction across different areas of their lives. The diagram is typically divided into sections, such as health, finances, leisure, and career. Each section is rated on a scale of satisfaction, with 1 representing the lowest level of satisfaction and 10 representing the highest level of satisfaction. The closer a section is to the centre of the wheel, the lower the satisfaction level, while the further a section is from the centre, the higher the satisfaction level.

b)   Intervention

Participants attended a series of group coaching sessions conducted in English with support from the local language interpreter between English and Vietnamese. Some modifications were made to the actual programme contents to meet the culture and needs of the participants' countries, especially by inviting senior parents and keep the atmosphere as friendly as possible. The sessions focused on four areas: physical health, emotional well-being, relationships, and the environment.

c)   Post Interventions

Participants were given a second questionnaire to assess their QoL. They were also asked to complete the second Wheel of Life Diagram to see how their well-being had changed since the beginning of the intervention. They were also given a set of open-ended questionnaires so they can share their thoughts, insights, and feedback.

4.4. Results and Findings

The pre-intervention AC-QoL questionnaire provided an important baseline for assessing their progress after the programme. The questionnaire can be used to assess the QoL of adult carers at a single point in time. It can also be used to assess the effectiveness of interventions by administering it before and after the intervention to see if there has been any change in the carer's QoL.

a)   Using the AC-QoL

The AC-QoL is a self-report questionnaire designed to be easily understood and used. Group coaching participants were given ample time to complete the questionnaire, with an average completion time of approximately 10 minutes. To accommodate Vietnamese participants, the questionnaire was translated to ensure inclusivity and accessibility. It is essential that respondents have the privacy to fill out the questionnaire without feeling pressured to respond in any specific manner. All completed questionnaires must be

handled with confidentiality, and anonymity should be maintained whenever possible, especially considering special considerations for Vietnamese participants, where a trusted translator/interpreter was involved, and their permission was obtained for translation.

b)   Domain subscale description

The AC-QoL has 40 items designed to assess the overall QoL of adult carers. Here are brief descriptions of its eight distinct domains of QoL:

- **Support for caring:** This subscale measures the extent to which carers perceive that they receive support, including emotional, practical, and professional support.

- **Caring choice:** This subscale measures the extent to which carers feel that they have control over their own life, and can choose ventures outside caring, such as social activities.

- **Caring stress:** This subscale measures the mental and physical stress from caring, such as exhaustion and depression.

- **Money matters:** This subscale measures how carers feel about their financial situation.

- **Personal growth:** This subscale measures how much the carer feels they have grown and developed, and the positive experience of the carers' circumstances.

- **Sense of value:** This measures the extent to which the carer feels they are valued and respected, and the positive relationship between the carer and the person they are caring for.

- **Ability to care:** This measures the extent to which the carer can provide care of the person they care for, how they cope with the caring role, and how they feel about their competency to care.

- **Carer satisfaction:** This measures the extent to which the carer is satisfied with their life and role as a carer, and how they feel about being a carer.

Respondents are required to answer the five questions in each subscale by choosing one of the following response options: (i) Never, (ii) Some of the time, (iii) A lot of the time, and (iv) Always. Below is the scoring system for the selected questionnaire items, presented in tabular form for clarity. Please note that the table presents the questionnaire items and their corresponding scoring system for your reference.

Table 4.3. Scoring System for Selected Questionnaire Items

Questionnaire Items	Scoring
1, 2, 3, 4, 5, 17, 18, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 39, 40	Never – 0 Some of the time – 1 A lot of the time – 2 Always – 3
6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 19, 37, 38	Never – 3 Some of the time – 2 A lot of the time – 1 Always – 0

Source: Compiled by authors (2023).

Table 4.4 provides the score ranges and their corresponding interpretations regarding QoL.

Table 4.4. Score Interpretation

Score Range	Quality of Life (QoL)
0–40	Low reported QoL, may suggest problems or difficulties
41–80	Mid-range reported QoL
81+	High reported QoL

Source: Compiled by authors (2023).

Table 4.3 presents the scoring system for the different questionnaire items, where each item is assigned a specific score based on the response options.

Table 4.4 provides an interpretation of the scores obtained from the overall questionnaire. The possible range of scores is 0–120, with higher scores indicating a greater QoL. Scores between 0 and 40 suggest a low reported QoL, scores between 41 and 80 indicate a mid-range reported QoL, and scores of 81 or higher signify a high reported QoL.

The quantitative data of Table 4.5 indicate that the participants had significantly higher scores on the QoL questionnaire after the intervention.

Table 4.5. Quality of Life Scale Scores Results

Quality of Life Scale Scores	Totals			
Domains	Before	After	Change	Change, %
Support for Caring	51	54	3	6
Caring Choice	49	54	5	10
Caring Stress	54	61	7	13
Money Matters	34	39	5	15
Personal Growth	47	65	18	38
Sense of Value	55	49	-6	-11
Ability to Care	37	48	11	30
Carer Satisfaction	56	62	6	11

Source: Compiled by authors (2023).

To gather qualitative data, participants in the group coaching sessions were provided with pre-intervention questionnaires. These questionnaires aimed to capture their expectations from the programme, identify the most important changes they hoped to achieve, and outline their personal goals for the 3-month duration of the group coaching programme.

Upon completion of the group coaching programme, participants were administered a post-coaching questionnaire. This questionnaire sought their feedback regarding the changes they observed in themselves, the coaching topics in which they achieved success, the areas that require further clarity, and how these changes have positively influenced their QoL and their families' well-being.

The same process was applied to the wheel of life chart.

4.5. Discussion

This section examines and interprets the study's results, considering their implications and relevance to the broader context of this research area. This analysis will attempt to provide valuable insights into the significance of our findings and potential contributions to the existing body of knowledge.

a) Interpretation of AC-QoL Scale scores

The data presented in Table 4.5 represent the scores obtained in different domains of the QoL Scale before and after participating in the programme or intervention. Here is an analysis of the changes observed in each domain:

- **Support for caring:** The scores increased from 51 before the intervention to 54 after the intervention, showing a change of 3 points or 6%. This suggests that the programme had a modest but positive element on the participants on their sense of support while caring for their loved ones with developmental disorders.

- **Caring choice:** Participants' scores in this domain improved from 49 to 54, indicating a change of 5 points or 10%. The intervention seems to have positively influenced participants' sense of empowerment and ability to make choices and important decisions related to caregiving.

- **Caring stress:** Scores in this domain increased from 54 to 61, showing a change of 7 points or 13%. This suggests that the intervention helped reduce the perceived stress levels and burden associated with caring for individuals with developmental disorders.

- **Money matters:** The scores in this domain improved from 34 to 39, reflecting a positive change of 5 points or 15%. This indicates that the intervention may have provided participants with valuable financial strategies or guidance, easing financial concerns related to caregiving.

- **Personal growth:** Scores significantly increased from 47 before the programme to 65 after the programme, indicating a substantial improvement of 18 points or 38%. This demonstrates that the coaching programme profoundly impacted participants' personal growth, fostering self-development and empowerment.

- **Sense of value:** Scores in this domain decreased from 55 to 49, indicating a change of -6 points or -11%. While this decrease might appear concerning, it is essential to interpret it in the context of the other positive changes in the domains, which may have contributed to an overall positive element on participants' sense of value as caregivers. The decrease in this domain might also indicate a high level of self-awareness amongst the participants. They may have recognised areas in their caregiving relationships that require further attention and improvement. This heightened awareness could lead to a proactive approach in addressing any perceived shortcomings, ultimately contributing to a more positive and fulfilling sense of value in their caring roles.

- **Ability to care:** The scores in this domain saw a notable improvement, increasing from 37 to 48, reflecting a remarkable change of 11 points or 30%. This suggests that the coaching programme had a substantial positive element on participants' abilities and skills in providing care for their loved ones with developmental disorders.

- **Carer satisfaction:** Participants' scores increased from 56 to 62, indicating a positive change of 6 points or 11%. This demonstrates that the coaching programme positively impacted participants' overall satisfaction with their caregiving role and responsibilities.

b)   Qualitative data results

This section presents the qualitative data results that provide valuable insights into the participants' experiences and perceptions during the group coaching programme. Through their candid responses and narratives, we gain a deeper understanding of the programme's impact and the meaningful changes it brought to their lives as parents of children with developmental disorders.

4.6. Key Findings from Main Group Coaching Topics

a)   Physical Health

Participants reported notable improvements in their physical well-being because of the group coaching programme. Key findings include:

- **Increased focus on self-care:** Many participants shared how they prioritised their own health and well-being, incorporating regular exercise and healthy eating and sleeping habits into their daily routines. Some participants demonstrated proactive engagement by incorporating their child with developmental disorders into their regular fitness routines, customising activities to suit their child's needs and preferences. This resulted in one participant from Indonesia reporting how she lost 10 lbs just by walking with her son every day. At the end of the coaching programme, she reported that her son was also able to lose some weight. Another parent from Viet Nam revealed that she lost 2.5 kg by swimming (along with her daughter with developmental disorder) at least once a week, by eating healthier and minimising sweet intake.
  Quote: 'My son and I would often walk for about a kilometre or two in the afternoon, which is a great feeling. Not only are we becoming healthier, but we also get to spend some bonding time together just talking and laughing together'. – Participant A
- **Better stress management:** Parents described learning effective stress-reduction techniques, leading to reduced physical tension and improved overall health. A participant from the Philippines admitted that she tended to suffer insomnia when feeling overwhelmed by her responsibilities to her son and the rest of the family. But she said the meditation and calming techniques she learned from the coaching programme worked, after applying and practising them every night before bedtime.
  Quote: 'The breathing techniques we tried during the sessions helped calm my mind. I used to get so distracted overthinking what I needed to do the following day that I would sleep very late into the night. But now, I have disciplined myself to be in bed by 10 at the latest'. – Participant B
- **Enhanced understanding of health needs:** The group coaching programme fostered awareness about the importance of regular health check-ups and proactive healthcare for both participants and their children. A mother from

Indonesia, after attending the physical health coaching session, promptly went to the doctor to have her cholesterol levels checked and other blood work. She said she is highly aware that she has not been living the healthiest of lifestyle before the group coaching programme.

Quote: 'I knew I needed to have my cholesterol level checked as I have not been very healthy in the past few years. But I realize now that I should be in tiptop shape if I wanted to be able to take good care of my son. As a single mom, I am the only one he can turn to. How can I take good care of him if I myself am not healthy, or worse?' – Participant C

b) Emotional Well-being

The group coaching programme significantly impacted participants' emotional well-being, resulting in the following key findings:

- **Increased emotional resilience:** Participants shared how they developed coping strategies to handle emotional challenges and maintain a positive outlook in difficult situations, especially involving their child with developmental disorder. A parent from Viet Nam revealed how she feels happier and not think of herself as a victim whenever she falls into a negative situation. Another Vietnamese mother expressed her happiness to learn how to shift from being passive to being assertive in dealing with family-related pressures.
  Quote: 'I have learned in the programme that I am not a victim but a creator of my own life. While we acknowledge the negative situations and unwanted sorrows that come, it is best not to let yourself be sad for too long'. – Participant D
- **Heightened self-awareness:** Many participants expressed a deeper understanding of their emotions and how these emotions influence their caregiving approach. One parent from the Philippines, upon learning a coaching technique that helps identify the various inner roles we play in a span of 1 day, expressed her surprise about how conditioned she was subconsciously. Having a high sense of self-awareness brought her out of her negative conditioning.
  Quote: 'It is very interesting how I previously thought that I was helping my son by pitying him for his disability which made me constantly sad. It was as if a burden has been lifted when I learned that I was being a "rescuer" instead of being a "coach" to my own son'. – Participant E
- **Positive mindset:** Participants reported adopting a strengths-based perspective, focusing on their own capabilities, and building confidence in their caregiving roles. A participant from Viet Nam related how she used to be very afraid of allowing her son to do chores by himself as she was constantly worried that he would hurt himself. What she learned from the coaching sessions was quite liberating not only for her but for her son as well. From just merely teaching him, she started trusting him to do well by himself while looking out for him from a distance.

Quote: 'I have switched to practical teaching and not to support too much. As a result, he can speak a lot of double words now, go to the toilet on his own, take his own towel, and dress himself after bath time'. – Participant F

c)   Relationships

Participants noted significant impact on their relationships courtesy of the coaching programme. Here are key findings:

- **Improved parent–child bonding:** Participants shared how the coaching programme helped them strengthen their bond with their children through active listening and open communication. A parent from the Philippines admitted she was having trouble connecting with her teenaged daughter because most of her time was spent caring for her younger son with developmental disability. It came to a point when they started avoiding each other even at home. After learning certain techniques in communicating and trying out active listening exercises, she decided to break the silence with her daughter and has never been happier.
  Quote: 'Before learning active listening techniques, whatever conversation I had with my daughter would almost always turn to an argument. I realised I was being reactive to her and was not really listening to what she had to say. Now I know better'. – Participant G
- **Enhanced support systems:** The programme fostered a sense of community amongst participants, allowing them to connect with other parents facing similar challenges and providing mutual support. Participants from Viet Nam, for instance, said they felt safe within the group coaching sessions, and it showed in how they tried their best to attend each session and actively took part in the discussion, as well as encouraging each other.
  Quote: 'I am currently on my way to a wedding, but I can just log on to my phone and listen in. I will not be using my video function as my signal is not that good on the road'. – Participant H (during a live group coaching session)
- **Better family dynamics:** Participants reported more effective communication and problem-solving within their families, leading to a harmonious and supportive environment. A participant from Viet Nam saw the value of balancing her time between herself, her child with developmental disability, and other members of the family, which resulted in a happier family.
  Quote: 'In the past, I was too focused on my child that I have neglected other members of my family. I have also neglected myself in the process. But it is very important to pay attention to the people around you'. – Participant I

d)   Environment

Participants expressed some important insights about the importance of the environment, resulting in the following key findings:

- **Improved caregiving environment:** Parents made positive changes to their immediate environment, creating nurturing and supportive spaces for their children's development. A participant from Viet Nam had some misgivings about sending her son to an inclusive school because she is still not sure her son would be fully integrated. So, she sent her son to a 'special needs' school instead.
  Quote: 'I decided to let him learn in a "specialised" environment with an enhanced intervention plan so teachers could fully focus on him and his way of learning'. – Participant J

- **Heightened awareness of resources:** Participants reported adopting creative approaches in terms of available resources and services to support their children's developmental needs. A parent from the Philippines was happy about the creative approaches she learned in the coaching sessions and was able to apply it in looking for ways to teach her young son using her own creative ideas. It also paved the way for other participants to make suggestions on where she could get the resources she was looking for.
  Quote: 'I love the camaraderie and the community spirit at the coaching sessions. Everyone was willing to help and to help in brainstorming ideas'. – Participant K

A couple of coaching participants, however, were not as clear about the environment topic with one of them saying that she 'still needs more clarity on the topic' especially in terms of overcoming difficulties 'when the environment is unfavourable'. She said she needs more practical application on the topic.

The qualitative data support the findings of the QoL scores especially with parents saying that the group coaching sessions enabled them to experience so much personal growth, which was something they have neglected after years of caring for their child with developmental disorder. They talked about how the group coaching sessions had helped them feel less alone and more empowered and helped them develop new coping strategies and how to better manage their stress and their time.

The evaluation of the group coaching sessions demonstrated their effectiveness in enhancing the QoL for parents of children with developmental disorders in Southeast Asia. Through the sessions, participants experienced reduced stress levels, increased confidence in their caring role, and a deeper understanding of themselves in relation to their child's developmental disorder. The data further revealed that the participants felt more supported and reported improved relationships with both their children, partners, and other family members because of the intervention.

Below are some examples of how involved they were in the group coaching sessions, especially in sharing all their insights about the different coaching topics.

Table 4.6. Participant Insights (1)

Physical Health	Emotional Health	Relationships	Environment
Physical exercise is very necessary for the human body to help increase metabolism and fight diseases.	Need to think more positively in life, all can have a solution.	Try to balance work and family, do not bring work home. Goal setting solution (SMART) and execution discipline.	Need to participate in a positive environment, people help each other to develop. Avoid joining negative organisations.
Physical exercise makes the mind sharper and more active.	Cultivate weak skills, for example: communication skills, parenting skills.	Should think about that relationship more to make it better.	Trust needs to be put in the right place, needs to be understood. There should be an open and different attitude towards children with autism, without discrimination.

Sources: Compiled by authors (2023).

Table 4.6. Participant Insights (2)

Practical Tips for Other Parents to Improve and/or Develop the Following:			
Physical Health	Emotional Health	Relationships	Environment
Exercise	Practice positive thinking, do not always think badly of others, but also be cautious, not gullible.	Avoid negative thinkers.	Arrange a minimalist life, do not be too dependent on material things.
Sleep early, get up early.	Do not remember the unhappy	Avoid people who criticise or blame others.	Finding a job that interests you and suits your abilities is not too tiring
Drink enough water	If the matter is too difficult, leave it to solve later.	Only talk to people who we think can understand us and can help us when we are in trouble.	Practice balancing income and expenditure; do not spend more than you earn.

Practical Tips for Other Parents to Improve and/or Develop the Following:			
Physical Health	Emotional Health	Relationships	Environment
Eat more greens, fruits	Schedule time to watch movies, listen to music, read books, have a massage, do not wait for free time	Do not keep everything in your heart, find a soulmate to confide in	Do not spend too much time on cleaning; use your time to beautify

Source: Compiled by authors (2023).

5. Challenges and Limitations

While the group coaching programme for parents of children with developmental disorders in the ASEAN region has shown promising results, it is important to acknowledge and address the following challenges and limitations:

- **Limited sample size:** The study's limited sample size might impact the generalisability of the findings. The group coaching approach is tailored to a specific and focused target audience, and its nature necessitates a smaller number of participants at any given time. Consequently, the pilot project faced constraints in sample size, resulting in a limited number of participants for each country, and therefore making it challenging to draw broad conclusions. The ideal group coaching sessions typically involve a select group of 6 to 8 participants, with 10 being the maximum number to ensure an effective and interactive experience.

- **Recruitment and participation:** Recruiting parents to participate in the coaching programme may have been challenging, as some parents might be hesitant to join due to time constraints, competing priorities, or lack of awareness about the potential benefits of coaching.

- **Cultural and language barriers:** Cultural differences and language barriers may have influenced participants' engagement and understanding of the coaching programme. Ensuring culturally sensitive approaches and providing adequate translation services can help overcome these barriers.

- **Self-selection bias:** Participants who voluntarily joined the coaching programme may have had pre-existing motivations and interests in seeking support and improving their QoL. This self-selection bias could influence the results, as those who already have higher levels of motivation might experience greater benefits.

- **Lack of control group:** Without a control group, it is challenging to compare the outcomes of the coaching programme with a group that did not receive the intervention. Including a control group would strengthen the study's internal validity and help attribute changes specifically to the coaching programme.

- **Subjective data interpretation:** The qualitative data collected from post-programme questionnaires might be subject to individual interpretation and bias. Using a standardised approach to analyse and interpret qualitative data can enhance the reliability of the findings.
- **Short-term evaluation:** The study's focus on post-programme questionnaires may provide insights into short-term effects. To gain a deeper understanding of the program's long-term impact, conducting follow-up evaluations over an extended period is necessary.
- **Limited coaching program duration:** The 3-month duration of the coaching programme may not be sufficient for significant and lasting changes in participants' QoL. Extending the programme's duration could lead to more profound and sustained outcomes.
- **Resource and funding constraints:** Limited resources and funding may restrict the scale and scope of the coaching programme. Securing sustainable funding and resources can facilitate programme expansion and reach a wider audience of parents.
- **Data collection challenges:** Collecting data from participants might have encountered logistical challenges, such as ensuring timely responses to questionnaires and maintaining engagement throughout the study.

6.   Potential Risks

Some of the key risks of this programme include:

- **Emotional vulnerability:** Engaging in group coaching sessions may bring up emotional challenges for some participants, especially when discussing personal experiences or difficulties in caring for their children with developmental disorders. Coaches must be trained to handle emotional responses sensitively and provide appropriate support.
- **Ineffectiveness for some participants:** Group coaching might not be effective for every participant, as individuals have unique needs and learning styles. Some parents may not fully benefit from the programme due to differences in personal preferences or readiness for change.
- **Dropout or non-participation:** Some participants may drop out of the coaching programme prematurely due to personal reasons or lack of motivation. Maintaining consistent attendance and participation throughout the programme can be challenging.
- **Misinterpretation of coaching guidance:** Participants may misinterpret or misunderstand coaching guidance, leading to unintended consequences. Coaches should ensure clear communication and provide follow-up clarification when necessary.

- **Confidentiality concerns:** Sharing personal experiences and challenges during group coaching sessions may raise concerns about confidentiality. Creating a safe and confidential environment is crucial to foster trust and openness amongst participants.
- **Cultural sensitivity:** Cultural norms and values may differ amongst participants, and coaching practices should be sensitive to cultural diversity to avoid potential misunderstandings or conflicts.
- **Resource limitations:** Group coaching programmes require dedicated resources, including trained coaches, materials, and logistical support. Insufficient resources could impact the quality and effectiveness of the coaching programme.
- **Unforeseen external factors:** External factors, such as unexpected events or changes in participants' personal circumstances, may affect the programme's progress and outcomes.
- **Over-reliance on coaching:** While coaching can be valuable, it is essential not to overstate its effectiveness or replace other essential support services, such as counseling, therapy, or medical interventions.
- **Lack of long-term impact:** The coaching programme's long-term impact on participants' QoL may not be sustained if there is no follow-up support or ongoing engagement after the programme ends.

Mitigating these risks involves careful programme planning, continuous monitoring and evaluation, providing adequate support and resources, and ensuring participant well-being throughout the coaching process. Open communication and a client-centred approach are vital in addressing risks and maximising the benefits of the group coaching programme for parents of children with developmental disorders.

7. Conclusion

In conclusion, this research study presents significant insights into the effectiveness of the group coaching programme in elevating the QoL of parents of children with developmental disorders in the ASEAN region. The combined analysis of quantitative data and qualitative feedback provides valuable understanding of the positive impact of the intervention on participants' well-being and caregiving experiences. The subsequent sections summarise the study's outcomes, encompassing the key findings, challenges, and limitations encountered. Furthermore, this section presents essential recommendations for future endeavours in this field, based on the observed results and their implications.

8. Recommendations

Based on the findings and results of this research study, several recommendations can be made to further enhance and optimise the effectiveness of group coaching programmes for parents of children with developmental disorders in ASEAN:

- **Expand access to group coaching programmes:** Given the positive impact observed in this study, expanding the availability and accessibility of group coaching programmes to reach a broader audience of parents in the ASEAN region is recommended. This could be achieved by collaborating with local governments, non-governmental organisations, and support organisations to establish and promote such programmes.

- **Promote awareness and education:** Increasing awareness and understanding of the benefits of group coaching amongst parents and caregivers is essential. Conducting information campaigns, workshops, and seminars can help educate parents about the potential advantages of participating in coaching programmes to improve their overall well-being and caregiving skills.

- **Tailor coaching programmes to cultural contexts:** Considering the diverse cultural contexts within the ASEAN region, it is crucial to tailor group coaching programmes to suit the unique needs and preferences of parents from different backgrounds. Culturally sensitive approaches can be implemented to ensure the programme's relevance and effectiveness.

- **Integrate coaching programmes with existing support services:** Collaborating with existing parent training and mentoring programmes can foster a more comprehensive support system for parents of children with developmental disorders. Integrating coaching into these initiatives can create a cohesive and continuous support network for parents.

- **Continued research and evaluation:** To continually improve and refine group coaching programmes, ongoing research and evaluation are essential. Conducting follow-up studies and gathering feedback from participants can provide valuable insights to further enhance the programme's impact and address any areas for improvement.

- **Capacity building for coaches:** Investing in the training and development of skilled and empathetic coaches is crucial to delivering high-quality coaching sessions. Providing ongoing professional development opportunities and support for coaches can enhance their effectiveness in guiding parents through the coaching process.

- **Advocate for government support:** Collaborating with government agencies and policymakers can lead to greater recognition and support for group coaching initiatives. Advocacy efforts can highlight the importance of such programmes in enhancing the well-being of parents and the long-term benefits for children with developmental disorders.

- **Longitudinal studies:** Conducting longitudinal studies that track participants' progress and well-being over an extended period can provide a deeper understanding of the lasting impact of group coaching on parents' lives and caregiving experiences.

- **Peer support networks:** Facilitating peer support networks amongst parents who have completed the coaching programme can foster a sense of community and ongoing support. Such networks can provide a platform for sharing experiences, strategies, and resources.

- **Inclusion of parent testimonials:** Utilising testimonials and success stories from parents who have participated in the coaching programme can be a powerful advocacy tool. Sharing these personal experiences can inspire and encourage other parents to join similar initiatives.

Overall, implementing these recommendations can contribute to the continued growth and effectiveness of group coaching programmes for parents of children with developmental disorders in the ASEAN region, ultimately leading to improved QoL for both parents and their children.

Chapter 5
Conclusion and Way Forward

Disability policies and awareness have evolved significantly in both Japan and ASEAN countries, highlighting a strong emphasis on addressing physical and intellectual disabilities. However, as society progresses, there is a growing recognition of the need to expand this focus to encompass psychosocial disabilities and developmental disorders, including conditions such as ASD, ADHD, and Learning Disabilities. This acknowledgement signals the shifting landscape in which the challenges and experiences of individuals with developmental disorders are increasingly coming into the spotlight.

Furthermore, demographic data reveals that a substantial portion, estimated at around 10%, of the total population in Japan and the ASEAN region may contend with developmental disorders. This demographic insight underscores an urgent requirement to bolster the quality and quantity of human resources dedicated to supporting these individuals. The enhancement of systems providing professional support is a shared imperative across these regions, irrespective of age or societal context.

Distinctive nuances emerge when comparing the Japanese experience with that of ASEAN countries in addressing developmental disorders. Japan has entered the era of an ageing society well ahead of its ASEAN counterparts, a shift that necessitates a pioneering approach in the care of ageing individuals with developmental disorders, such as by establishing group homes.

Moreover, the complexities of developmental disorders become increasingly apparent as they may coexist within a single individual. This reality calls for a more holistic and comprehensive perspective, emphasising the need for a collaborative and synergistic response. In contrast, several countries tend to address specific types of developmental disorders in isolation, leading to the dispersion of funds and other resources.

Initiatives, such as Indonesia's IDD net, inspired by Japan's experience, underscore the need for co-creation and synergy in the development of human resources. The focus must be on placing the right individuals in the right roles, considering the unique circumstances faced by individuals with developmental disorders and their families in each country.

These nuanced distinctions, combined with the evolving nature of developmental disorder awareness, offer valuable insights into the future of disability policy and support. The increasing awareness of ASD, with its growing prominence, requires an equal emphasis on policies and practices related to conditions like ADHD and Learning Disabilities.

Additionally, as societies confront disparities in the lifespan of individuals with developmental disorders, the challenges of an ageing society have yet to be fully addressed. A more comprehensive approach to human resource development emerges as the essential pathway to navigate the multifaceted landscape of developmental disorders, fostering inclusivity and empowerment in these diverse regions.

Briefly, here is the summary of the key findings of this project:

Commonalities and/or Shared Challenges between ASEAN and Japan

- Regarding disability policy and public awareness, Japan and ASEAN countries have made significant progress in addressing physical and intellectual disabilities. However, there is a growing recognition that more attention should be given to psychosocial disabilities and developmental disorders, such as ASD, ADHD, and Learning Disabilities, in the future.

- Around 10% of the total population in both Japan and ASEAN countries may experience developmental disorders. This highlights the urgent necessity to enhance both the quality and quantity of human resources dedicated to supporting individuals with developmental disorders. This includes strengthening systems for professional support across all age groups and considering the specific needs and understanding of the local population.

Distinctions/Unique Challenges between ASEAN and Japan

- Japan is experiencing an ageing society earlier than ASEAN countries. For example, Japan entered an ageing society phase in 1994, while Viet Nam is projected to reach that phase in 2034, Indonesia in 2051, and the Philippines in 2068. Japan has been at the forefront in addressing the needs of ageing individuals with developmental disorders, such as through the establishment of group homes.

- Various types of developmental disorders can coexist within the same individual, necessitating a comprehensive perspective and response. In contrast, other countries often focus on specific types of developmental disorders separately, leading to the allocation of resources for each disorder (e.g. Indonesia established IDD net, inspired by Japan). There is a pressing need for collaborative efforts and synergy in human resource development to ensure that the right individuals are placed in the right roles, considering the unique circumstances of individuals with developmental disorders and their families in each country.

In recognising the evolving landscape of developmental disorders, two pivotal observations have been noted. Firstly, there is a noticeable widening gap between various significant developmental disorders. Despite the increasing awareness of ASD, other conditions, such as ADHD and learning disabilities, deserve amplified attention in both policy formulation and practical implementation.

Secondly, the disparities in the lifespans of individuals living with developmental disorders represent a pressing challenge. The transition to an ageing society remains an aspect that has not been fully integrated into the overarching approach. To address this, the adoption of a more holistic and comprehensive strategy for human resource development is imperative. This encompasses a spectrum of measures, from training and nurturing professionals to strategic allocation, ensuring that individuals with developmental disorders and their families receive tailored support.

In summary, the unique similarities and disparities between ASEAN countries and Japan necessitate a proactive focus on human resource development. As we embark on the journey of creating more inclusive and supportive societies, the capacity to understand, care for, and advocate for individuals with developmental disorders is paramount. Only by investing in comprehensive training, co-creative efforts, and cross-border knowledge sharing can we build a more compassionate world that accommodates the unique needs of every individual.

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