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About being relevant: a comment on Kathard, Naude, Pillay & Ross (2007).

I accepted the invitation to respond to this paper with pleasure, not only because I welcomed the critical thinking reflected in the paper, but also because I think the issues raised are vital to the long-term sustainability of the professions of SLP/Audiology in this country. Like others, I also have been deeply concerned about the profession and its future within the African continent. This concern is not based on a belief that the profession is irrelevant or peripheral to local development, but rather on the complexities of the issues facing the field of Speech-Language Pathology and Audiology as well as other rehabilitation professions within poverty contexts.

Kathard et al. (2007) raises important issues upon which I would like to comment and include:

- the issue of relevance and different types of research,
- the role of evidence-based practice and finally,
- intervention in poverty contexts.

For a long time, the western world has dominated the profession of Speech-Language Pathology and Audiology for good reasons. However, as the developing countries come into their own, the realization dawns that we can not translate strategies used in

industrialized contexts to developing contexts in uncritical ways. Similarly, the knowledge-base of the western world is equally limited in addressing issues of poverty and diversity. We know that a significant proportion of what we have learned and successfully applied in this country is based (at least partly) on what our international counterparts have developed. Many of the intervention issues that parents and professionals in the western countries experience are similar. However, on a continuum many of these issues are intensified within poverty contexts. The issue of HIV/AIDS certainly adds a further critical dimension. An example is the fragmentation of services relating to early childhood intervention, which is a major problem in many countries. In South Africa where parents have lack of access to services to start off with, fragmentation of services can have a pronounced impact on families in poverty and their ability to participate in intervention, particularly also in the context of HIV/AIDS. The average more educated parent has significantly more resources in coping with diverse messages impacting from different professional angles. How do we manage an effective intervention service to young children in a country that rates low (UNICEF, 2006) in terms of provision of health and education to children? What is the responsibility of the profession in the face of these issues? Do we ignore them, or actively engage with them? Do we really have a choice?

Whilst this is not a profession-specific problem, the issue of transdisciplinary service provision clearly is an important consideration. Why when we know that community-based intervention in homes is more effective than institution-based intervention are most of our interventions still in hospitals and school clinics? The CAAC recently conducted a nationwide survey with some of our multi-professional graduates (Speech-Language Pathology, Audiology, Occupational Therapy, etc.) on the location of where services are rendered. Just about all the therapy was focused on multi-disciplinary, institution based models of intervention. These practice contexts prompt questions such as the following: In SA, are we getting better at addressing the issues we face when providing young children in need with access to therapy? Are we planning and training for impact if we promote multidisciplinary service models in contexts where there seldom are rehabilitation professionals to fill a team? Let me admit that I do understand (and have been reluctantly involved in) the professional boundary issues in relation to what is Occupational Therapy, Speech-Language Therapy/Audiology and physiotherapy domains. Does this type of "professional protection" really advance our services to those in need? Are we moving forward by systematically building a bigger *private practice* speech/language therapy and audiology professional base? When is our commitment to our profession more overtly going to focus on government support and liaisons to develop service and intervention models that could work for rehabilitation in our country?

One of the present-day realities for any profession focuses on the accountability of the outcomes of services – and not only outcomes, also impact. Kathard et al. (2007) refer to the UN Millennium Development Goals to alleviate poverty and state that we should be guided by priorities to create a more equitable world. This point highlights the issue of sustainability of our intervention outcomes over time (Alant, 2005). Is it enough to prove effectiveness? What about long-term efficacy and sustainability of change? The authors continue by stating that "the use of highly valued empirical research methodologies has functioned to develop our professional interest" and then proceed to question the social validity of these processes. Towards the end of the paper they also argue for the development of ecological frameworks of practice. These issues are indeed relevant, as, regardless of methodologies used, one needs to ask how findings and data translate into the improvement of everyday working reality for those in need.

There is a significant difference between research approaches focused on identification of generalities, i.e. the notion of context-free laboratory-type experiments, and those interested in understanding phenomena entrenched within the social context of living. As we know, these are not mutually exclusive but both form an important part of development of knowledge and applications in any field. However, good research or high level evidence is, as we know, not determined by the methods used, but by the degree to which the processes and recording show a high regard for issues relating to trustworthiness or validity. The real issue therefore is not so much whether we need to use different research approaches in answering different questions essential to improving practice, but a deep commitment towards making sure that the methods used are credible in the data and interpretations proposed.

Having said that, it is important to ensure that we ask relevant questions in guiding practice and that we do allow different researchers to add to the existing body of knowledge by not imposing pre-conceived notions of what is "good research" on the process. In this regard David Beukelman (2001), based on the work of Boyers and Rice (1990), identifies at least five different types of researchers necessary to expand a field, which include researches focused on the representation of knowledge, integration of knowledge, advancement of generalized knowledge, advancement of individualized knowledge and application of knowledge. All these different types of researchers are important to develop a field and we need to remain cognizant of the importance of encouraging different ways of inquiry to add to the richness in understanding complex phenomena of the field.

Can research findings, however, dictate decisions on clinical practice? How do we decide on what is the best intervention approach to take with a specific client? Schlosser and Raghavendra (2004) outlined what they describe as the process of evidence-based practice in Augmentative and Alternative Communication as focusing on three factors, i.e. best and current research evidence, clinical/educational expertise and thirdly relevant stakeholder perspectives. From this model it is clear that an evidence-based practice does not mean the abandonment of stakeholder involvement or clinical and educational expertise, but rather the incorporation of these in the process of sound decision-making relating to a specific client and context. Evidence-based practice thus implies that the clinician is not only able to search and access relevant research findings, but also that s/he is able to meaningfully interpret these findings within his/her own working context/expertise together with a sound understanding and interaction with the client s/he serves. The responsibility that lies with the speech-language pathologist/audiologist thus remains one of integrating the research evidence with the professional expertise and consultation with the client served. Herein lies a major ethical and professional responsibility – not just to use the therapeutic approaches best known to the speech-language pathologist/audiologist , but to ensure that the choice of strategies applied are those most relevant to the client!

The authors ask the question "Can we rely on an empirical science to enable us to adequately engage what are issues of social justice?" Clearly, one can never replace human responsibility with scientific processes. Clinical expertise of the interventionists, their understanding and caring will always remain pivotal to the process of meaningful intervention.

The challenge is to explore the relationship between the part and the whole, the individual and the system or context without confusing them as being the same or inter-

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changeable. We have to understand what is going on in the whole system to understand the individual just as we need to inquire about the individual to learn about the whole. As we listen to the stories of individuals and families in distress, we also need to "be-in-the-world" (Heidegger's concept of "da-sein", 1996) which implies an openness and understanding of possibilities within the world. This will enable us to pick up impressions and ideas and explore these with our clients and families in moving towards discovering ways to assist them not only to cope and survive, but live. Speech-language pathologists/audiologists need to be conscious enough of their own assumptions to ensure that these do not become an imposition on others. Only by realizing one's own limitations and prejudices can one move forward in understanding and meaningfully assist those who live in society's "black holes". This idea is best expressed in the words of Eudora Welty, quoted by Margaret Wheatly (1999, p. vi) " My continuing passion is to part a curtain, that invisible shadow that falls between people, the veil of indifference to each other's presence, each other's wonder, each other's human plight".

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