COMMENTARY / COMMENTAIRE

Commentary on *Management of a Word-Finding Deficit in Discourse: A Case Example* by Palm and Purves

Commentaire sur Gestion du déficit de recherche de mots dans le discours : étude de cas par Palm et Purves

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It is a rare pleasure to be asked to comment on an article of this quality. It is refreshing, timely and clinically very relevant. We consider it a bold attempt both in its integration of theory and practice, and in its specific explication of management strategies. It provides an accessible framework for therapy, is extremely well grounded in theory and provides an excellent model to clinicians for deriving effective therapy plans. The synchronicity of some of the concepts in this article with our own ideas on discourse and adult language pathology is both gratifying and encouraging within the context of a current literature which sometimes yields little of value to the practising clinician. In our commentary we would like to address theoretical aspects, methodological issues, and some comments on the specific therapy approach.

Theoretical Aspects

The article presents a systematic and comprehensive perspective of explanations for linguistic breakdown in Alzheimer's Disease (AD). Although not made explicit, the close link between cognition and language emerges, especially in relation to the results of the patient described. Language reflects, taps, and supports cognition. Discourse tasks, specifically, yield considerable information about underlying cognitive processes. Various models and explanations of lexical-semantic knowledge and access are given and clearly integrated with clinical findings.

A powerful explanatory theory of resource allocation which has the potential of integrating some of the issues raised by Palm and Purves is the capacity approach of Just and Carpenter (1992; Miyake, Carpenter, & Just, 1994). Essentially, this theory, which has been very well worked out on normal participants and those with aphasia, and which we have recently applied in a preliminary way to head-injured patients (Penn & Jones, 1994), provides a parsimonious explanation both for individual variability (a factor commented on quite often in the Palm and Purves article) and interpatient variation. There is an intricate relationship between task demands and ability to access information such that when a load is imposed in either storage or processing, performance will both diversify and deteriorate.

Methodological Issues

The criteria for the diagnosis of probable AD are not specified in the article, which is of some concern. The profile of language and memory performance on the test battery is not characteristic of a typical AD patient in so far as the memory skills seem so much better preserved than the linguistic skills. However, it demonstrates not only the heterogeneous nature of breakdown falling under this diagnostic umbrella, but importantly, the superfluousness of diagnostic labelling when discourse processing is the focus of therapy (Penn, Joffe & Jones, in press). Increasingly, discourse is unravelling the tangles of old-aged language.

The creative use of a single case example in this article bears specific comment. Our clinical life is filled with single cases. These authors have demonstrated a strategy for management and conceptualisation which will undoubtedly generalise. While this example refreshingly does not conform to some of the more rigid single case designs described in the cognitive neuropsychology literature, we are provided with a powerful example of how a single case, when examined in the right way, can yield a wealth of information. A frequently observed paradox is the inverse relationship between tightly controlled single case studies and their clinical applicability. We believe that it is unacceptable for measures to become so psychometrically refined and simplistic that they fail to reflect the complex process factors associated with outcome (cf. Enderby, 1992).

A factor which is given appropriate prominence in the article is the complex relationship between task and performance. This is an often neglected dynamic in the literature which may well, as the authors point out, account

for some of the inconsistencies in previous research. In relation to AD patients, as this article points out, task is a particularly powerful effect. Our own results on a group of AD patients show, for example, consistently significant differences in comprehension depending on the nature of the task, and task variables such as personal salience and prior experience (Jones, in preparation). Conversational, narrative and procedural discourse genres are very different for reasons well explained in this article and should not be overlooked in either assessment or therapy with any neurogenic patient.

Management

As researchers and clinicians in a country with severely limited rehabilitation resources, our intervention with dementia patients is largely restricted to indirect caregiver programmes. However, as highlighted by Tomoeda and Bayles (1990) many such programmes are largely atheoretical and have been subjected to limited empirical study. Palm and Purves' literature review highlights the diversity of linguistic impairments in the AD population. This must lead one to question the wisdom and efficacy of applying techniques or strategies to all patients or caregivers across the board. Indeed, our experience of community-based programmes in South Africa targeting a range of communication disorders has been that, in order to be of any benefit, detailed and specific guidelines must be provided. It is our contention that speech-language pathology resources are best utilised, and the needs of patients and caregivers best served, if intervention programmes, whether targeting the affected individual directly or the caregiver, have individualised treatment goals based on careful assessment. In this we heartily concur with Palm and Purves.

Palm and Purves' approach to the management of their patient meets important criteria for intervention admirably:

1. It is firmly rooted in theory and is model-driven.
2. It is based on detailed assessment.
3. It is strength rather than deficit oriented.
4. It is functional and tailored to the specific needs of the patient and her caregivers.
5. It does not involve the learning of new behaviours.
6. It provides the caregivers with specific techniques and guidelines and demonstrates how these should be implemented.
7. Its topic orientation is powerful, as it provides a scaffold for both patient and therapist.

Although the approach described in the article involves direct therapy with the patient, it is also entirely compatible with our approach to caregiver training. The method outlined by Palm and Purves, in addition to the criteria above, provides a focus to the caregiver which is comforting and empowering. As Arkin's (1991, 1992) work has demonstrated, working pro-actively with their dementing loved ones can have significant benefits for caregivers.

We are concerned that some assessments and therapies contribute towards the destruction of the "public self". Palm and Purves' goal of "enhancing communication and helping the person with AD to preserve self-identity" (p. 10) and their therapy method which extracts competence from the patient, are important shifts away from viewing the patient as a victim towards incorporating her as an active participant in the therapy process. We look forward to seeing the outcome of this intervention approach.

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