Changes in Family Paradigms with Families of AAC Preschoolers
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Background
Family involvement in AAC is important, especially with a toddler or preschooler. This study examined families with AAC children within the framework of family paradigms, which defines 4 paradigms of closed, random, open, and synchronous (Constantine, 1986; Imig, 2000; Kantor & Lehr, 1975). Theoretically, paradigms guide families in using their resources of time, space, energy, and material in the pursuit of their goals of control, affect, meaning, and content. (Content is one’s view of reality.) More than one paradigm can be used either concurrently or serially by a family.

Closed paradigms involve strategies that follow traditions, conserve resources, and reinforce loyalty to one’s family.

Random paradigms involve strategies that seek innovation, expend resources with zest, and encourage individual freedom.

Open paradigms involve strategies that create collaborative action, balance group and individual needs for resources, and communicate practically.

Synchronous paradigms involve strategies that ground family constancy, maintain resources, and connect with the timeless universals of life.

When we recommend AAC, we are often asking families to make AAC communication one of their goals and to use their resources of time, energy, space, and material to integrate AAC within their lives. If we better understand what we are asking a family to do. If our AAC recommendations require the family to change their natural way of acting, our suggestions may be difficult to implement. Instead of requiring the family to change paradigms, the professional should look for ways that allow the family to integrate AAC recommendations into its current paradigm.

Research Questions
Determine if the primary caregiver perceives that changes in the family’s paradigm occurred or would occur (a) when parents became aware of the child’s severe communication disorder (Before Diagnosis, After Diagnosis), (b) when AAC was obtained (Post-AAC), (c) in an ideal, hypothetical world (Ideal).

Participants and Procedures
Participants were 42 primary caregivers from 23 different states. The 43 children, aged 19 to 71 months, had not yet started kindergarten, had used the then current AAC system for 6 to 24 months, and had a variety of developmental disorders resulting in a severe communication disorder. Most had multimodal AAC systems, which included both aided and unaided components although 8 had only the unaided AAC system of sign language. More than half (n=26) of the AAC systems included a voice output component. Sign language was the most frequently used AAC within the child’s home.

Primary caregivers, all mothers, completed an 81-question case history and a 10-question instrument, the AAC Family-Paradigm Assessment Scale (AACP-PAS). The AACP-PAS was adapted from earlier paradigm scales. Four judgments of family paradigms were computed from the AACP-PAS:

1. The paradigm before the child was diagnosed with a severe communication problem, as perceived retrospectively (Before-Diagnosis paradigm);
2. The paradigm after the diagnosis but before AAC was implemented, as perceived retrospectively (After-Diagnosis paradigm);
3. The paradigm existing with the then current AAC system (Post-AAC paradigm);
4. The paradigm desired, hypothetically, in an ideal world (Ideal paradigm).

Post-AAC implementation, families reported increased reliance on random and open while decreasing closed strategies. More specifically, 33% frequently used a closed paradigm, 48% frequently used a random paradigm, 76% frequently used an open paradigm, and 10% frequently used a synchronous paradigm, with one half of the families frequently combining family paradigms. This trend continued when families identified a hypothetical, ideal method of family functioning.

The table shows the frequencies of families reporting different combinations of paradigms across the four judgments. Many of the families reported combining paradigms within their daily lives. Families showed the most diversity of paradigms in the Before Diagnosis judgment and the least diversity in the Ideal judgment.

Results
As seen in the figure below, closed (36%), random (57%), and open (55%) paradigms were most frequently remembered when caregivers provided a retrospective judgment of their family functioning from the period of time before the child’s diagnosis. However, after the child’s diagnosis, closed and open paradigms were used by more families while random paradigm decreased.

Clinical Implications
Recognizing a family’s paradigm patterns may allow the speech-language pathologist to explore areas that are likely to be important to a specific family member. Consequently, with family paradigms, the professional is able to provide family-centered intervention targeted to each family’s individual pattern of resources and goals. By considering the goodness-of-fit for the AAC system within a particular family’s manner of functioning, families and professionals may be able to improve their informed decision-making and obtain more compatible AAC systems for children with severe communication disorders

References
Available on request.

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