

Advocate Development in the Field of Developmental Disabilities: A Data-Based Conceptual Model

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Abstract: We proposed a taxonomy of advocate development in the field of developmental disabilities derived from the systematic evaluation of a Partners in Policymaking program. Three developmental stages evolved: beginner, involved, and activist. Self-reports of advocacy actions and outcomes were collected from 3 participants with disabilities and 21 parents before and during training. A follow-up, semi-structured telephone interview was conducted 5 months after training ended. Results indicate significant improvements in the number of actions and outcomes reported by all participants. The activist group had the largest gains in actions and outcomes; they reported twice as many outcomes as did the other participants. The implications of the proposed taxonomy for participants' recruitment in advocacy training programs were discussed.

The current process of restructuring and improving services and supports for individuals with developmental disabilities emphasizes community inclusion and direct support for individuals and families (Henry, Keys, Balcazar, & Jopp, 1996). Increased service options and choice as well as public accountability for efficient use of resources and for positive outcomes are aims of this process (Braddock, 1994; Bruininks, 1991; National Center on Educational Outcomes, 1991). Pursuing such laudable objectives requires advocacy by local, state, and national coalitions of individuals with disabilities, family members, and professionals. Unfortunately, as Braddock (1994) pointed out, the pace of change is slow and the transition to an institution-free society is taking many years in most parts of the country.

Bruininks (1991) suggested that advocacy, and more specifically empowerment, will increasingly become

the natural way of thinking about the rights and meaning of citizenship for all people . . . and become an indispensable part of restructuring services and supports for persons with disabilities. (p. 246)

Empowerment refers to an ongoing process of gaining greater access and control over valued resources through critical reflection and group participation centered at the local community (Cornell Empowerment Group, 1989). Although the construct of empowerment has become widely used, little empirical evidence is available to assist in understanding the development of advocates as they become increasingly involved in empowerment efforts. Kieffer (1983) interviewed leaders of grassroots organizations and proposed four developmental phases for individuals involved in empowerment activities: *entry* (initial step of getting involved), *advancement* (the person belongs to an organization and receives mentoring), *incorporation* (a sense of mastery and competence is gradually acquired), and *commitment* (the person develops a sense of mastery and participatory competence). Kieffer's taxonomy suggests that empowerment implies the transition from a sense of self as helpless victim to a sense of self as assertive and efficacious citizen. However, acquiring a "sense of empowerment" is not enough. The process has to be linked to con-

crete actions and outcomes in order to make a real impact in people's lives.

In recent years, several advocacy training programs have been developed to enhance the empowerment of people with disabilities and their family members (e.g., Hixson, Stoff, & White, 1992; Rhoades, Browning, & Thorin, 1986; Spiegel-McGill, Reed, Konig, & McGowan, 1990). Balcazar, Mathews, Francisco, Fawcett, and Seekins (1994) evaluated the effectiveness of an advocacy training program designed to increase involvement in advocacy actions and outcomes of consumers, family members, and/or board members from four Independent Living Centers. Participants received training on how to (a) conduct action-oriented meetings, (b) identify and report issues, and (c) develop plans for action. Balcazar et al. reported that representatives from the four participating organizations reported a total of 117 outcomes (range = 13 to 40) in areas such as removal of barriers for physical accessibility; community education; and changes in policy, services, and budget allocations.

Wieck and her colleagues have developed a program called Partners in Policymaking to involve and empower people with developmental disabilities and their families in the policy arena (Wieck & Skarnulis, 1988). In this program, individuals with disabilities and family members are introduced to national leaders in disability policy, advocacy, and state-of-the-art services for individuals with developmental disabilities. Zirpoli, Hancox, Wieck, and Skarnulis (1989) published the first evaluation of the impacts of the Partners in Policymaking approach with encouraging results. However, because there were no baseline data on participants' advocacy activities, Zirpoli et al. could not compare participants' changes in performance levels as a result of the training. This omission in reporting also precluded any analysis of whether baseline differences in advocacy activity affected participants' reaction to and benefit from the advocacy training. A 5-year follow-up survey of Partners in Policymaking participants suggests continued involvement in advocacy activities by program graduates (Zirpoli, Wieck, Hancox, & Skarnulis, 1994). However, only the percentage of individuals involved in various activities was reported; thus, it was not clear which participants were responsible for what type of actions.

In previous studies investigators have not examined the ways in which individuals with

different levels of advocacy experience respond to advocacy training. As a result, several important questions have not been addressed: Do all participants benefit equally from advocacy training, regardless of their prior experience as advocates? Are the most experienced individuals likely to reach a ceiling in their performance, or do they benefit the most because they can put more of their energy into advocacy action more quickly than can their less experienced counterparts? Do the individuals with less advocacy experience improve the most? After all, they have the most room for improvement and new opportunities. Hancox and Vivona (1990) recommended that individuals with no current involvement in advocacy organizations be given priority to participate in the Partners in Policymaking program. On the other hand, their lack of background experience may make it more difficult for them to take action. No one to date has examined whether prior advocacy experience makes a difference in the subsequent benefits of participating in advocacy training in developmental disabilities. Moreover, if such differences exist, what are they and what are their implications for our understanding of empowerment?

Our goal in the present study was to determine whether the posttraining differences in participants' advocacy performance were related to their level of advocacy activities and experiences prior to taking part in the first implementation of Partners in Policymaking in Illinois. Participants were classified in three groups according to their entry level of advocacy experience (beginner, involved, and activist). We examined the advocacy actions they reported before, during, and after the end of the training program and the resulting outcomes of their advocacy efforts. Secondary measures included the impact of advocacy training on participants' affiliations with local or state organizations, the amount of services they received, their unmet service needs, and their satisfaction with services received.

Method

Participants

Staff members from the Institute on Disability and Human Development, a University Affiliated Program (UAP) in Developmental Disabilities at the University of Illinois at Chicago, were responsible for the first implementation of Partners in Policymaking in Illinois.

Using mailing lists from the ARC/Illinois, the Illinois Planning Council on Developmental Disabilities, and the Institute on Disability and Human Development, UAP staff mailed application forms for the Partners in Policymaking program to almost 5,000 persons with developmental disabilities, family members, and agencies. A selection committee composed of individuals with disabilities, family members, service providers, and project staff selected 35 individuals to participate from the 140 applications that were received. In the application forms, which were similar to the ones used in the original Partners Program in Minnesota, potential participants were asked about their willingness and availability to participate in the training, their understanding of their advocacy role, their commitment to advocacy, their affiliation with local or state organizations, and their previous experience in addition to relevant demographic information. Members of the selection committee scored each of the applications based on the applicants' stated willingness to participate, their understanding of and commitment to advocacy in developmental disabilities, and their personal strengths (cf. Wolfensberger & Zauha, 1973). Then, from those with the highest scores, the committee made an effort to select individuals represent-

ing different types of disabilities, demographic characteristics, and geographic areas from across the state.

Because the program required a commitment to attend seven Friday and Saturday sessions over a 9-month period, 5 of those invited declined to participate due to schedule conflicts. Moreover, of the 30 individuals who participated in the training process, 6 did not return their monthly logs of advocacy activities, so we have reported data from 24 participants (1 male, 23 females), an 80% response rate.

The average age of participants was 41.2 years (range = 31 to 72). Six participants had family incomes of less than \$20,000; 12, between \$20,000 and \$50,000; and 6, over \$50,000. Four of them lived in Chicago, 8 in the suburbs, 7 in mid-size and small towns, and 5 in rural areas. Three participants had disabilities (2 with mental retardation and 1 with multiple sclerosis); the 21 parents had children (who ranged in age from 2 to 45 years) with mental retardation and a variety of other developmental disabilities. Three of the participants were African American, one was Hispanic, and one was Asian American. Eight participants had completed high school, 10 had some college education, and 6 had a college degree. Figure 1 displays the classification and characteristics of the three groups of participants.

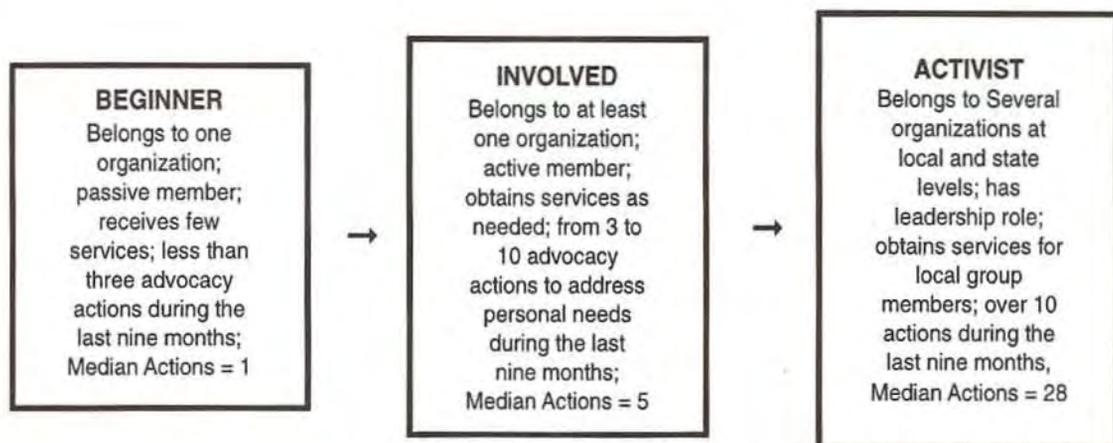


Figure 1. Pathways to advocate development.

Two of the individuals with disabilities required support during, before, and after the training sessions. Such support was provided both by program staff and by a full-time support person selected by the person with a disability and funded by the Partners program. In one case this support person was an agency staff member; in another, it was a friend with a physical disability. Support activities included reviewing and discussing the agenda for each training session in advance, reviewing the content of each presentation, answering questions during the presentation, providing assistance with the assignments, providing copies of the overheads used in the presentations, and reviewing all the materials provided. The other individual with a disability did not require additional support and was part of the activist group.

Training

Partners in Policymaking was designed to provide participants with high quality information and intensive training. Participants had opportunities to develop skills used in obtaining the most appropriate supports and services for themselves and others (Kaliszewski & Wieck, 1987). The program introduced participants to some of the leading national figures in the areas of policy, research, and services for people with developmental disabilities. The program also provided linkages with local and national advocacy organizations and educated participants about current issues and state-of-the-art approaches to community services and supports. It offered opportunities for participants to become acquainted and connected with policymaking and legislative processes (Kaliszewski & Wieck, 1987). More detailed descriptions of the program are available elsewhere (Zirpoli et al., 1989, 1994).

Participants engaged in small group discussions, reported progress on individual advocacy projects during mealtime meetings, and engaged in informal sharing and mutual support during the evenings. Two-day conferences typically included both structured and unstructured time for sharing and social support. Participants were also asked to complete homework assignments between sessions, which included visits to local officials, service agencies, and advocacy organizations. All participants were encouraged to become actively involved in local and state advocacy organizations and to conduct an ad-

vocacy project during and after the year of the program. Participants also shared and supported each others' efforts outside the training sessions. For some, lasting friendships developed. Project staff provided support and technical assistance to participants on their projects between training sessions and for several months after the completion of the training sessions. Since the end of training, participants have worked together on a number of projects and maintained a network through a newsletter and occasional reunions.

Dependent Variables

Advocacy actions. We asked participants to record the actions they took in the process of pursuing their advocacy issues. *Issues* refer to any disability-related event or situation that requires action and that affects people with disabilities and/or family members. Issues could include unmet needs for information, services, or support; negative or positive changes in services and supports, budget allocations, or policies (Balcazar et al., 1994). The following categories were used to classify the types of advocacy actions reported: (a) phone calls, (b) office visits or meetings, (c) letters and mass mailings, (d) media reports (e.g., newspaper articles, radio interviews), and (e) other activities (e.g., school presentations, public hearings, training, fund-raising, and volunteer activities). These activities could involve peers, service providers, and/or public and elected officials. Participants were also asked to identify whether their actions responded to personal or family issues and whether their actions affected other individuals with developmental disabilities at the local, state, or national levels.

Prior to the first training session, participants received an initial evaluation survey in which they were asked to report their advocacy activities at the local, state, and national levels (e.g., letters, meetings, phone calls, presentations, testimony at public hearings, media reports) for the 9 months prior to the beginning of the program. They were asked to identify the approximate month each action took place. Project staff discussed this form individually with each participant during the first training session to answer any questions and check for completeness. Each participant was then given a diary/notebook to record all advocacy activities during the 9 months it took to complete the training program. These diaries were

reviewed by project staff during each training session. Data from the diaries were transcribed each month into data logs. Two independent coders classified the reported actions. Intercoder reliability was 86%. After calculating reliability, data coders discussed their differences and reached consensus for actions on which they had differed.

Outcomes of advocacy actions. These were changes in the community and/or changes in relevant processes related to participants' issues and resulting, at least in part, from participants' actions. The outcomes were classified into the following categories: (a) school inclusion (e.g., get son/daughter included in neighborhood school); (b) advocacy supports (e.g., start new local advocacy group); (c) legislative changes (e.g., help with passage of Illinois HB-4022 regulating use of aversive procedures in educational settings); (d) community education activities (e.g., make presentations, prepare media reports); (e) appointments to decision-making boards (e.g., become a member of the Board of People First of Illinois); and (f) fund-raising (e.g., participate in grant writing, bake sales). Participants were encouraged to share during mealtime meetings the outcomes of their advocacy efforts. Staff members contacted any member who disclosed an outcome to get details about its occurrence and the actions that led to it. Participants were also asked to identify any outcomes during the follow-up interview. We collected copies of letters and newspaper articles. Project staff were able to verify the accuracy of 85% of the reported outcomes either by direct inspection (e.g., copies of media reports, copies of grant proposals) or by confirmation from other individuals involved (e.g., service providers, other parents, advocates).

Secondary measures. Several additional measures assessed the impact of the program on participants' lives. Before and 5 months after the end of the training, we used a questionnaire to ask participants to identify (a) the number of organizations they belonged to, (b) the number of services received from local or state agencies, (c) the number of needs that were not currently being met, and (d) their overall satisfaction with the services received.

Follow-up evaluation. We conducted follow-up telephone interviews with each participant 5 months after the end of the advocacy training program. During this interview, participants were asked to recall any advocacy activity that

they had performed during the month prior to the interview and any related outcomes.

Analytical Procedures

We conducted a number of statistical tests to identify the level of significance of the differences among the three groups of participants. The performance differences among these groups were evaluated using one-way analyses of variance with their corresponding Tukey Matrix of Pairwise Comparisons. We also did a series of *t* tests for within-group comparisons of measures collected at the beginning and the end of the training process. A Pearson correlation was used to identify whether demographic variables were significantly correlated with advocacy performance during baseline. We also employed a multiple regression using the demographic variables as predictors of baseline performance.

Results

Advocacy Actions

Figure 2 displays the number of advocacy-related actions reported by the three groups of participants during baseline and the 9 months of training. The means of the three groups differed significantly during baseline, with the mean of the activist group (35.1) being significantly higher than those of the involved (mean = 5.9), $p < .004$, and the beginner (mean = 1.0), $p < .001$, groups. No significant differences between the involved and beginner groups were observed during baseline. During the 9 months of training, the performance of members of the three groups also differed significantly, with the activist group having a mean of 73.5 actions, which was significantly higher than the means of the involved (mean = 26.9), $p < .002$, and the beginner (mean = 17.2), $p < .0001$, groups. Again, there were no significant differences between the involved and the beginner groups during training. On the other hand, all three groups significantly improved their performance compared with their own baseline levels of advocacy actions (beginner group, $t[7] = 5.09$, $p < .001$; involved group, $t[7] = 7.72$, $p < .0001$; and activist group, $t[7] = 4.23$, $p < .004$).

Table 1 displays the number of advocacy actions reported by the three groups during the baseline and training conditions according to whether group members focused their issues at the personal, local, state, or national level. We found several significant differences among the

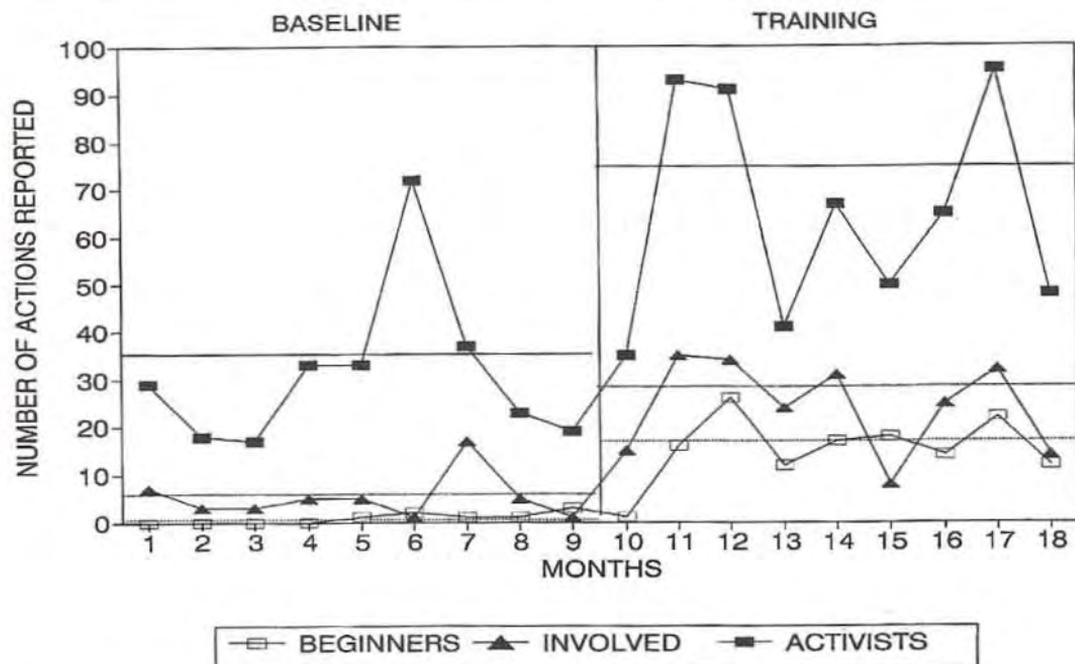


Figure 2. Number of actions reported by Partners in Policymaking participants distributed in three groups: beginner (0 to 3 advocacy actions in a period of 9 months), involved (4 to 9 actions in 9 months), and activist (10 or more actions in the same period). The means for each condition are marked with dotted lines.

activist group and the other two groups, including differences in the baseline actions at the personal, local, and state levels between the activist and the beginner group as well as significant differences at the local and state levels between the activist group and the other two groups. We also found significant and consistent improvements from baseline to training for the three groups of participants with issues at the personal, local, and state levels. The only exception was for the activist group regarding issues at the personal level. Although activists increased their advocacy actions about 55%, this change was not significantly greater than that expected by chance because of the vari-

ability of individuals' performance. Overall, members of the activist group reported 63% of all of the advocacy actions, whereas the individuals in the involved and beginner groups reported 23% and 14% of the actions, respectively. It is interesting, as can be seen in Table 1, that the largest proportion of actions were reported at the local level, followed by actions at the state, personal, and national levels. Only the activist group had some relevant participation at the national level, but it was significantly less than activities conducted at the personal, local, or state levels.

Table 2 summarizes the follow-up data collected through telephone interviews 5 months

Table 1
Number of Advocacy Actions Reported According to the Focus of the Issues by Group

Focus of issues	Beginner		Involved		Activist		Total	
	Baseline	Training	Baseline	Training	Baseline	Training	n	%
Personal	5 ^{a,1}	44 ^a	16 ^b	55 ^b	67 ¹	104	386	22
Local	0 ^{c,2}	71 ^{c,3}	22 ^d	83 ^{d,4}	78 ^{e,2}	247 ^{e,3,4}	734	43
State	2 ^{f,5}	22 ^{f,6}	9 ^{g,7}	77 ^g	122 ^{h,5,7}	211 ^{h,6}	549	32
National	1	1	0	1	18	26	55	3
Group totals	8 ^b	138 ^g	47 ¹⁰	216 ¹¹	285 ^{8,10}	588 ^{9,11}	1282	
Means (per person)	1.0	17.2	5.9	26.9	35.1	73.5	54	
Range	(0-3)	(5-28)	(4-8)	(16-37)	(11-91)	(35-134)		

Note. N=8 for each group. Between-groups comparisons (using Tukey matrices of pairwise comparisons): $ps < .05$. ².001. ³.005. ⁴.008. ⁵.06. ⁶.05. ⁷.08. ⁸.001. ⁹.0001. ¹⁰.004. ¹¹.002. Within-groups comparisons (based on *t* tests): $ps < .002$. ^b.03. ^c.01. ^d.02. ^e.001. ^f.06. ^g.004. ^h.08.

after the last training session. Overall, the three groups had significant differences regarding the total number of actions, the number of office visits/meetings reported, and the number of letters to public officials mailed. Due in part to the variability in participants' actions, the three groups did not differ significantly with regard to the number of phone calls, media reports, or other activities. Using the number of actions reported at follow-up, we evaluated participants' progress according to the proposed advocacy classification. Two of the individuals in the beginner group were still performing at the same level, 2 were performing at the involved group level (range = 5 to 7 actions), and 4 were performing at the activist group level (range = 16 to 26 actions). In the involved group, 3 participants were still performing at the same level, and 5 of the participants were performing at the activist group level (range = 11 to 32 actions). The range of actions for the individuals in the activist group was 11 to 56, with 2 participants performing at about the same monthly rate they had before, 4 participants doubling their monthly average performance, and 2 individuals performing 10 times above their previous monthly average.

Table 2
Number of Follow-Up Advocacy Activities by Group

Activity	Group			Total
	Beginner	Involved	Activist	
Phone calls	34	70	72	176
Office visits/ meetings	40*	44	93	177
Letters	6	1**	16**	23
Media reports	9	1	16	26
Other	3	14	24	41
Group sum	92	130	221	443
Mean	11.5***	16.2	27.6***	18.4

Note. $N=8$ in each group. Tukey test used for analyses. * $p < .08$. ** $p < .03$. *** $p < .02$.

Training outcomes and other measures. Table 3 summarizes the outcomes that were attributed to the participants' involvement in the training process. We found significant differences among the three groups in the number of outcomes reported, with the mean of the activist group (4.0) being significantly higher than the means for the involved (2.1), $p < .04$, and beginner (2.0), $p < .03$, groups. Overall, only 9 outcomes (14%) referred to personal issues, and all those concerned school inclusion. A total of 36 outcomes (55%) related to issues at the

local level and 20 outcomes (31%) addressed issues at the state level. No issues at the national level were identified. Most issues at the local level centered around organizing efforts toward inclusion, advocacy and leadership development, and public education. Most issues at the state level focused on leadership development, public education, and funding of advocacy activities. The legislative change refers to the efforts of one participant, who was responsible for introducing a bill and encouraging state legislators to pass the bill into law. The law (HB-4022) mandated the State Department of Education to regulate the use of corporal punishment procedures in the public school districts.

Table 4 summarizes additional measures collected at the beginning and the end of the training process. We found significant differences among the means of the three groups during baseline regarding the number of organizations to which participants belonged, $p < .04$, and the number of services they received, $p < .01$. Before the training, the activists belonged to more organizations than the beginners and received more services than did the other participants. Before training, members of the three groups did not have any significant differences regarding their unmet needs or their satisfaction with social services received. No significant differences among the three groups were observed in any of the variables after training. We were pleased to find that after training, participants in the beginner group significantly increased both their membership in organizations, $p < .03$, and the number of services they received, $p < .04$. After training, members of the activist group also reported significant improvement in their satisfaction with services received, $p < .06$.

Finally, we tried to identify whether demographic variables, such as participants' age, race, place of residence, gender, income, level of education, age of the child, membership in advocacy organizations, number of services received, and number of unmet needs, were significantly correlated with advocacy performance during baseline. Participants' membership in advocacy organizations was the only variable significantly correlated with baseline performance, $r = .57$, $p < .004$. We also found that membership in advocacy organizations was the best predictor of baseline performance, $r^2(1, 22) = .32$, $F(1,22) = 10.58$, $p < .004$. These find-

Table 3
Reported Outcomes by Group

Level/Outcome category	Group		
	Beginner	Involved	Activist
Personal			
Obtained or moved child toward full inclusion in local schools	1	3	5
Local			
Organized school-wide or district-wide changes for full inclusion	3	1	3
Organized local advocacy groups	2	1	3
Organized advocacy training events	1	2	2
Took leadership roles in local advocacy organizations	2	3	2
Presented at local conferences on disability issues	1	2	2
Published articles in local media	1	1	2
Conducted fund-raising activities	1	0	1
State			
Presented at state conferences on disability issues	2	1	4
Initiated state legislative change (HB-4022)	0	0	1
Applied for and obtained funding of grant proposals	1	2	3
Took leadership roles in state advocacy organizations	1	1	4
Total	16* (25%)	17** (26%)	32*** (49%)

Note. $N = 8$ in each group.

* $p < .02$. ** $p < .04$.

Table 4
Secondary Measures Regarding Social Integration and Services by Group

Group/Secondary measure	Before training		After training	
	Mean	SD	Mean	SD
Beginner				
1. Membership in organizations	1.25 ^{a,1}	1.4	3.17 ^a	2.0
2. Number of services received	1.00 ^{b,2}	0.9	2.66 ^b	1.4
3. Number of unmet needs	1.00	0.9	1.50	1.9
4. Overall satisfaction with services	4.03	1.8	3.77	0.5
Involved				
1. Membership in organizations	2.00	1.1	2.14	1.5
2. Number of services received	0.87 ³	0.8	1.28	1.4
3. Number of unmet needs	0.62	1.1	1.86	2.5
4. Overall satisfaction with services	4.15	1.3	4.13	1.2
Activist				
1. Membership in organizations	3.12 ¹	1.7	3.86	1.5
2. Number of services received	2.75 ^{2,3}	1.9	2.86	1.5
3. Number of unmet needs	1.37	1.5	1.14	1.1
4. Overall satisfaction with services	3.81 ^c	1.2	4.43 ^c	1.1

Note. Between-groups comparisons (using Tukey): $ps < 1.04$. ².04. ³.02. Within-groups comparisons (t tests): $ps < .03$, ^b.04. ^c.06.

ings suggest that members of advocacy organizations were more likely to engage in advocacy actions prior to training than were nonmembers.

Discussion

A growing number of persons with disabilities and their family members are participating in systematic advocacy training programs such as Partners in Policymaking. The present study, through our examination of the individual differences in experience and performance that participants bring to these training programs, provides a unique contribution to the advocacy

training literature. The proposed three group taxonomy was derived from the actual number of actions and outcomes identified during 2 years of advocacy activity. This taxonomy helps to characterize and organize individual performance differences throughout the various phases of the study.

The results strongly suggest that all participants benefited from their involvement in advocacy training. There was both relative stability of baseline activity levels, especially for the beginner and involved groups, and minimal overlap between baseline and training ac-

tivity levels for each of the three groups. The outcomes reported reflect the combined effect of the information provided, support given, and the technical expertise made available to participants through the program.

It is interesting that all individuals do not appear to benefit in the same way from their participation in the training. The individuals in the activist group appear to have obtained greater benefit because they were likely to be part of local or state networks. Moreover, they have more supports and more knowledge about how to take action and implement changes than do beginners. The group of activists were responsible for a disproportionate share of the actions and outcomes reported in this study. On the other hand, individuals with low entry levels of advocacy activity were more likely than their active counterparts to join advocacy organizations and to demand more services during the course of the program. Thus, although the individuals who were initially more active became even more so, beginners were taking affirmative steps to develop organizational support for greater involvement in the future. In effect, analysis of reported actions indicates that at least 4 persons in the beginner group and 5 from the involved group were performing at the initial activists' level during follow-up (over 10 actions).

The proposed stages of advocates' development have important implications for recruitment of participants, which in turn influences the selection of advocacy training procedures and content. Our findings support the importance of asking potential participants about the extent and nature of their previous advocacy experience. In effect, previous experience as an advocate and membership in advocacy organizations were identified as significant predictors of the overall advocacy performance of the participants. This information can also be used to organize a more tailored approach to advocacy training. For instance, more experienced participants could benefit from learning strategies to advocate at the state and national levels because they are likely to have had some experience at the personal and local levels. On the other hand, less experienced participants would benefit from learning specific strategies for addressing their personal issues (e.g., obtaining needed support services, securing school inclusion for their own child) and from learning to network at the local level. In any case, inten-

sive advocacy training programs in which state-of-the-art practices, hands-on experience, and practice of the newly acquired skills are emphasized are likely to benefit all participants, regardless of their previous experience. Future researchers could explore with more detail not only the kinds of actions taken by training participants but the effectiveness of their actions in achieving desired goals. It would be useful to learn more about how certain types of actions lead to better or perhaps quicker outcomes than do others.

Results of the present study clearly delineate the benefits of participating in advocacy training and the differences among those who participate in such training. However, in this study we did not address what happens to those who do not take part in advocacy training nor did we compare Partners in Policymaking to other advocacy training programs. Results of some intervention research suggest that non-participants' functioning can deteriorate without the support of an intervention (cf. Bartunek & Keys, 1982). Future researchers should not only compare trained versus untrained individuals but also the advocates' developmental stage. For example, our data suggest that trained individuals who are in their involved stage of advocacy development might still be outperformed by individuals in the activist stage—even if those in the activist stage have never been formally trained.

One challenge for future advocacy training planners is to be able to demonstrate their program's effectiveness in fostering advocates' development from one stage to the next, from beginner to involved to activist. One new criterion of evaluation of advocacy training programs could be the proportion of participants that move from beginner to involved to activist as a result of the intervention. Based on that criterion, this Partners in Policymaking program started with a ratio of 8:8:8 (beginners, involved, and activists) and ended with a ratio of 2:5:17, with more than double the number of activists (reporting more than 10 actions) at follow-up. There were 2 individuals in the beginner group and 3 in the involved group who reported no increases in their advocacy activities at follow-up (21% of the total). The current practice of reporting the total number of actions taken by a group of advocacy training participants might provide an incomplete picture of the actual impact of the intervention

because of individual performance differences. We could ask, are only a few of the participants responsible for most of the actions, or are those actions distributed evenly across participants? The range and the median number of reported actions could give an idea of the presence of activists in any given group.

It is important to note that all participants—regardless of their group classification—consistently focused most of their advocacy efforts at the local level. This local focus is an interesting finding because it shows that people can easily move beyond their own personal interest to address the needs of others like themselves, especially other parents or consumers with whom they have direct contact in their own locale. Participants also received a great deal of support and encouragement from each other. In fact, some of those relationships continue to be strong after several years. They developed a sense of comradeship, in part, as a result of discovering the similarities among the issues they were facing. That is one of the great advantages of advocacy group work, and it provided a foundation for collaborative advocacy work by participants following the training program.

Finally, at the beginning of training the members of the activist group were receiving about three times as many services as members of the other two groups. These data suggest a possible added benefit of being an active advocate: Activists become more knowledgeable about the network of services available to them and gain more access to those services. In an environment in which demand for services is steadily increasing while service agencies have seen their budgets decrease, advocacy skills appear to be a useful resource for people in need. As Bruininks (1991) pointed out, advocacy is an integral part of the future of developmental disabilities in this country. It is unfortunate that budget cuts are forcing all users of services to become more aggressive in the pursuit of their needs. On the positive side, consumers and family members are learning to take a proactive role in rehabilitation, education, and inclusion processes and are having greater control over relevant decisions made. As our understanding of the development of advocates grows, so will our capacity to strengthen the voice and impact of the advocacy movement in developmental disabilities.

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