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Advocacy - a mode of helping in human services: the identification of generalized roles and functions of advocacy for the purpose of developing implications for appropriate professional training.

Brent Woodard

University of Massachusetts Amherst

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ADVOCACY-A MODE OF HELPING IN HUMAN SERVICES: 
THE IDENTIFICATION OF GENERALIZED ROLES AND FUNCTIONS 
OF ADVOCACY FOR THE PURPOSE OF DEVELOPING IMPLICATIONS 
FOR APPROPRIATE PROFESSIONAL TRAINING 

A Dissertation Presented 
By 
BRENT WOODARD 

Submitted to the Graduate School of the 
University of Massachusetts in partial fulfillment 
of the requirements for the degree of 

DOCTOR OF EDUCATION 

May 1980 
Education
ADVOCACY-A MODE OF HELPING IN HUMAN SERVICES:
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A Dissertation Presented
By
BRENT WOODARD

Approved as to style and content by:

John W. Wideman, Chairperson of Committee

Douglas R. Forsyth, Member

Castellano B. Turner, Member

Mario D. Fantini, Dean
School of Education
ACKNOWLEDGEMENT

To acknowledge all of the people who contributed to this work would be in itself a monumental task. Given both the large amount of people and events that assisted me in the completion of this dissertation, regretfully I can only name a small number.

I must first acknowledge my family of origin who taught me two basic lessons; one, to help another is to help one's self and in doing so one must hold tenaciously to one's principles in the face of adversity, to succeed. My deepest regret is that my parents are not alive to see that I am still upholding some of their deepest values. That is, to think and act on my beliefs and that the pursuit of knowledge is a life long task. It's been a long road from Chacahoula, Louisiana.

Next I acknowledge my wife, Linda, who in her unyielding support convinced me that my ideas were worth sharing. Without her encouragement and support this work would not have materialized.

Closer to the dissertation itself I see the chairperson of my committee, Dr. John Wideman whose support and direction was invaluable throughout my graduate program. Dr. Doug Forsyth's persistent encouragement kept me on the task. Dr. Cass Turner's participation as a committee member was extremely helpful. Dr. Evan Coppersmith's family therapy training greatly influenced this work in that it expanded my knowledge in developing a systemic view of problems.

Finally Mr. Ed Mello whose confidence in my abilities allowed me to work in several jobs and on many levels in the corporation. Without
these varied experiences the case study presented in this work would not have been possible.
ABSTRACT

Advocacy-A Mode of Helping in Human Services;
The Identification of Generalized Roles and Functions of Advocacy for the Purpose of Developing Implications for Appropriate Professional Training

(May 1980)

Brent Woodard, B.S., University of Massachusetts
M.Ed., University of Massachusetts, Ed.D., University of Massachusetts
Directed by: Professor John W. Wideman

Though the term advocacy often appears in popular usage, it is the author's contention that there is very little understanding about the process. The review of the literature reveals that the practice of advocacy has developed in isolation in many helping fields, mainly as a result of the inability of service providers to adequately serve poor clients. Also, the review indicates that no clear definition of the term exists in any field, rather, practice preceded theory and most discussion focused on program specific issues. The literature reveals a need for training of professionals based on a clear definition. This study therefore addresses the need for clarity about the definition and concept of advocacy as a mode of helping while looking at generalizable roles and functions of advocates. Further, implications for training are identified. The author carefully inspects a Criminal Justice program to identify roles and functions and to determine their basic characteristics. A case study is presented describing four years in
the life of this program. Several dimensions are discussed in each of
the nodal periods. These include funding, control, staff, number of
participants, length of participation, advocate supervision, and advoca-
tate roles and functions.

The program was traced through its beginnings to a crisis period
when it departed from its original goals. The author entered as a con-
sultant and developed and implemented training for advocates. A six-
month follow-up is presented. From inspection of this case combined
with the review of the literature, the author identifies three under-
lying elements which strongly influence the effectiveness of advocate
roles and functions. These three elements are: a particular view of
the problem, which finds theoretical support in the work of William
Ryan; a focus on the client's rights and entitlements; and, an activist
orientation. A discussion of these elements is presented as the theo-
retical underpinnings of advocacy work. The author then presents his
own formulation called "empowerment" which is suggested as an addi-
tional element that is mandatory for effective advocacy. Empowerment
is the process whereby the client learns to advocate for him/her self,
thus attaining fuller autonomy in self sufficiency. To illustrate the
applicability across fields, the process is presented with a case
example from family therapy. A definition of advocacy is offered which
unifies all of the elements that are discussed. The presentation of
advocacy with the empowerment component is a model which can be used
across fields. The process is applicable to any number of situations,
the content can be changed to fit particular needs. Further implica-
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tions can be drawn from the model to training in higher education and consultation. Advocacy is shown to be a distinctive mode of helping that can be used by helping professionals regardless of the modality to which they subscribe.
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CHAPTER I

STATEMENT OF THE PROBLEM AND RATIONALE

What is advocacy? The frequency with which this question is asked has indicated a clear justification for this study. The recent wave of "advocacy" programs and the use of the term by the general public demands that an investigation be made that can shed light on the construct and function of advocacy as a mode of helping in the field of Human Services.

Over the past few years, there have been job announcements for advocates or positions opened in advocacy programs. What are these positions? Are they counseling positions or some kind of para-professional jobs?

There is considerable confusion about the definition and concept of advocacy as a mode of helping in human services (Kahn, 1973). Further, there is a lack of consensus about the role and function of advocates (McCormick, 1973) and the identification of generalized skills needed in advocacy work (Gordon, 1970; Patti, 1974; VanHouse, 1975; Wineman and James, 1969).

However, this confusion and disagreement has not inhibited the expansion of the concept in helping fields. In fact, within the last decade the use of advocacy as a mode of helping has mushroomed. In some professions the concept is accepted not only as a helper's role but as a function of the entire program. The advocacy approach to helping is most evident in recent programs working with children.
(Slaghter, 1976; Wagner and Wagner, 1974; Womack and Sato, 1975), youth (Berkowitz, 1971; Davidson and Rapp, 1976; Lauren, 1976), the elderly (Cohen, 1974; Thorson, 1972), and the handicapped and mentally ill (D'Audney, 1976; Hafling, 1976; Kurtz, 1975).

The move toward advocacy seems to cut across traditional helping professions. Whether helpers are identified as human service workers (Lewis and Lewis, 1977), school psychologists (Hyman, et al., 1975), social workers (Brager, 1968; Grosser, 1965; McCormick, 1973) or any of the many fields that might be considered to have "front line workers" (those who provide direct service delivery), seem to be struggling with the same issue. That is, that each of the helping fields have sensed a need for change in their helping approach, a change that attempts to respond more effectively to the needs of clients in community settings. This change is reflected in the focus on the rights and entitlements of the clients and the unresponsiveness of institutions to deliver services to meet their needs.

While more and more professions are incorporating the advocacy concept as a function of helping there is a reluctance by practitioners to embrace the concept in its totality. This reluctance has been attributed to a variety of factors--the lack of a clear definition (Kahn, 1973), the absence of professional training and support (Wineman and James, 1969), job security and mobility (Patti, 1974), and political concerns (McCormick, 1973).

Most of these fears and reluctances are grounded in the historical development of the advocacy concept. The concept was borrowed from the
legal profession during the early 1960's because examination of the social unrest revealed that many of the client's problems were more socio-political than personal in nature. This required a different way of viewing these problems. The lens through which these problems can be viewed in a social-political context is offered by William Ryan (1976) who proposes the dimension of exceptionalism-universalism as an ideological continuum for two contrasting approaches to the analysis and solution of social problems. It is an assumption of this work that viewing problems from a social context is crucial in advocacy. This assumption finds support in the literature from many authors (Ledvinka, 1973; Taber, 1973; Wineman and James, 1969).

The key element, then, is the focus on the interaction between the client and the surrounding environment and society. This element is based on at least three assumptions proposed by Judith Lewis and Michael Lewis (1977):

Sometimes, however, human beings are destructive in their approaches to others. Sometimes the rights of individuals are ignored. Sometimes people with power over others fail to respond effectively to the needs that they should be perceiving (p. 184).

Therefore, the primary function of advocacy is to act as a bridge between the client(s) and the community (society). It is due to this function that advocacy diverges from some of the more traditional approaches to helping. The personal helping services place much of their emphasis on interpersonal relationships. Kahn, Kaneman, and McGowan (1973) suggest that advocacy shifts the focus to the individual's transactions with institutions and to transactions among institutions
with reference to the interest of a specific individual or class of people.

At this point, three specific issues have been identified as central to the problem to be addressed. They are: (1) the need for clarity about the definition and concept of advocacy as a mode of helping; (2) the need to identify the role and functions of advocates; and (3) the need to recognize the general skills and knowledge needed to function as advocates and to identify implications for the training of advocates.

**Purpose of the Study**

The purpose of this study was to provide clarity to the construct and function of advocacy, the definition of the term, and to explore implications for training.

The operational definition of advocacy as followed by the Court Resource Project (the site of the study) was used. Their definition was quite similar to one proposed by Scott Briar (1967) who described the role of the advocate as:

...his client's supporter, his advisor, his champion, and if need be, his representative on his dealing with the courts, the police, the social agency and other organizations that (affect) his well being (p. 29).

Based on this definition, a case study approach was used to address major issues identified above. This study was designed to identify roles and functions of advocates across fields with the intention of redefining the definition of the term. From this, general skills and knowledge needed will be outlined for the purpose of constructing a
model for training.

The intent of developing a clearer definition of advocacy is not only to address the call for a clearer definition (Heitt, 1973) but to dispel the fears and reluctances that appear in the literature. These fears are ably stated by Mary McCormick (1973):

Perhaps because this dimension (advocacy) is essentially political-social in nature, it seems more akin to revolution than evolution (p. 110).

Other authors have also addressed this issue (Patti, 1974; Riley, 1971; Wineman and James, 1969) stating concerns over job security, conflict between agencies, and maintenance of the status quo.

This work was based on three assumptions of the author. Training issues cannot be identified until a model is carefully inspected and the process of advocacy work is extracted. From this in-depth analysis a more refined operational definition will emerge which naturally will bring clarity to the construct. Finally, the analysis in combination with the literature review will produce implications for the training of advocates across fields.

Included in the case study was the use of historical documents, data from four years of intensive participant-observation, hard data compiled from the training conducted, and a needs assessment.

**Method**

The description of the method which follows is divided into the following sections: Case Study Methodology--A Description; Selection of a Research Site; The Relationship of the Research to the Research


Case study methodology--a description. In the case of problems about which little knowledge is available the case or exploratory study is usually most appropriate (Good, et al., 1954; Selltiz, et al., 1959). For the researcher working in relatively unformulated areas, where there is little experience to serve as a guide, case study methodology has been found to be particularly helpful in stimulating insights and suggesting hypotheses. Generally defined (Sax, 1968), the case study is "any relatively detailed description and analysis of a single person, event, institution, or community" (p. 288-289).

The essential procedure of the case study method is to recognize all the pertinent aspects of the thing or situation to be studied. Because of its comprehensive nature, the case study method includes the inspection of records, focused and non-directive interviews, observation, projective tests or any other approach. In fact, the case study has been viewed as the most complete research method, embracing assembled facts, inferences, and intuitions in a manner which makes a synthesis of data possible (Barr, et al., 1953; Glazer and Strauss, 1965). The ebb and flow of the inquiry is constantly in the process of reformulation and redirection as new information is obtained.

The use of this method of research in advocacy is especially viable since an intensive advocacy case study reveals the interrelatedness between the advocate, the individual, and the environment (society).

Research site. To accomplish the task of identifying the roles and
functions of advocates, to refine an operational definition, and explore implications for the training of advocates, the author selected the Hampden County Court Resource Project (HCCRP) as the model to be studied. HCCRP was selected because of its outstanding record of success with Pre-Trial Diversion (advocacy as a mode of helping with first offenders on the District Court level) and because of its attempts to utilize the model in other areas of advocacy work, such as: Work Experience--a program designed to introduce, train, and support participants in the world of work; Supported Work--a program which incorporated a similar concept but was designed specifically to assist in the reintegration of people who had been incarcerated for long periods of time (prison, mental institutions, etc.); and Home Care--a program designed to provide for the physical needs of the elderly while providing jobs for clients in the Work Experience program.

Relationship of researcher to research site. The researcher was employed at HCCRP for four years and subsequently as a consultant for four months. As an employee the researcher assumed a variety of roles that ranged from advocate/counselor, director of orientation/resource developer, personnel specialist/staff advocate, case manager/advocate supervisor. As consultant, the role included research and evaluation, program design, and staff training.

These experiences and skills, combined with academic pursuits in connection with this research site provided the direction for collection of the data for this study.
Data collection and analysis. This case study includes collection and analysis of data from both primary and secondary sources. Primary collection includes documentation in monthly reports of the staff and descriptions of HCCRP at various phases in its development. Five nodal periods were selected because they represent major transitions in the organization and serve as the best points for description and diagnosis/assessment. Specifically, these periods were discussed along the dimensions of funding, control, staff, number of participants, length of participation and advocate training and supervision. A needs assessment was also conducted prior to training using statistical data about client turnover.

The program's structure was examined from the perspective of the case manager and personal interviews were conducted with all staff members. After the training, data was once again collected about client turnover to give some indication about the viability of the original roles and functions. A test for significance was not appropriate since the focus was on roles and functions rather than the effectiveness of the training.

Secondary collection included the acquisition and compilation of historical documents for the purpose of providing a context for understanding the case.

**Significance of the Study**

The significance of the study is many-fold. The case study methodology provides the framework for investigating an area that is
virtually unexplored for the purpose of uncovering trends or testable hypotheses for further study. This study will serve to clarify the construct of advocacy and provide the much needed identification of generalizable roles and functions of advocates. This study will provide pertinent information regarding training foci and will be an important contribution to the literature on advocacy. This study will be breaking ground not found in the literature as it will provide a unified interdisciplinary definition and will serve as an organizer for future work.
CHAPTER II
BACKGROUND OF THE PROBLEM--REVIEW OF THE LITERATURE

Introduction

The term advocacy has become so popular over the last decade that most people are reluctant to question the concept, roles, and functions or attempt to define the term from a community service orientation.

Since one must understand the historical background and present confusion in order to comprehend the problem, the review of the literature which follows is divided into five sections: a) the historical development of the advocacy concept in the Helping Professions--starting with a brief overview and continuing with a summary of developments in the fields of social work, community development and manpower, children and adolescents, legal, consumer advocacy and advocacy in urban planning; b) the current use of the concept in various helping fields; c) the confusion and lack of clear operational definitions; d) the recognition of the need for advocacy training; and, e) a summary of the historical overview.

The concept and its incorporation into the helping professions did not happen in a vacuum. The purpose of this section of the review is to examine the emergence of advocacy as a mode of helping and trace its incorporation into the human service field.
Historical Development

Historical overview. Each of the major professional areas—community development and manpower, social work, youth and adolescents, children, consumers, and legal—developed its own working definition of advocacy in almost complete isolation from the others. While the development of the advocacy emerged simultaneously there was little or no communication across fields and consequently, no common concept or definition.

Table 1 illustrates this phenomena and indicates major events in each area. What is common among all of these developments is that they all came from the recognition that the services that were being provided were inadequate to meet the needs of the serviced consumer.

Traditional counseling emphasizes a mode of treatment that employs the relationship between counselor and client as the primary mechanism of attitudinal and behavioral change. The relationship is seen as a learning situation that can be organized in such a way that the client, after having been led to new perceptions and insights into his/her problem, adopts more personally satisfying and socially accepted behavior patterns (Hahn and Maclean, 1955).

However, the inclusion of the socially disadvantaged as clients required that helpers expand from adjusting individuals to society to remedying imperfections in society's opportunity structures and service delivery mechanisms (Trela and O'Toole, 1972). In this context, one assumes that there is a degree of separation between the interests of clients and the interests and actions of the various agencies and service organizations that the client encounters. Therefore, the helper
### Historical Development of the Advocacy Concept—Major Contributors in the Field

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<tr>
<td>YOUTH</td>
<td>President's Committee on Juvenile Delinquency and Youth Crimes. Kahn, J.</td>
<td>Cloward, R. &amp; Elman, R. Mobilization for Youth Projects</td>
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<td>LEGAL</td>
<td>Cahn &amp; Cahn</td>
<td>Brager, G. Neighborhood Legal Service Programs</td>
<td>Cahn &amp; Cahn</td>
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<tr>
<td>CONSUMER</td>
<td>Consumer Advocacy. Ralph Nader</td>
<td>Urban Planning</td>
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intervenes between the client and an organization in order to secure services that have been obscured or denied (Cloward and Elman, 1966; Stone, 1971).

The problems accompanying minority status and poverty are increasingly included among the disabling conditions addressed by rehabilitation (and other helping fields). This has caused both an increase in demand for services and an expansion of counselor roles and functions (Acker, 1967; Patterson, 1966, 1970). Pursuing this line of thought, in an attempt to upgrade rehabilitation service to this identified group Trela and Falkenstein (1974) have suggested that:

...Owing to the shortage of trained personnel, the unique nature of social disability and fragmented services available to the poor, the role of coordinator and advocate have emerged to supplement and sometimes to supplant more traditional forms of therapeutic counseling (p. 176).

It was from this perspective that the concept of advocacy became integrated in the helping professions. The following discussion is divided into the major helping fields for the purpose of examining the ways advocacy developed independently in each separate area.

Social work. The concept of advocacy was introduced to the field of social work by Charles Grosser (1965). Recognizing the discontinuity between the theory and the methodology of community organization, Grosser suggested an approach that, "works directly with the recipients --rather than exclusively with the providers--of social welfare services."

He defined the term "neighborhood community development" as community organization efforts being made with lower-class, minority
groups and urban slum residents. The goal of these efforts was to engage the poor in the decision-making process of the community, both to overcome apathy and estrangement and to realign the power resources of community by creating channels through which the consumers of social welfare could define their problems and goals and negotiate on their own behalf.

Up to this point, the traditional stance of the community organizer had been in the role of "enabler" geared to the process as a strategy for facilitating community self-help, or the "broker" putting people in touch with community resources. Based on the experiences of workers in neighborhood community development programs Grosser suggested that the role of advocacy be borrowed from the field of law. This suggestion was based on his realization that:

Often the institution with which local residents must deal are not even neutral, much less positively motivated towards handling the issues brought to them by community groups. In fact, they are frequently overtly negative and hostile, often concealing or distorting information about rules, procedures, and office hours. By their own organizational goals, they create an atmosphere that demands advocacy on behalf of the poor man (p. 18).

The community worker's posture, then, becomes a representative of the client's point of view. While employing these techniques the worker is not enabler, broker, expert, consultant, guide, or social therapist. He/she is in fact, a partisan in a social conflict, and in Grosser's terms, "his expertise is available exclusively to serve the client" (p. 15). Grosser's views set the stage for the development of the role of client advocate in the social service field.

In response to continued urban unrest, social workers and other
involved community professionals attempted to develop new strategies and techniques to incorporate the renewed interest in rights and entitlements. Social workers particularly, sought to serve as a bridge between the poor (clients) and public agencies that were unresponsive or inadequate via facilitation roles. This approach (providing information, advice, and referrals) was soon discovered to be inadequate (Kahn, 1973). The notion that service failure was a problem of client motivation had to be changed because referrals were not being completed, promised services were not being delivered and clients had to have continued and active support or their case was lost.

The National Association of Social Workers Ad Hoc Committee on Advocacy (1969) attempted to focus on these issues by connecting advocacy directly to the social worker's Code of Ethics. Their position suggested that the professional social worker is ethically bound to take on the advocacy role if he/she is to fulfill his/her professional responsibilities. However, social work literature still lacks specific models for advocacy efforts or studies relevant to the effectiveness of this approach. What further complicates the incorporation of advocacy into Social Work is that social workers operate on a consensus team--model which seems alien to the adversary approach which advocacy often requires (Connaway, 1975).

Community development and manpower. The emergence of advocacy as a social service component was generated by the President's Committee on Juvenile Delinquency and Youth Crime, the Ford Foundation Gray Areas Projects in Education, and the Economic Opportunity Act of 1964.
During the last half of the sixties the antidelinquency, school reform, antipoverty efforts merged into the War on Poverty. Later, Model Cities and Community Mental Health programs often became identified as components of the War on Poverty movement. Examining this process Morris and Rein (1967) concluded:

The evaluation of these projects can be summarized as a continual broadening of interest, and refinement of strategy. Starting from the shortcoming of relocation, and the impoverishment of the center city, more and more problems were drawn into the context of coherent, experimental community action--migration, the culture handicaps of slum children, delinquency, unemployment amongst youth people, adult illiteracy, the abuse of those too poor to defend their legal rights, or too discouraged to protect their needs, and the last, more generally, the persistence of poverty in so prosperous a nation. As the concept broadened, so too more and more institutions became involved in the community...states ..., and Federal government...and the further the conception evolved from its origins in specifically urban problems, so too, from project to project, the field of action tended to enlarge--from one neighborhood to the city, from city to metropolitan area, and ultimately to the whole state (p. 29).

It was within this context that the concept of advocacy became associated with urban problems--that it was born in an era of social reform. Governmental agencies recognized advocacy in terms of developing community representation on decision making boards and control of monies that were allocated for community development.

Further, these programs began by intervening into the so-called self-perpetuating cycle of poverty with the intention of expanding the opportunities for the poor and enhancing their capacities. In this context, the antipoverty programs became a service-oriented effort geared towards specific populations--the young, poor and minority. The primary emphasis was on the traditional value of work through job...
training, education, and self-help.

Children and adolescents. Recently, consumer, health, and family advocacy programs have mushroomed. Among these, child advocacy is the latest manifestation. Child advocacy as a mode of helping has been officially sanctioned by several governmental bodies. The Report of the Joint Commission on Mental Health of Children (1969), the establishment of the Office of Child Development (OCD) in the same year, the 1970 White House Conference on Children and Youth, and the formation of the OCD's subunit, the National Center for Child Advocacy (1971) are all outgrowths of governmental recognition of the need for protection of children.

The endorsement of the advocacy concept by several governmental bodies to protect the rights of children in the late 1960's set the stage for its expansion. The literature suggests that in recent years the use of the concept has mushroomed and is being incorporated into many of the helping fields. However, many helpers are realizing as was pointed out by Brisbane (1973) "calling it advocacy does not make it so" (p. 78). There is a growing awareness among practitioners of the need for an orientation toward viewing problems in relation to clients and the interaction between clients and his/her socio-political environment.

The concept and practice of client advocates was first developed and defined by the Mobilization for Youth (MFY) project in the Lower East Side of New York City. Cloward and Elman (1967) defined advocacy as an intervention "on behalf of a client with a public agency to se-
cure an entitlement or right which has been obscured or denied" (p. 251).

The Mobilization For Youth project started as an action-research program in juvenile delinquency control. Social Workers connected with the MFY project. However, the notion that social workers need to become the champion of social victims was posed by others: Nathan Cohen (1964), Charles Grosser (1965), Scott Briar (1967), and Paul Terrell (1967). While these views were seen as extremely radical at the time, many of these ideas are being revived as a result of the report of the Joint Commission on the Mental Health of Children (1969). One of the strongest positions taken by the Commission is reflected in its statement that:

We believe that every American child has the right to a mentally healthy life of well-being and effectiveness. If we are to fulfill this right we must face squarely the social crises of our times and commit ourselves to radical social change (p. 8).

The Commission's position is being reflected in more recent writings on advocacy and youth (Clifford, 1976; Davidson and Rapp, 1976; Lauren, 1976; Von Hoose, 1975).

Legal. The emphasis on social reform during the 1960's brought about other types of advocacy. Traditional legal advocacy refined its position by turning to the objective of achieving social justice for the poor. The experience of the Mobilization For Youth program was somewhat responsible for this development. Their work in the community exposed them to situations that could not be resolved through advocacy activities alone. This was primarily due to the fact that with the
exception of criminal cases, both public and private legal services were unavailable to the poor. Thus the emergence of Neighborhood Legal Service programs and the use of law as an instrument of social change. The major use of the concept of advocacy has been the use of law to achieve social purpose. The Federal Legal Service Program created by the Economic Opportunity Act of 1964 is such an example. Legal service for the poor under this program and similar services under the social services titles of the Social Security Act are now widespread and have had significant effect on social law. In recent years, legal advocacy, supported by public funds in legal services offices for the poor through the nation, have taken individual and class action cases through the highest courts to establish entitlements of citizens for a variety of public services, challenging restrictions by administrators of social law and regulations. The experience of legal advocacy has ranged over civil rights, mental health, mental retardation, education, and public assistance, residency, and entitlements questions. The courts have made decisions with people-oriented directions in the changing social atmosphere. However, as in civil rights cases, the question of advocacy comes face to face with the issue of implementation. Court decision may not be carried out or may be undermined due to lack of funds for implementation.

The social unrest of the 1960's and attempts to address these social problems necessitated the borrowing of the advocate concept from the legal field. Professional helpers became aware of social institutions unresponsiveness to the need of the people they were created to
service. This awareness highlighted a need for interventions on behalf of clients. However, no theoretical framework was developed to support this conception. Yet, the use of the concept was kept alive in various fields in the helping profession.

**Consumer advocacy and advocacy in urban planning.** Consumer advocacy—advocacy on behalf of consumers also grew out of the advocacy movement of the 1960's. While legal advocacy focused on achieving social justice for the poor, consumer advocacy addressed the same of achieving justice for the public at large. Ralph Nader and his associates began the consumer advocacy approach by emphasizing the obligation of publicly owned corporations to be responsive to the consumers needs and wants. Their approach then shifted to focus on governmental responsibility to consumers and the failure of public regulatory agencies to adequately monitor the activities of industries that they were charged with regulating.

Urban planning was another area that was touched by the advocacy movement. Because urban renewal programs failed to house many people who were displaced, some urban planners became concerned about the politically powerless victims of their work. As a result, they developed a theory of advocacy planning, in which the planners would represent the values, preference, and needs of their consumer-clients and would be accountable to their client. The success of these endeavors has been varied, but the concept of advocacy seems to have been kept alive.

**Summary.** A review of the historical development of the concept of advo-
cacy suggests a long existence but that it was originally confined to the legal profession. The crises of the 1960's brought attacks on all human service professions. Professionals in the field of health, mental health, education, and social work were all criticized for their failures. In response to these sometimes severe criticisms, attempts were made to change existing institutions: school systems and HEW attempted to develop new approaches to education, community mental health centers were established, and political legislation was interpreted to emphasize "maximum feasible participation" and "community control." In the field of social work efforts were made to develop new theories and new definitions of tasks. Kahn, et al. (1973) identified several major themes which were emphasized and implemented in varying degrees by different professions during this time. These themes were: (1) people's problems often reflect failures in our social institutions, not in individuals; (2) since human development is a function of a variety of forces, no one human problem can be treated in isolation; (3) priority must be given to preventing problems in human development, not to devising remedies that come too little, too late; and (4) since citizens have a right to adequate service, all professionals and professional organizations must be accountable to consumers of their services.

It seems from this historical perspective that the concept of advocacy occurred or emerged at a time of tremendous unrest in this society. This unrest focused on the need for institutional change and raised critical questions about society's ways of responding to indi-
viduals who differed from the socially defined "normal" person. In addition, these various forms of advocacy developed so fast and in isolation from each other that no common generic conceptualization or definition emerged.

**Current Use of the Advocacy Concept**

While there is considerable confusion about the definition and function of advocacy, the concept is rapidly being incorporated into many of the helping fields. In fact reviewing the literature on advocacy programs and proposals indicates widespread usage across fields.

In illustration of this fact, several examples of advocacy programs are described below. An advocacy model designed to work with youths in the juvenile justice system was proposed by Davidson and Rapp (1976). These authors offered a problem-solving model in which the advocate, would assist the client in identifying problem areas and explore community resources that could be included in the helping process. Often these needed resources did not exist or were not available to clients because of the agency's procedures/policies. In this case the role of the advocate is to become either a change agent or a resource developer.

Recently advocacy has been incorporated in the field of Family Counseling. The counselor/therapist may have to speak on behalf of a whole family in order to secure needed services (Menser, 1973).

Another example of advocacy efforts can be seen in programs working with the handicapped or mentally ill. The roles and functions of
advocates in these programs range from recruiting and training volunteer citizens to developing community resources, such as: alternative vocational and educational services, recreation facilities and transportation, etc. Examination of these programs from various fields highlights some commonalities. The most visible elements are, the focus on rights and entitlements, a willingness to intervene on behalf of the client, and a goal of changing the procedures/policies of agencies or institutions with which the client must deal.

Table 2 was designed to show the range and scope in which the advocacy concept is currently being used in other helping areas. The materials listed in Table 2 were selected from a review of over sixty books and articles on advocacy programs that have emerged over the last decade. These documents were chosen for the sole purpose of highlighting the widespread usage of the advocacy concept in various fields of helping. It should be pointed out that across fields in community-based programs there are many models using this concept that are yet unpublished. These include programs in criminal justice (model probation, parole, juvenile justice, etc.), manpower (work experience, supported work, skill training, and job placement, etc.), drug and alcohol programs, and health and mental health agencies. Evaluation of these advocacy programs seems to have happened in the same way the concept itself evolved, in isolation from each other and in the absence of a common theoretical framework.
## TABLE 2

Advocacy Programs and Proposals Across Fields

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<tr>
<th>CHILD</th>
<th>YOUTH</th>
<th>FAMILY</th>
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<tr>
<td>National Baseline Study -- Kahn, Kamerman and McGovern (1973)</td>
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<td>Indian Child Welfare -- Slaughter (1976)</td>
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<td><strong>ELDERLY-COUPLES</strong></td>
<td><strong>SCHOOL GUIDANCE</strong></td>
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<td>It's a Child's Right -- Rotter and Crunk (1975)</td>
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<td>The Abused Child -- Focus for Counselors -- Griggs and Gale (1977)</td>
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<td>ADULT EDUCATION</td>
<td>REHABILITATION COUNSELING</td>
<td>HANDICAPPED AND MENTALLY ILL</td>
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<tr>
<td>Working class women in post-</td>
<td>Coordination and advocacy in rehabilitation programs for the</td>
<td>Giving a head start to parents of the handicapped--</td>
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<tr>
<td>service for adult learners--Hefferman</td>
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<td>Advocacy for the mentally retarded--Kurtz (1975)</td>
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<td>(1976)</td>
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<td>VOLUNTEER CITIZEN ADVOCACY</td>
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<td>Volunteer citizen advocacy in human</td>
<td>Counseling roles in the public employment system--Gordon</td>
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<td>service--Wolfensberger (1972)</td>
<td>(1969)</td>
<td>How to be effective human relation advocates--</td>
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<td>Citizen advocacy in a mental</td>
<td>The use of advocacy and confrontation in counseling and</td>
<td>Hilton (1975)</td>
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<td>retardation unit--Smiley and Craik (</td>
<td>disadvantaged--Coffman (1970)</td>
<td>Campus Environmental Assessment and Consultation--</td>
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<td>1972)</td>
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Advocacy has existed as long as there have been powerless groups in need of a champion. The self-advocacy of the Suffragettes and the class advocacy of social reformers are as integral a part of the United States history as the more traditional forms of legal advocacy.

Examples of the many types of advocacy programs include, The National Association of Mental Health and Mental Retardation, The American Civil Liberties Union, and the Welfare Rights Organization. Some of the activities of trade unions, professional societies, and citizen groups fit into the category of advocacy. Sometimes social welfare agencies and individuals "lobby" for a cause as part of their normal activity. Associations of health and welfare agencies of all types engage in advocacy, as do church and church-related groups and boards of trustees of social and health agencies.

Clinical advocacy, advocacy for the individual, is a type of advocacy used by practically all agencies that deal with people's problems -- intervening with another agency on behalf of a client, urging an agency to change policies, practices, or regulations. These are activities used to secure a better chance for an individual or sometimes a group. Some describe advocacy as a more detailed agency operation, for example, keeping a good resource file so that staff members can make better referrals; conducting research which will result in improved service to people, or acting as a broker to get a service or change in service and policy. The problem with these definitions is that they can be stretched to include everything one does. It will be shown
subsequently that true advocacy does have some defining qualities.

A basic assumption of all the definitions is to speak on behalf of the individual or groups that are powerless in terms of ensuing rights and entitlements. Advocacy, therefore requires that attention be paid to environmental (social, political, economic, etc.) factors that impinge upon the functioning of the client. It is becoming apparent that these factors in the society contribute to or in some cases actually cause many problems that community helpers attempt to address.

Pursuing this line of thinking Lewis and Lewis (1977) developed a multi-faceted approach to helping which they call community counseling. Their basic premise is that "in the community can be found the keys to both cause and cure of these problems" (p. 4). One of the assumptions they make seems to underlie this helping approach, that is, the recognition that individuals constantly interact with their surroundings and this interaction can be helpful or harmful. As individuals grow and develop they use the environment as a source of learning and a source of support. Their personal and physical needs are met through interaction with others. But the environment can also serve as a negative force, stunting growth and limiting development. Whenever the community counselor is confronted with these negative forces they suggest that he/she assume an advocacy role.

However, advocacy, as a mode of helping, is itself seeking legitimacy. The concept of advocacy is rapidly being incorporated into many of the helping fields. What seems to be inhibiting the advocacy movement is the lack of a clear definition and the absence of theoretical
underpinnings of the concept. What is clear, however, is that the concept differs from traditional modes of helping in that, it shifts the focus from the individual to include social-political realities that interfere with the helping process. This interference raises the question whether or not individual rights and entitlements are being violated. It was because of this question that the term advocate was borrowed from the legal profession. Advocacy has a long history in the legal profession. In fact, lawyers are expected to advocate for their clients.

The dictionary defines advocate in two ways. First, "one who pleads the cause of another." Secondly, the definition describes the advocate as "one who argues for, demands, maintains, or recommends a cause or a proposal" (p. 38). The first definition has been associated with the traditional legal advocate—the lawyer—who guards the interest of his/her client, whereas the second incorporates the political meaning in which the interest of a class of people are represented.

The urban crisis of the 1960's seems to have highlighted the need for a closer or different examination of these definitions by professional helpers. An example of this kind of examination is offered in the description of social workers as advocates made by the NASW Ad Hoc Committee on Advocacy (1969). They pointed to the incorporation of both meanings in the social work literature. Cited in their report on one hand was Scott Briar (1967) who described the concept of the caseworker-advocate as:

...his client's supporter, his advisor, his champion, and if need be, his representative in his dealing with the courts,
the police, the social agency, and other organizations that (affect) his well being (p. 28).

Briar saw the social worker as being committed to the civil rights of his own client. This is similar to the position of the lawyer-advocate--to plead the cause of another.

On the other hand, George Brager (1968) focused on the "advocate-reformer," which relates to the second (dictionary) definition of an advocate. Brager viewed the advocate-reformer as one who:

...identifies with the plight of the disadvantaged. He sees as his primary responsibility the tough-minded and partisan representation of their interest, and this supersedes his fealty to others. This role inevitably requires that the practitioner function as a political tactician (p. 6).

Brager's emphasis is on advocacy in the interest of a class of people through policy change. The difference between individual and group advocacy in these two views is obvious. However, there are common threads; a commitment to the interest of the client, a willingness to intervene in the client's behalf, and a belief that many problems encountered by clients are the result of social institutions unwillingness to effectively respond to their needs. It also seems that the two conceptions might overlap at some points, for instance when the practitioners engage in action to change basic policies and institutions in order to deal effectively with his/her client's grievances.

While these interpretations seem operationally adequate, a review of the literature reveals a great deal of confusion among writers and practitioners around the definition and concept of advocacy. In the area of child advocacy, some of the confusion seems to have resulted from a report of the Joint Commission on the Mental Health of Children
(1969). In taking its position the Commission suggested multiple tactics for implementing strategies of child advocacy. These strategies included all planning, administration, and coordination functions, as well as lobbying, monitoring, and service delivery on its child advocacy list. Conceptualizing advocacy on these different levels has been difficult. The recommendations of the Joint Commission has been open to highly varied interpretations as pointed out by Reginald Lourie and Norman V. Lourie (1972) in their work "The new faces of advocacy." In examining the meaning of advocacy as it was used by the Joint Commission they showed that the Commission used the term in its global sense, covering all of the aspects listed above.

A report of a National Baseline Study on Child Advocacy conducted by Kahn, Kamerman, and McGowan (1973) further illustrates this confusion. While interviewing people from child advocacy programs across the country they were confronted with many questions that indicated practitioner confusion. "Isn't studying needs, advocacy? Isn't planning advocacy? How about educating parents, wouldn't that be real advocacy?" (p. 36). Others were more specific about the confusion by saying "If you tell us what advocacy is, we'll tell you whether or not we are doing it" (p. 36). The interpretations or definitional framework that practitioners offered stemmed from the practitioner's focus on an individual or on a class. Some workers interpreted child advocacy to mean a planned action carried out in behalf of an individual child and worked with that focus, while others saw it as an activity on behalf of children which was designed to change systems rather than
deal with individual case problems. The lack of clarity about advocacy is perhaps best stated by Naomi Heitt, a leading practitioner of child advocacy in Illinois (1973):

The concept of advocate has different meaning to almost every person who uses the term. It means legal counselor, spokesman, supporter, pleader, defender, protagonist, intercessor, proponents, mediator, enabler, promoter, protector, instigator, investigator, and exposер. There are two important common elements in these meanings; first--all are activist terms, and secondly--all imply that the activity is in behalf of another person or cause (p. 69).

Although child advocacy has been officially sanctioned by the Joint Commission and several other governmental bodies, the lack of a definition from these agencies remains a problem for those attempting to operationalize the concept. In an attempt to deal with the multiple meaning of advocacy Norman V. Lourie (1975) generated an extensive list of types of advocacy and concluded that, "advocacy is as complex and diverse as man's problems and his attempts to deal with them" (p. 68). Lourie's interpretations of the Joint Commissioner's recommendations was substantiated by the findings in the National Baseline Study of Child Advocacy. Kahn and his investigators (1973) reported that although there are hundreds of programs operating under the banner of child advocacy the questions that they were most confronted with indicated not only lack of consensus about a definition, but the diverse usage of the term. Their conclusion was that the concept of advocacy has taken on multiple meaning, including many old services under new labels. It is because of this phenomena that the identification of roles and functions of advocacy is necessary and the need to provide advocacy training has become extremely important. However, the isola-
tion and identification of specific training is in itself problematic.

**Need for Training**

The literature suggests a call for advocacy training from several fields of helping. For example, advocacy training is lacking in social work, (Patti, 1974; The Ad Hoc Committee on Advocacy, 1969; Wineman and James, 1969), School Guidance, (Gordon, 1970; Rotter and Crunk, 1975; Van Hoose, 1975), School Psychology (Hyman and Schreiber, 1975), allied health (Power, 1976), adult education (Hefferman, 1976), foster care (Ishiska, 1975), juvenile justice (Davidson and Rapp, 1976) and the mentally ill and retarded (Hafling, 1976; Kurtz, 1975).

One of the major questions about advocacy training seems to be whether or not we can identify common functions for which advocates can be trained. It is apparent that advocacy as a mode of helping is widespread. Based on the preceding review confusion about the definition and role of the advocate creates difficulty in identifying training needs. In other words, as the concept is being incorporated into different fields the skills needed to function as an advocate are usually directly connected to the respective field. In practice, then, the skills used are job specific.

For example, in the field of Child Advocacy the focus is on the rights and entitlements of children. However, in actual practice the specific skills and knowledge used are dependent upon the area of child advocacy in which one works. These areas include: handicapped children, retarded children, abused children, school dropouts, foster
children, and delinquent children. The point is that reviewing the literature for the general skills needed to function as an advocate in any field is a confusing and useless process. No one has identified the general processes of advocacy but rather they have focused on content specific functions.

The difficulty in separating and identifying specific advocacy functions is further compounded by the use of the concept combined with other functions. For example, Paul W. Power (1976) examining the role of advocacy in the Allied Health Profession suggested that it includes the role of resource person. Others have suggested that the role of the advocate is that of a change agent (Boy and Pine, 1976; Patti, 1974) or that the role requires political behavior (Brager, 1968) or that the role be combined with that of coordinator (Trela and Falkenstein, 1974).

The literature which addresses the call for training and the identification of advocacy functions focuses on the specific content issues that the advocate faces. What appears to be the significant gap in this literature is the failure to address advocacy work as a process with functions that can be distilled and then applied across fields. It seems that those concerned with training are moving on a similar path as those who have proposed definitions. That is, that they are tending toward isolation rather than embracing a more generalizable concept.
Summary

In summary, several themes emerged from this review. The unrest of the sixties forced professionals in many fields to take a second look at the services they were providing for the poor client. They began to view these services as inadequate as they realized that the basic rights and entitlements of their clients were not being provided. Clearly, a change in direction was indicated. What emerged from this self evaluation were advocacy programs arising independently as practitioners recognized the futility of a strictly client-centered approach. These programs mushroomed out of a sense of urgency, rarely allowing the practitioner time to contemplate and/or share definitions and theoretical frameworks across fields. For the most part, these programs developed reactively with little of the preplanning phase that goes into other programs. The needs were being addressed without evolving a theoretical framework. Often the framework came later when practitioners started publishing articles about their programs. Unfortunately, these articles were always specific to the program and the profession.

What is common amongst advocacy programs reviewed is that they are concerned with the basic rights and entitlements of individuals and they look toward changes in institutional policies and practices as the answer. To date no coordinated definition has been proposed for advocacy work and practitioners continue to operate by a "seat of the pants" methodology. Training trends seem to be going the way of the definition discussions. That is, that they are program and profession
specific.

What is evident from the review of the literature is that a more global definition and theoretical base is needed in order to provide clearer guidelines for training.
CHAPTER III
FOUR YEARS IN THE LIFE OF AN ADVOCACY PROGRAM

As was stated in Chapter I, one of the purposes of this study was to provide clarity to the construct and function of advocacy. It was also stated that in order to identify roles and functions of advocates an advocacy model needed to be carefully inspected and the process of advocacy work extracted. This chapter concerns itself with a case study of the Hampden County Court Resource Project.

The chapter has been organized in four major sections: (1) A presentation of the model including the history of the model; the structure of the model; a description of the advocacy unit and the counseling approach used by advocates; (2) Nodal periods in the life of the project are presented next which includes the beginning in Springfield, 1973; a period of change, 1975; and the crises, 1977; (3) The next section is a description of an intervention by the author in the role of a consultant. The purpose of the intervention was to respond to the crisis by restructuring the program and providing staff training; (4) The last section examines the result of the intervention in the form of a six-month follow-up study. Throughout the study the roles and functions of advocates were traced in order to identify those that remained consistent and offered implications for the training of advocates in other fields.
The Model

History of the model. Springfield Court Resource Project evolved from an experimental program in Springfield to the Hampden County Court Resource Project (HCCRP) which provided pre-trial services to clients of the Springfield, Chicopee, Palmer and Westfield District Courts. The project was initially administered by the Technical Development Corporation (TDC) of Concord, Massachusetts.

The growth of HCCRP was an incremental one. The project, which began in May 1972, was originally known as the Springfield Court Resource Project. At that time, TDC contracted with the Office of the Commissioner of Probation to initiate a demonstration service program for selected clients of the Springfield District and Superior Courts. Funded under a Law Enforcement Assistance Administration (LEAA) grant, its purpose was to provide fifty probationers with a work experience of ten weeks followed by job placement. Community volunteers were recruited to provide personal resources on a one-to-one basis to clients.

In February of 1973, the Springfield Court Resource Project was awarded additional LEAA funds for the expansion of the program to include a 90-day pre-trial diversion program in the Springfield District Court. The pre-trial diversion program took on new focuses which included counseling, educational experiences, and intensive supportive services (i.e., housing, medical, etc.). This new phase of program development was underscored by the inclusion of two new staff components--Advocate/Counseling and a Supportive Services Coordinator. With the addition of these two components, a team approach to client pro-
blems was formalized. Each client was now assigned to a team consisting of a Case Manager, an Advocate, a Job Developer and a Supportive Services Coordinator. Volunteers remained an integral part of the program effort, their primary role having been shifted to the nine-month follow-up period, after the client completed the intensive 90-day program.

October of 1973 marked the geographical expansion of the Springfield Court Resource Project. Pre-trial diversion and probation service became operational in the neighboring District Courts of Chicopee, Palmer and Westfield. The expansion was reflected in the change of the program's name from the Springfield Court Resource Project to that of Hampden County Court Resource Project.

Structure of the model.

Assumptions and goals. The structure of the pre-trial diversion program was based on a model developed by TDC in Boston in the Boston Court Resource Project.

The development of the advocacy model was based on several assumptions: (1) that jammed court dockets and high probation caseloads pointed to a need for a high-support program and resource development; (2) that the courts were predisposed to regard the offender not simply as an object of a legal phrase (i.e., criminal offender) but as a person with faults and with a future; (3) that the courts would be willing, in certain selected cases, to divert offenders out of the system to receive intensive services with the goal of behavior change resulting in dismissal of charges.
On the basis of these assumptions the program was designed to accomplish the following general goals: (1) to intervene at a pre-trial point with offenders who were just beginning to exhibit a pattern of crime; (2) to focus services (counseling, education, job development, and placement) in the young adult offender with the aim of breaking an incipient pattern of crime and failure and replacing it with responsible and productive behavior; (3) to sensitize service agencies (welfare, Massachusetts Rehabilitation Commission, etc.) and industries to the needs of the offender and to encourage them to extend themselves to this group; and finally (4) to utilize as counselors (advocates) carefully screened ex-offenders, theorizing that an individual who had been through the criminal justice system would relate successfully to the life style and feelings of someone who was on the verge of becoming involved in it.

Given the description of the program's assumptions and general goals, HCCRP could be seen as an intervention to the legal system's processing of an offender after his/her arrest but before the trial. With the consent of relevant court personnel, selected individuals were placed in a program including counseling, work experience, job development, follow-up and other supportive services. The essence of the program had three specific goals for the client: (1) to help an individual stabilize her/his behavior through the delivery of manpower and social services to the end that the cycle of crime was broken before criminal activity and court appearances become habitual; (2) to obtain eventual dismissal of charges and avoidance of a "record" if
performance in the program merited this; and (3) to help encourage the rehabilitative role of the court.

In the next section, the client's activities will be traced through the HCCRP system.

**HCCRP system--service delivery.** Table 3 illustrates the service delivery system and the decision points for client continuation in the program.

The initial point of contact with the client was through the screener. As HCCRP's representative, the court screener's job was two-fold: (1) s/he had to maintain a daily presence in the court in order to review the court records for defendants arrested in the preceding 24-hours and interview those defendants that seemed acceptable for the program; (2) the second half of the task was to contact and elicit the approval of the following individuals (arresting police officer, probation officer, District Attorney and the Judge). In speaking with the above, the screener had to sell the program describing its existence, mechanics, services, and, most importantly, its rehabilitative intentions. Once agreement was made, a 14-day continuance was granted for assessment.

After the fourteen-day continuance was granted, the client came to the project's central office where the client was met initially by the Advocate Supervisor, who briefly described the project's purpose. The candidate was then assigned to an advocate for continuation of assessment. The responsibility of the advocate during this time was to explore the client's background, attitude, motivation, past criminal
TABLE 3
Decision Points in HCCRP Service Delivery

ASSSESSMENT PROCESS

Screening → → Rejected
Assigned to Advocate
Orientation
Career Developer
Physical Examination
Intake Disposition → → Not Accepted
Accepted

Service delivery within 90-day period
Counseling
Training
Support Service
Job
Holding

90-Day Continuance Ended
Project Recommendation

Dismissal
Completion
Follow-up
1st 90 days
2nd 90 days
3rd 90 days

Continuance
Requesting Additional
30 Days
60 Days
90 Days

Termination
involvement, home environment, and supportive needs and to determine the appropriate course of action needed to create change for the client.

During the client's involvement in assessment, demands were placed on him/her by the advocate. Arrangements were made for the client to attend orientation sessions which would enable the program to collect any additional data surrounding the client's education, work experience, criminal involvement and attitude. The client would also be seen by a job developer for the purpose of assessing his/her vocational needs. An interview with the supportive services coordinator was scheduled to determine the necessity of social services and if needed to get them in place. At this time, the client also received a physical examination which assisted program staff in determining the individual's physical status, possible drug involvement, presence of a handicap, and/or the possibility of emotional disturbance which might prevent the client from obtaining his/her goals. Punctuality and cooperation were stressed. The client and the advocate coordinated the client agreement contract with the purpose of giving the client as much responsibility as possible.

During the final stages of assessment, an intake disposition was conducted. Participants in the intake conference were the case manager, advocate, screener, job developer and the client orientation director. The purpose of the intake disposition was to arrive at a final decision for acceptance or non-acceptance of a client into the program and to finalize a projected plan of service delivery.

Upon completion of the intake disposition, if the recommendation
was to accept the client, the advocate would draw up a "Letter of Ac-
ceptance" to the court reflecting the results of the HCCRP assessment
along with a projected service plan. The Screener and Advocate would
forward the project's recommendations to the court. If the court was
in agreement with the program's request for acceptance, the client
would be given a ninety-day continuance and the client would be offi-
cially enrolled in the project.

Advocacy unit--advocate roles and functions. The most enduring
point of contact the client had in the program was the advocate. The
advocate was not a lawyer. S/he was a counselor, referral agent,
follow-up worker, and essentially the base of support, the bridge from
the program to the client. The basic role of the advocate was to pro-
vide counseling and to coordinate the various services offered by the
program. To do this successfully, the advocate established initial rap-
port with the client and provided continuing support and motivation
during the 90-day continuance period. The advocate collected all the
client data and maintained records of the client's progress (or lack of
it) both for the project's files which were used for evaluation of the
program and delivery of program resources to the client. Contingent
requirements of the advocate's position included the ability to relate
to a variety of people: to court personnel, to present or potential
employers, to welfare personnel, and to others on behalf of the client.
Since new clients were being continually enrolled in the program, the
advocate's caseload was made up of clients at varying stages of the
program. Substantial organizational ability and disciplined work ha-
bits were essential to doing this job effectively.

In summary, service delivery, for the Court Resource Project, focused on four specific areas that highlighted the role and function of advocates: (1) **counseling**, including both individual and group, continual assessment, and testing (interest, aptitude, achievement); (2) **supportive services delivery**, including housing, education, welfare, mental health, and utilization of other community agencies; (3) **vocational services**, including continual assessment, appropriate manpower placement such as, stop-gap employment, direct job placement institutional training, on-the-job training, the pre-vocational training; and (4) **accountability**, including an internal and external accountability system. Internal accountability was addressed in supervision where progress notes, court letters, and monthly reports were edited and revised, where cases were presented and rigorous questioning was directed at the advocate's service plan and advocacy efforts; and finally, in disposition sessions where the advocate's role in a client's "failure" was scrutinized. External accountability included the advocate's ability to develop resources for the clients by establishing relationships with workers in outside agencies and the feedback that the program received from court personnel regarding the advocate's skill in dealing with presenting the client's progress (through written and verbal means).

Each of these roles demanded different skills. In counseling, the advocate had to develop skills in interviewing and counseling that provided a framework in which a trusting relationship could be devel-
oped and ongoing assessment of needs could occur. Responding to supportive service needs required skills in the area of advocacy. It was soon discovered that making referrals to other agencies was not enough. In order to secure needed services advocates had to confront these agencies and speak on behalf of the clients. These activities often required hours of planning and implementing intervention strategies. Manpower and job development demanded similar skills with the additional task of "selling" the client to the employer. This salesperson approach often involved a presentation of the program, promises of continual support and counseling, getting letters of recommendation from work experience sites, the court and/or the probation department, etc., all for the purpose of sensitizing employers to the needs and aspirations of the offender.

Counseling approach. To HCCRP, counseling meant the intended development of a close, trusting, personal relationship between the participant and the advocate. This relationship was seen as a tool used to the ultimate end of assisting the client to help him/herself. Together, the advocate and the client worked out goals, as well as the necessary steps which had to be taken to arrive at these goals. The steps in the counseling process as designed in the original model were specific and are: a) establishment of a relationship; b) acknowledgement of the problem, issues, and objectives; c) exploration and clarification of feelings and alternatives; d) real life commitment to realistic alternatives consistent with actual feelings; and e) termination.

A trusting relationship was not the ends, but the means through
which the above occurred. The relationship began when the client and advocate met during the first interview, continued through employment (or training), through individual and/or group meetings, and extended well into the follow-up period.

HCCRP attempted to avoid the creation of a dependency relationship. The client was treated as able and responsible, with the advocate serving as expeditor of services and clarifier of feelings and goals. This meant that if the client was successful at the end of the 90-day period, s/he could point to the successes as his/hers and not to a counselor who forced him/her through. For many, this was the first real success they could refer to and it was important that it was theirs. In essence HCCRP gave the client as much responsibility as s/he could expect from the project. A contract delineating mutual expectations and responsibilities was signed. The client, who had shown little consistency in his/her life, received consistency from the project, and the project in turn expected consistency from him/her.

In order to put counseling in the context of HCCRP, the 90-day duration of the program was stressed, which meant that counseling was problem-focused with specific objectives that had to be accomplished. These objectives started with the formation of a relationship and ended with termination of that relationship. During the intervening time, a base had to be developed for the client to function effectively without the program. Successful counseling required that each step in the counseling process be satisfactorily negotiated. If any of the steps were missed, the process could not be effective.
Nodal Periods in the Life of HCCRP

The description of the original model of the Court Resource Project has shown that the roles and functions of advocates were key to the success of the program. However, over a four-year period, due to both internal and external factors, these roles and functions underwent drastic changes.

This phase of the case study consists of five sections, four nodal periods and the intervention in the life of the program. These periods were selected because they represent major transitional periods. The transitions are identified as: 1973--the beginnings in Springfield; 1975--the period of change; and 1977--the crisis. Nineteen hundred and seventy-seven--the intervention, was the response to the crisis where an intervention in terms of training and programmatic restructuring was made. The results are shown in the fourth section, 1977--post training.

Four of the nodal periods (1973, 1975, 1977 the crisis, and 1977 post training) are described along several identified dimensions. Table 4 illustrates these periods highlighting some of the important changes over the four years (funding, control, staff, number of participants, length of participation, and advocate training and supervision). Funding addresses the source of money on which the program operated. The source of funding had direct connections with the control dimension. Internal control is seen as program autonomy with policy and practices emerging from the administration within the program. External control is identified as policies and practices that are superimposed upon the program from outside. Staff in the third dimension selected with a
TABLE 4
Nodal Periods in the Life of HCCRP

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>FUNDING</td>
<td>TDC(^a) - LEAA(^b)</td>
<td>LEAA - CETA(^c)</td>
<td>CETA</td>
<td>CETA</td>
</tr>
<tr>
<td>CONTROL</td>
<td>Internal</td>
<td>Internal-External</td>
<td>External</td>
<td>External-Internal</td>
</tr>
<tr>
<td>STAFF</td>
<td>Paraprofessional</td>
<td>Professional--Paraprofessional</td>
<td>Professional</td>
<td>Professional--Paraprofessional</td>
</tr>
<tr>
<td>NUMBER OF PARTICIPANTS</td>
<td>50</td>
<td>100</td>
<td>150-200</td>
<td>120</td>
</tr>
<tr>
<td>LENGTH OF PARTICIPATION</td>
<td>3 months</td>
<td>3-5 months</td>
<td>4-12 months</td>
<td>3-5 months</td>
</tr>
<tr>
<td>ADVOCATE TRAINING AND SUPERVISION</td>
<td>Collaborative--Team Model</td>
<td>Individual Case Conference</td>
<td>Individual Case Conference</td>
<td>Collaborative--Team Model</td>
</tr>
</tbody>
</table>

\(^a\)Technical Development Corporation  \(^c\)Concentrated Employment and Training Act  
\(^b\)Law Enforcement Assistance Association
continuum of professional to paraprofessional. Professional staff is seen to be college educated with no street experience while paraprofessional staff were those who came from the streets and had minimal educational background. The Number of Participants and Length of Participation is the fourth dimension. Advocate Training and Supervision is the fifth dimension seeking to explore the role of in-service training on the effective functioning of advocates. Finally, Advocate Roles and Functions inspects the areas of counseling, supportive services, vocational services, and accountability with an eye toward how these roles changed over the four-year period. This dimension was not included in the table because of the lack of single descriptive terms. However, it is described in detail in the text as it represents a major focal concern of this work.

Four Nodal Periods


Funding. During the early development of HCCRP, the program was funded under a grant from LEAA with additional financial and administrative support from TDC. Funding under LEAA grants covered a three-year period with decreasing support each year. The rationale behind this approach was that as the pilot program established itself in the community it must begin to develop and rely on local funding sources.

TDC, a non-profit organization was chartered in Massachusetts in 1968. Its purpose was to design, test, and establish alternatives to traditional institutions, and methods of delivering human services in-
including job development, counseling, training, special education and health maintenance. These alternatives sought to apply business, technical and community experience to the development of individual potential. As a private enterprise with funding from government agencies, foundations, individuals, and industry, TDC was in a position to try innovations which public agencies frequently could not. It could test ideas at a lower cost and with fewer restrictions than those applicable to a structured organization involved in official commitments. If projects failed, they could be terminated without undo loss or irretrievable commitments; if they succeeded, they could be expanded and replicated elsewhere. TDC was committed to transferring working programs to permanent sponsorship, once the concept was proven.

Control. LEAA, as a funding source for pilot or experimental programs, required an annual evaluation. The purpose of this evaluation was to ascertain whether or not the program lived up to its original proposal. However, there was the acknowledgement that experimental programs often had to make adjustments in terms of operational procedures and employ a trial and error approach to service delivery in order to reach its stated goals. LEAA's evaluation took these variables into consideration. As a result HCCRP was able to maintain an autonomous posture with flexibility to make necessary adjustments to effectively respond to the needs of the clients and to those of the community.

TDC, on the other hand, as a corporate office combined experienced business management with technical specialists in the legal, financial,
and human service fields but offered the services to its projects on a consultant basis only. Their position was that each project had its own goals and obligations, and had to develop its own spirit and operating procedures. Within broad guidelines, authority was delegated to each project manager to establish those procedures and relationships best suited to his/her project's needs.

Within this context HCCRP developed its advocacy model with total internal control. This financial control enabled the project to build its staff, set up salary scales, determine participant stipends and develop special funds for personal emergency loans for new participants.

**Staff.** In developing its advocacy model, HCCRP's primary concern was the selection and training of the advocate/counseling staff. This model viewed the advocate as a key staff position. In other words, the advocate was seen as the hub of the wheel and the success of the program rested on the advocate's ability to work with clients.

One of the specific goals of HCCRP was to employ ex-offenders in advocate/counselor positions. Because of this speculation, standard recruitment and hiring procedures required certain modifications which were adapted to provide realistic assessment of the applicant. These procedures ranged from the drawing up of a revised application blank (to include relevant prison experiences) to intensification of screening and interviewing methods. The "on-parole" status of many of the applicants necessitated obtaining the approval and cooperation of the Massachusetts Department of Parole.

What HCCRP essentially looked for was the ex-offender (with a
similar socio-economic background to that of the prospective client) who possessed the basic mental aptitude and emotional stability to do the work and the personal warmth and commitment to human services. The training period was designed to allow tutoring or training in other areas such as report writing, psycho-social terminology, and counseling techniques.

Based on these considerations, the advocate staff was made up of paraprofessionals. Primary emphasis on staff selection was more on street experience than academic credentials. However, academic achievement was considered and encouraged. Educational pursuits were planned in ongoing, continuing education and other professional training.

**Number of participants and length of participation.** In the first year of the Court Resource Project's existence, the number of participants was fifty. This number was based on the employment of three full-time advocates carrying a maximum of fifteen participants. The caseload was kept somewhat low purposely because of the number of tasks demanded of the advocate including his/her follow-up commitments, the necessity of forming a time-consuming intense relationship and the complexity of each client's problems.

The length of participation for each client was ninety days. This time period was due to contractual agreements with the courts and the service delivery model of the program.

All of the programs services had to be made available during the ninety-day continuance period. At the end of this period the Advocate and the program had to assess the client's response to the services
coupled with an attempt to measure the degree to which the program had been able to create behavioral change within the client. Based on these evaluations the program would then request a dismissal of the charges.

**Advocate training and supervision.** During the first two years of operation, the staff of the Court Resource Project received formal training on three levels. First, at the beginning of each year, training was conducted by trainers from TDC who were also the creators of Boston Court Resource Project. The content of these training sessions included: the goals, philosophy and history of the Court Resource Project concept; a detailed description of the model including individual roles and functions; an overview of the criminal justice system and the inclusion of pre-trial diversion; and, the development of interviewing and counseling skills that met the specific requirements of the project's clientele.

The second phase of training was conducted by consultants from Springfield College. These sessions (10, 3 hour/week sessions) focused on helping skills including values clarification, microcounseling, systems analysis and community resource development.

The third type of training was combined with supervision. This type of training and supervision was ongoing and built into the advocacy model which is described in detail below. These sessions included intake and termination dispositions; case conferences; monitoring and editing of monthly reports, court letters and progress reports; and weekly staff meetings.
Intake/termination disposition. Disposition sessions were held every week. When a participant completed the initial two week orientation and assessment or was terminated from the program the advocate scheduled a disposition conference. This conference was coordinated by the Case Manager (during this period this role was shared by the Director and Assistant Director), other staff including the Director of Orientation, the Job Developer, the Court Screener and the Supportive Services Coordinator. If a participant were to be accepted into the program, the Case Assessment Schedule (CAS) (see Appendix A) had to be reviewed and a completed Service Plan (Appendix B) presented. If the issue was non-acceptance or termination, the case was presented and evaluated by the committee and appropriate reports and letters were devised. This framework put pressure on the advocate to clearly think through each case but also provided the needed support and direction in the development of advocate skills.

Case conference. Each advocate had a scheduled case conference on a weekly basis. Present at this conference were the Case Manager, the advocate, and the Job Developer with other staff on call. The purpose of the conference was to review the case of each participant on the advocate's caseload. The case review occurred for the advocate to receive the necessary support, direction, and feedback on counseling, intervention strategies, progress notes, resource development and other advocacy duties. Letters and reports were submitted for editing during the case review.

Staff meeting. Weekly staff meeting included all staff. These
meetings were divided into two sections. The first focusing on administrative and programmatic issues (funding, growth projections, status with the courts, community involvement, etc.). The second half of the meeting was devoted to staff maintenance. Issues discussed included sharing of personal job related problems, difficulties or problems with cases, and problems with outside agencies. The purpose of this format was to involve the staff in the decision making process, to maintain the team concept, and to strengthen the advocacy approach of the program.

**Advocate roles and functions.** During this period, roles and functions were consistent with the model that had been developed.

**Counseling--assessment.** As stated earlier, assessment began as soon as the 14-day continuance was granted. The CAS was closely followed with the Service (therapeutic) Plan emerging from that assessment. The Service Plan became the advocate's written record of what needed to be done with the client. It was an essential tool for the development of resources and provision of services. It also provided the central focus for client and advocate to gauge their progress and evaluate results. The type and amount of information gathered on the CAS was largely dependent upon the nature of the relationship established.

**Counseling--relationship.** The design of the model for the selection of advocates from the street had some implicit assumptions underlying it. Rapport was more easily established when the client and advocate's experiences were similar. Hence, street advocates brought many skills to the relationship including the ability to speak the client's language (rap), an ability to keep the relationship on an in-
formal level and a knowledge of the client's reality (including a sense
of when the advocate was being "hussled"). This allowed for a somewhat
immediate personal connection between advocate and participant so that
first level trust issues were easily worked out.

Counseling--skills. The process of training, then, was to take the
advocates intrinsic qualities and to label them as helping skills.
This process occurred continuously in training and supervision sessions,
teaching the advocate how to use his/her street experience in the
service of the therapeutic plan. Further, these skills were enhanced
and improved upon to move the client through various issues of trust.
Primary assistance was gained through the clarity and consistency of
the program's procedures which allowed not only for support of the ad-
vocates but for a clear set of limits and expectations for the partic-
cipant. Primary reliance was on the advocate's ability to "sense" the
client's issues, moods, and "games" and to confront them in a way that
would be consistent with the client's reality and experience.

Supportive services. The client was seen as a whole person whose
problems in any area could effect his/her performance in another area.
If the client needed food or a place to stay, it could not be expected
that s/he could seek employment or concentrate on staying away from
crime. Thus, the advocate had to mobilize community resources in aid
of the client. This task included making and keeping contact with
agency personnel. In dealing with more entrenched institutions such as
welfare, careful plans had to be made and implemented in order to ac-
quire rightful benefits for the client. Often clients had already been
to these agencies and had been denied service, so it was necessary for the advocate to know and secure the rights and entitlements of the client, when appropriate. The advocate also articulated the client's progress in language that the court could understand.

A continual effort was made to diagnose agencies, the community, and the courts to determine the atmosphere and relative acceptance or rejection of the program's goals. Supportive services were used to alter environmental factors that could impinge upon the client's ultimate success in the program.

**Vocational services.** Advocates and the job developer worked as a team to determine and meet the vocational needs of the client. The job developer would be familiar with the service plan for each client and s/he would be assigned at the beginning of program participation. S/he would then identify potential employers who the advocate would contact. Once contact was made, the advocate had to sell the program and the client, highlighting the supportive and monitoring functions that the program offered once the participant was employed. If the client was not "job ready," other vocational services would be arranged.

**Accountability--internal.** During the 1973 period, internal accountability was consistent with the model. Emphasis was placed on enhancing advocate skills in counseling, developing and/or improving the writing and organizational skills of the advocate, and giving regular feedback and evaluation.

**Accountability--external.** This system was also consistent with the model. Close contact between the program and courts allowed for the
free flow of information regarding the advocate's ability. Regular checks of client folders indicated the kinds and the amount of community resources that were being developed.

**Period of Change--1975**

**Funding.** Change in funding sources was the major transition the program had to undergo during this period. December 1974 marked the end of funding under LEAA grants and TDC transferred all administrative responsibilities to HCCRP so that local funding could be negotiated without complications. In January 1975, all social services funding had to be contracted with the newly formed Concentrated Employment and Training Act (CETA). While these funds were controlled by the City of Springfield, they were earmarked for services throughout Hampden County. Thus, the development of the CETA Manpower Consortium occurred during this period.

The Consortium designed and implemented a team model to provide a wider range of services to clients. The county was divided into five teams. Each team was responsible for providing services to a specific target group. HCCRP became known as Team IV, the Criminal Justice team. Under this model, HCCRP had to provide services to all criminal justice participants coming into the CETA system. This arrangement had a tremendous impact on the advocacy model of the Court Resource Project. It soon became apparent that the pre-trial diversion clients were being lost in the CETA system and contractual agreements with the courts were in jeopardy.
Control. CETA in its early development instituted several policies that had a direct impact on HCCRP's internal control. In its attempt to bring consistency among the five CETA teams, new personnel policies, including vacation, personal and sick leave, travel expenses, etc., were developed. There was also some pressure to bring staff salaries in line with other teams.

Another major change was in the area of participant stipends. CETA assumed total control over client payroll. Each week forms had to be submitted to the CETA central office documenting hours spent in an activity or counseling. Time spent on personal matters such as sickness, housing, or court, was deducted from the stipend. In the past, HCCRP paid small stipends to participants going through its two week orientation and assessment phase. This was no longer allowed in the CETA system. Rather, HCCRP had to purchase bus tokens, from its petty cash fund so that clients could get to and from appointments. And, clients had to wait up to four weeks for their first check.

Staff. One of the first demands made by the CETA system was the hiring of a certified vocational counselors by each team. In compliance with this request, HCCRP hired a professional counselor for the position of Case Manager/Advocate Supervisor. In the past, case management responsibilities had been assumed by the Project's Director and Assistant Director who had been trained at the Boston Court Resource Project using the original advocacy model. This particular staff change had a significant impact on the direction of the advocacy model. The new case manager whose training had been clinically oriented, had no street
experience, and was not familiar with HCCRP's advocacy approach to helping. This arrangement began to create conflict within the advocacy unit resulting in power struggles between advocates and supervisor. While advocates continued to focus on client's problems in a socio-political context, the supervisor encouraged intrapersonal exploration through the use of client-centered, transactional analysis and other similar approaches. As a result of this struggle advocates became less communitative during case conference.

At the same time CETA, under the direction of a clinical psychologist, began to blame client failures on the lack of professionally trained staff. These attitudes combined with the rapid turnover of the HCCRP's advocates resulted in a staff made up of a combination of professionals and paraprofessionals.

Number of participants and the length of participation. Since CETA designated the Court Resource Project as it's team that serviced all criminal justice clients in the system, the client population doubled within the first three months. The caseload for each advocate then became twenty to twenty-five clients. CETA not only had impact on the number of participants but also the length of participation. Clients were now involved in one month of assessment, and one and half months of preparatory service time in which they would be placed in work experience in order to deal with assumed attitudinal and behavior problems. Often CETA counselors assumed that since the client was an ex-offender that s/he must have trouble with attitude and behavior. CETA's policy forced variable lengths of participation for clients. Termination
tion became vague and was often shorter or longer than 90-days based on the CETA assessment.

CETA utilized very narrow guidelines based on the GAP-B and other vocational tests. If the participant exhibited marketable skills and motivation s/he would be recommended for immediate job development; if potential but low academic skills were shown s/he would go into a six-week basic skills program; when behavioral or attitudinal problems were assessed the participant was referred back to the team for six weeks of work experience and counseling by the team's advocates. Any extreme "acting out" (i.e., chronic lateness, verbal abuse, drug or alcohol use, etc.) were grounds for termination from the system which also meant termination from HCCRP. Overall, increased number of participants and flexible lengths of participation, as reflected from policy changes by CETA, created significant stress on the Court Project.

Advocate training and supervision. As already indicated, January 1975 marked major changes in the internal functioning of the Court Resource Project. Embracing CETA as a funding source required several staff changes. The Director assumed a purely administrative role, the Assistant Director became the Project or Team Manager, and Advocate Supervisor/Case Manager was hired, three new advocates were added and the Job Developer became Supervisor of the Job Development Component consisting of three vocational counselors.

What was significant in this change was the fact that no formal training was instituted. Instead, the two component heads became responsible for their own staff orientation. As a result the training
became informal, consisting of new staff sitting in on the participant orientation sessions, meeting one-to-one with older staff and scheduling visits to work sites and other agencies.

The sudden change of staff roles, addition of new staff and increase in the client population had a tremendous impact on training and supervision of advocates. Separating the components distorted the built-in training and supervision model of the project in several ways.

**Intake/termination disposition.** The intake and termination disposition involved only the case manager and the advocate. Impact from other staff who interacted with the client became less important. Also information gathered in the CAS was no longer used for advocate assessment and planning but was used only to get the individual into CETA activity.

**Case conference.** The focus of case conferences changed from working with the total individual to using outside referrals (i.e., the individual had an arrest history for drugs or alcohol, s/he was put on hold until referral could be made). In addition, court letters and reports were no longer being monitored and edited, rather, forms had been developed and advocates simply filled in the blanks.

**Staff meeting.** Full staff meetings became non-existent. Under this new model, component heads attended administrators meetings with the Director while advocates and Job Developers attended separate component meetings. As a result of these changes not only were advocates no longer involved in or connected with the decision making process, they were also cut off from or denied supportive interaction with peer
staff doing other jobs.

**Advocate roles and functions.** The change from Federal and State funding to local funding had a tremendous impact on the roles and functions of advocates. In fact, it was the beginning of the deterioration of the advocacy model.

**Counseling--assessment.** Each participant entering the CETA system, regardless of the assigned team, was required to go through the CETA's O/A process. Here, advocates were confronted with two problems that impacted on their roles and functioning. First, service plans developed by advocates, based on their assessment were often deemed inadequate after the Skill Center counselor submitted his/her assessment. The primary differences between these two assessments were focus and goals. Advocates focused on the participant's total personal needs (i.e., food, housing, clothing, job, etc.) with a goal of changing criminal behavior. CETA, on the other hand, was concerned only with manpower and issues related to job development and placement.

As the Skill Center assessment began to be seen as more powerful, advocates completed the CAS in an increasingly mechanical way. Since it moved from primary use, the CAS lost its significance and its importance and the treatment plan was obscured.

**Counseling--relationship.** As the staff changed from paraprofessional to professional so, too, did the relationship between advocate and participant. Lacking the necessary street experience and understanding, the professional staff encountered and added barriers to successfully working with clients. The professional advocate had to
find some ways to de-code the client's language, create a picture of the client's reality, encounter the differences between their reality and that of the client, move from being judgmental and moralistic and then figure out how to gain the client's trust. This was, in most cases, a monumental task compounded with the complexity and demands of the CETA system and the fact that the internal training system was nearly defunct.

Counseling--skills. During this period, the professional advocate needed specific skills which had been the intrinsic qualities of street advocates. It was essential for them to learn techniques for developing trust since they had no "street sense" upon which to rely. Clients could often "hustle" these advocates before they figured out an appropriate definition of the relationship. Over the months of this period, advocates relied more and more upon skills identified by Carkhuff (1974).

Since the professional advocate's experience and world view was so different from that of the client it often created a clash of values. For instance, a client might enter the program with an eighth grade education and an interest in being an auto mechanic. The advocate might suggest that they pursue this interest but only in order to get enough money to attend college. In their view anything less than a college education was beneath them and was not to be valued. The advice confused the client leaving him/her wondering what was best and what s/he should really want.

The professional advocate was floundering and it was unfortunate
that the program's procedures were not as clear and consistent as they had been in the past. As training and supervision were deteriorating, so too, had the support mechanisms that these advocates needed in order to effectively service the clients.

Supportive services. The external demands made by CETA also had its impact on supportive services and the roles of advocates. CETA's view was that if a client's problem could not be addressed within the CETA system, s/he should be deemed unserviceable and terminated. The primary demand during this time was to "screen" out these clients during pre-assessment. This approach effectively cut off the advocate's attempts to develop and utilize resources in the total community thereby redefining the roles and functions upon which the Court Resource Project had been founded. It should be noted, however, that the roles of advocates changed not only because of CETA's directives but also because of the power of the system on the city and state level. For example, CETA had developed an Information network with Welfare and the Employment Security Office. In this framework, once a client had been identified as eligible for CETA participation s/he was no longer eligible for welfare assistance or unemployment benefits. Efforts to utilize other community resources decreased during this period. If a client was in need of alcohol or drug counseling, s/he was not ready for CETA participation. S/he was placed on a "hold" until a letter could be obtained from the agency attesting to some level of cure. Meanwhile, the client could receive no stipend while on hold nor could they seek assistance from welfare. This put the client in a double
bind. The advocate could not respond because all resources were supposed to come from CETA. If CETA determined that the client could not "fit" into one of its activities then s/he was not only terminated from CETA but from HCCRP. The advocate could not develop other community resources for the client to help them in a more individualized, context specific way.

Vocational services. During this period, CETA assigned a job developer from the Department of Employment Services (DES) to each team. Upon completion of an activity, a client was assigned to this person for job placement. Internally, the significant event was the breaking up of the team of advocate and job developer. Now, when the participant was "job ready" s/he was referred to the Job Development Component and assigned a job developer as opposed to having one assigned at the beginning of program participation. As a result, job developers speaking on behalf of the client to prospective employers, could only comment on the client's progress in work experience or skill training. Issues around criminal background and present behavioral changes could not be dealt with by the job developer. Advocates could no longer contact employers directly because of CETA policy. The program could no longer offer support and monitoring of clients once they were employed. This CETA policy led to hesitance on the part of potential employers who wanted guarantees about criminal behavior.

Accountability—internal. Internal accountability faltered in this period of change. Training and supervision efforts were scattered and lacked consistency. What advocates needed most was a tight inter-
nal accountability system but the program was busy dealing with the crises and stresses placed upon them by the newly formed Consortium.

Accountability--external. Relations with the courts suffered. Since there was a one month assessment and one and a half month preparatory service time, advocates often returned to court at the end of 90 days presenting service plans that had not been implemented. They had to seek additional continuances instead of dismissal of charges.

The Crisis--1977

Funding. From January 1975 to December 1976, funding remained the same. That is, Team IV was an integral team within the CETA system providing services to criminal justice clients. However, as will be discussed in the Control section of this time period, funding became more and more problematic. In order to keep a balance between the teams, CETA became more controlling in the area of client flow. Funding became dependent upon the number of clients serviced during a given period. This phenomenon led to the development of a system by which CETA evaluated the kind and cost of services provided to each client. Therefore, the cost of these individual services contributed to the consideration of the total budget of the CETA teams. As a consequence, HCCRP had to devise a somewhat flexible budget with the increasing and decreasing of staff matching the flow of clients through the CETA system.

Control. During this period, the CETA system had gained almost total control over the operating procedures of its teams. The CETA Central Office administered the total payroll for staff as well as participants.
Before a team could hire new staff, job descriptions, applications and resumes had to be reviewed by the Central Office who made recommendations including salary rates.

All participants entering the CETA system had to spend the first week in orientation and assessment at the Regional Skill Center. If a participant was late or absent s/he was sent back to the team and placed on a waiting list. Participants who completed the assessment process were assigned to activities (i.e., skill training, work experience, job development, etc.) by the Skill Center's vocational counseling unit. Those participants who refused placement or were undecided were sent back to the team for counseling and placed in a "hold for placement" status without pay. HCCRP advocates no longer had control over client service plans--they participated within the CETA system or were not serviced at all.

During the period between 1975 and 1976, HCCRP engaged the Consortium in numerous power struggles to maintain its identity. Examples of these encounters included the right to maintain and continue its own assessment; progress reports to the courts and probation/parole departments; establishing a maximum caseload per advocate; advocating for and developing resources outside of the CETA system and advocate involvement in personal/career counseling. In the final analysis, these battles served only to further antagonize the "system," resulting in HCCRP being identified as the uncooperative, trouble making team. The final implicit message was conform or get out. HCCRP, recognizing the absence of alternative funding sources, tried to shift its position to
one that at least hinted at conformity. While the shift eased the tension on the battle field, it created chaos within the advocacy unit.

Staff. The totality of external control resulted in an organizational crisis. There had been an eighty percent turnover in staff; one case manager was supervising six advocates and three job developers; advocates were maintaining two folders for each client--one for HCCRP and one for CETA. Each team was assigned a CETA monitor who reviewed the folders on a weekly basis.

With the high turnovers and the Consortium's continued demands for college educated staff, HCCRP's advocates were nearly all professional. Morale was low since advocates were not able to do the kind of personal counseling for which they had been trained in their graduate programs. Plus, there was a reality of budget cuts if enrollment went too low. The constant threat of layoffs, lack of control over participants, absence of training and inadequate supervision, increase in paperwork and tremendously large caseloads left the advocacy unit in a total state of fear, confusion, and frustration.

Number of participants and length of participation. CETA determined how many participants were to be intaked each week. The client population grew to 150-200 with other potential clients placed on waiting lists regardless of need or referral source. As a result, HCCRP could not live up to its contractual agreement with the courts and parole/probation departments. The length of participation ranged from four to twelve months with caseloads rising to twenty-five to thirty. The pro-
ject was in total confusion. Staff morale was at an all-time low. Frustration permeated the organization. Advocates were torn between the Director calling for more advocacy efforts and CETA pushing for an increase in numbers and paperwork.

Advocate training and supervision. During the crisis period changes in training and supervision instituted in 1975 became entrenched. The lack of formal training had become the norm. This development can be attributed to three major factors. One, as the staff became more professional, training needs seemed less important. Secondly, over the previous two years, CETA continued to gain more and more control over the internal functioning of the team. The third factor can be attributed to the project's growth.

Training of new staff consisted of orientation to the CETA system and HCCRP's programs. The previously built-in training and supervision had also deteriorated: intake disposition was synonymous with CETA acceptance; case conference continued to be one-on-one with the sole purpose of tracking CETA activities; advocate meetings had become a weekly "bitch" session. Staff turnover had increased to one per month.

The combination of these factors led to a low success rate with clients, precipitating a threat from CETA to totally cut off funds from the program. It was at this point that outside assistance was sought.

Advocate roles and functions. The advocacy model of the Court Project was virtually non-existent. Relationships between advocates and clients were no longer being encouraged. Now, the primary purpose of
client participation was skill training and job development so that vocational advising became the approach to obtaining these goals.  

Advocates no longer knew how to use the CAS and service plan. All assessment of the client came from the Skill Center with advocates routinely filling out the mountains of CETA paperwork.

**The Intervention--1977**

Exploration of the crises period in 1977 showed HCCRP to be in total chaos. Demands from CETA had become greater, staff turnover had increased and attempts to replace key personnel in the Court Project had not been effective. Although most of the personnel in administrative positions of the Court Project had prior experience in other components of the corporation (now, called Pioneer Service Corporation), they were unaware of its history, philosophy, goals, commitments to the contractual agreement with the courts, and the roles and functions of advocates. Knowledge of these elements represented the keys to any success that the program could achieve.

On April 19, 1977, a letter from the Hampden County Manpower Consortium (HCMC/CETA) served to crystalize the crises. In it's essence the letter addressed HCCRP's high rate of non-positive terminations. It stated:

As you know, Team IV's Non-Positive Terminations are and have been extremely high.

Enclosed is an analysis of those Non-Positive Terminations. It shows that of the 104 YTD Non-Positive Terminations from Team IV, 72 or 69% were terminated from Holds. Of the 72, only 19 or 26% of the total terminating from holds were a result of Holds for Placement. Therefore, it would appear that
many individuals who have been intaken should have been declared non-serviceable during the Pre-Assessment process as a result of personal problems/choice of training.

This analysis clearly indicates that participants are easily lost when placed on holds and receiving little if any services. Therefore, in your April Corrective Action you must address how you plan to correct this problem of excessive number of participants in hold status.

If you are unable or unwilling to address this dysfunction, HCMC will be forced to seriously evaluate whether Pioneer Services is capable of continuing as a service deliverer for FY '78.

The letter precipitated contact with the author by the executive director. There were several reasons for contacting this author: (1) involvement with the program from its inception (in Springfield); (2) extensive knowledge and experience in the program's goals and functions; (3) maintenance of an objective view in terms of evaluating/assessing the present state of the program in combination with knowledge of the goals (relative to the program's original form); and (4) possession of the skills to redesign the program and train its present staff.

The specific contract was to evaluate the present state of the program and to ascertain if the program would be more effective in the original model. If the data from the study indicated this, the next step was to redesign and restructure the program and train the staff in the roles and functions of advocates as prescribed by HCCRP.

It was decided that the implementation of the contract would occur in the following ways. First, the data presented in the letter from CETA would be examined from the perspective of the client. A needs assessment would be conducted that would give indications of the
ability of advocates to do assessment. Secondly, the program's structure would be examined from the perspective of the case manager since this position represented the key in the supervision and training of advocates. The third step involved personal interviews with all staff members.

On the basis of this collection of data, conclusions indicated that assessment was a problem and that the Case Assessment Schedule (CAS) would be a useful and appropriate tool. As a result, a rationale for training was written, a training manual was devised, a training schedule was developed, training was implemented and a six-month follow-up to look at non-positive terminations was conducted.

Needs Assessment

Non-positive termination. The needs assessment began with an examination of the non-positive terminations from October 1976 to March 1977 with a specific focus on how these participants had been serviced. First an analysis of the statistical data provided by CETA was conducted. Data included HCMC/CETA Warning Light Management Report and a non-positive termination report. From this analysis the following data was produced. Of the 104 non-positive terminations 72 were terminated while on hold status, and 32 were terminated from activities. Three tables are presented below illustrating a more detailed description of this data. Table 5 indicates Hold Categories and the number of participants terminated in each.
TABLE 5
TERMINATION FROM HOLD CATEGORIES

<table>
<thead>
<tr>
<th>HOLD CATEGORY</th>
<th>NUMBER OF PARTICIPANTS TERMINATED</th>
<th>PERCENT TERMINATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-program related</td>
<td>47</td>
<td>65</td>
</tr>
<tr>
<td>Placement</td>
<td>19</td>
<td>26</td>
</tr>
<tr>
<td>Work experience</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Supported work</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Skill training</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>OJT</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>EDP development</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>72</td>
<td></td>
</tr>
</tbody>
</table>

As shown in Table 5, 47 of the 72 (65%) of participants were terminated from non-program related holds, which meant that they had not been enrolled in nor had actively participated in any CETA program. Since it was this category that CETA had chosen to focus its attention, a closer examination of service delivery to this group seemed necessary. This examination was conducted by reviewing a random sample of 12 folders to ascertain the length of time on hold, advocate/participant contact and projected activity. The sample folders were selected from a chronological list by termination dates of the 47 non-program related terminations. The selection process consisted of picking every fourth name on the list.

Result from the review of these sample folders produced the following data: according to the Progress Reports and contact sheets in
the folders, all of the 12 participants remained on "hold" for the full four weeks; advocate attempts to contact 10 participants were done by phone (1-3 attempts) resulting in no contact, and post cards (1 each). All post card (copies in folder) carried the same message...an appointment was set up giving the date and time followed by a warning stating that if the participant did not respond they would be terminated from the program. Of the two remaining participants--one advocate made two home visits, first visit resulted in no contact and on the second a message was left on the door (the time of those visits were not recorded). Another finding was that 6 (50%) of these participants were placed on hold without having completed the orientation and assessment (O/A) process.

Based on the advocates minimal and/or non-existent contact with participants during the hold period, conclusions drawn from the analysis seemed to support the charges leveled by CETA. That was, whether these participants were mistakenly intaked (poor pre-assessment) or the program's ability to thoroughly assess the needs of clients (after intake) and to develop realistic plans of service was a problem area.

The examination of the non-positive included a breakdown of the 32 participants who were terminated from activities. Table 6 shows the activity and number of participants terminated.
### TABLE 6
Other Non-Positive Terminations

<table>
<thead>
<tr>
<th>ACTIVITY CATEGORY</th>
<th>NUMBER OF PARTICIPANTS TERMINATED</th>
<th>PERCENT TERMINATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>0/A</td>
<td>8</td>
<td>25</td>
</tr>
<tr>
<td>Skill Training</td>
<td>8</td>
<td>25</td>
</tr>
<tr>
<td>Work experience</td>
<td>7</td>
<td>21</td>
</tr>
<tr>
<td>Supported work</td>
<td>6</td>
<td>18</td>
</tr>
<tr>
<td>OJT</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Individual referral</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>32</strong></td>
<td></td>
</tr>
</tbody>
</table>

Of the 32 non-positive terminations from activities, 8 (25%) were terminated from 0/A. However, when this finding was combined with the 50% of (6 of 12) the participants in the sample of non-program related holds who had never completed 0/A the total number of participants loss during the assessment process was significantly higher. It was also found in this category that 25% were terminated from Skill Training and 21% from work experience. Review of the folders showed that these participants were terminated during the early stages (first 3 weeks) of the activity. This finding corroborated the claim that more attention was needed in the assessment and service plan development stage of the program.

Table 5 and 6 illustrate where in the process a participant was non-positively terminated. However, all terminations in the CETA sys-
tem had to fall within one of the system's Termination Codes, which also gave the reason why the person was terminated. Table 7 describes the Termination Codes and a breakdown of the total (104) non-positive terminations.

### TABLE 7

<table>
<thead>
<tr>
<th>CODE NUMBER</th>
<th>CATEGORY</th>
<th>NUMBER AND PERCENT TERMINATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Health/Pregnancy</td>
<td>5-4.8</td>
</tr>
<tr>
<td>13</td>
<td>Family Care</td>
<td>3-2.8</td>
</tr>
<tr>
<td>15</td>
<td>Moved from Area</td>
<td>8-7.6</td>
</tr>
<tr>
<td>16</td>
<td>Refused to Continue</td>
<td>27-25.9</td>
</tr>
<tr>
<td>17</td>
<td>Cannot Locate</td>
<td>17-16.3</td>
</tr>
<tr>
<td>18</td>
<td>Other</td>
<td>27-25.9</td>
</tr>
<tr>
<td>19</td>
<td>Administrative Separation</td>
<td>17-16.3</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>104</td>
</tr>
</tbody>
</table>

As shown in Table 7 the highest percentage of terminations were attributed to "other" and "refused to continue." The "other category included participants not placed in jobs after completing a total program (work experience, skill training, etc.). Because of CETA's manpower focus these participants had to be terminated in the non-positive category if full-time jobs were not secured within four weeks after completion of the program. These terminations were attributed to what
was called "economic factors."

The most significant findings in the analysis of the termination codes were in the categories of "refuse to continue" (25.9%) and "cannot locate" (16.3%). Combined, these two categories made up 42.2% of the total terminations during this period. A review of the folder's progress notes showed that these two terms, in most cases, had been used synonymously. Whether this was due to the limit on number of termination codes was unknown. However, attempts to contact participants on "hold," address problems or develop new programs of service to have been a crucial factor.

The conclusions drawn from the analysis of the non-positive termination data strongly suggested the reinstitution of the Case Assessment Schedule (CAS). Since the CAS in the past provided advocates with a clear direction in terms of both assessment and service plan development.

Case manager--organizational roles. The analysis of programmatic problems was based on the author's prior involvement with HCCRP on an operational level, review of the current client flow and service delivery system, and indepth interviews with key personnel (i.e., project manager, case manager, assistant case manager, advocates, job developers, and statisticians). However, because both the project manager and the case manager were "new" and unaware of the court project concept, goals and philosophy, it was requested that the analysis be conducted from the case manager's perspective. This decision was based on an anticipated plan that the project director's primary function would
be that of liaison between HCCRP and CETA.

The following is an examination of the problems viewed from the case manager's perspective with a theme of how they impacted on the supervision of advocates and roles and functions of both. The examination began with a graphic view of a typical client flow during the first four weeks of participation in the program (Table 8). Table 8 represents a part of the case manager's weekly schedule during the same period. The dashed lines connecting the two indicate the major problem areas identified in the study.

Tracing the client flow from the case manager's viewpoint was done by examining the contact and/or knowledge about new clients in the program. The examination of the client flow process revealed four major problems in the following areas: (1) advocate case conference (client's first week); (2) HCCRP's intake disposition (client's second week); (3) advocate case conference (client's third week); and (4) Employment Development Plan (ED) (client's fourth week).

These problems are identified in the following description of the case manager's role during the client's first four weeks of program participation.

On Tuesday of a given week, the case manager met with the program's screener to review the waiting list and set up appointments to interview potential new clients. These interview's were scheduled for Thursday and Friday of the same week. Here, the case manager met with the new client, gave a general description of the program's procedure including, attendance and punctuality, contracts, reciprocal respon-
TABLE 8

Problem Areas in Client Flow and Case Manager's Schedule

Client Flow

Screening → Assign to Advocate → HCCRP Orientation/Assessment → HCCRP Intake Disposition → Skill Center Orientation/Assessment → EDP Development → CETA Activity

Case Manager Schedule

Screener → Interview clients→ Assign to Advocate Case Conference → Intake Disposition Conference → Advocate Case Conference → EDP Development

Problem Area 1 → Problem Area 2 → Problem Area 3 → Problem Area 4
sibility, appeals, etc. Then the client was introduced to an assigned advocate who interviewed and worked out an orientation and assessment schedule for the client.

The case manager's next contact or knowledge of the client occurred during the following week's advocate case conference, problem area 1. The identification of this problem area was based on two observations. One, during the first week's case conference, a new client was only briefly mentioned by the advocate. The presentation usually involved short statements regarding whether or not the client showed up for the orientation session and seemed suitable for the program. However, all focus was on getting into CETA.

The second observation centered on the time limitation of the case conference with each advocate with a time frame of 1 1/2 hours. An example of this problem was that if an advocate had a caseload of twenty clients (not including clients in assessment) it meant that the case conference time allowed approximately 4.5 minutes to discuss each client. However, a discussion of even a minor problem in terms of what was being done or what the advocate was planning, plus advocate/case manager exploration of alternatives could easily go beyond 15 minutes. In actual time, this meant that the other 19 clients had to be presented in less than 3 minutes.

The second problem area occurred at the point of Intake Disposition. Because the major emphasis had been on getting the client into CETA, the question of whether or not the program (HCCRP) could successfully work with the client was lost, became less important or the
data in the CAS was distorted. As a result, service plans were usually vague, lacked depth and did not reflect integration of CAS data. During the examination of the intake disposition, another issue that emerged was delayed disposition. This related to clients progress who were neither accepted nor non-accepted after HCCRP's two weeks assessment but were delayed because of suspected drug or alcohol abuse or current medical problems. The assessment process could not be completed until those questions were addressed. However, because of the lack of a structured client flow tracking system, by the time these clients were cleared or not cleared, advocates often forgot to bring them up for formal disposition.

Problem three emerged during the examination of the case manager's knowledge of the client in the third week of participation. As shown in Table 4 clients were scheduled to spend one week of orientation and assessment at the Skill Center. Examination of the case conference during this week highlighted three issues: (1) clients received no preparation for the Skill Center's O/A in terms of rules and regulations, kinds of tests, how the tests related to interest and goals previously decided upon; (2) advocates had no direct contact with clients during this week; (3) the Skill Center's counselors reviewed O/A results, interviewed the client and made recommendation as to what activity the client should enter. These decisions were based on vocational needs relative to available CETA slots. However, these decisions often conflicted with clients personal needs assessed by advocates (i.e., housing, food, clothing, etc.).
The fourth problem area identified in the examination of the case manager's role focused on the Employment Development Plan (EDP) week of the client and the internal information flow within HCCRP. It was found that the Skill Center's O/A assessment, evaluation and recommendations went directly to the assistant case manager who reviewed them with the advocate and the EDP was developed. The decision as to what activity the client was assigned was based largely on the Center's recommendation. One important finding was that the case manager was completely isolated from this process.

In addition to the assessment process, it was also discovered that the case manager was isolated from important decisions in other activities particularly in the area of advocate supervision relative to the monitoring of client activities. For example, when clients were at the Skill Center, (O/A, or regular training) all reports, i.e., attendance, behavioral, academic, etc., went directly to the assistant case manager who distributed the information to the advocates. As a result, advocates made decisions (addressed problems) alone, i.e., submitted program change forms, put clients on holds, negotiated second contracts, even terminated clients, all, without the knowledge of the case manager. These decisions were not always presented in case conferences--when they were, usually something had already been done, eliminating the exploration of alternatives or problem-solving efforts. These findings suggested that what the programs had, in effect, was two case managers, one for HCCRP and one for CETA, with neither involved with crucial advocate decisions.
Conclusions drawn from the examination of these problem areas led to the redesigning of the program. Based on the assumption that restructuring the program to emphasize the original model would improve advocate supervision and provide clarity to the roles and functions of all staff, the training phase of the intervention was divided into two sections. First, an ongoing weekly (3 hour) meeting with the executive director, project director, case manager, and assistant case manager was set up and facilitated by the author. Secondly, the restructuring/training would be complemented by weekly (4 hour) advocate training incorporating the new design.

The focus of the restructuring section was on developing the advocacy model in such a way that advocate training and supervision was built-in and ongoing. In the process, detailed job descriptions were developed, weekly meetings were set up to improve communication, case conference time was extended and a case presentation format was devised and advocate training on the use of the CAS was instituted.

The following description of the advocate training includes, a rationale for training, a presentation of the training manual and a brief description of the training outline.

Rationale for advocate training. Based on the data produced from the needs assessment and in-depth interviews with advocates the author concluded that one of the major issues in the project had been centered around the kind of counseling approach advocates should use. Within the last two years, that issue had created a tremendous amount of frustration in the advocate component resulting in an incredible
turnover in staff. The researcher's role as a consultant was to address this issue. Based on the researcher's experiences in the project and current research efforts, it was concluded that one of the problems that had perpetuated this internal turmoil was the conflict between the program's philosophy and the way it was practiced. The original design of the program (Boston Court Resource Project) was built around the utilization of ex-offenders as advocates. Because these advocates were to be non-professionals, a type of ongoing training was built into the program. The Case Assessment Record (CAS) became a primary training tool. The CAS is a ten-page package of forms used to gather a wide range of data. The forms are designed to provide advocates with ongoing training to improve both interviewing and writing skills. An advocate uses the information from the CAS to draw up a plan of service for the client. Another level of training involved the case method of supervision. Two weeks after a client had begun program participation, the advocate presented the case at an intake disposition. At this meeting the CAS was critically examined to ensure that a thorough assessment had been done and the service plan was realistic. Whether or not a client was accepted into the program at this point was dependent upon how well the advocate presented the case to the disposition committee which could be made up of one or more persons. Since the case manager had some knowledge of the client (status, arrest charges, referral agent, income level, etc.), it was assumed that an advocate would feel less threatened dealing with him/her alone. However, it was also assumed that there would be considerably more pressure on the ad-
vocate not only to do more thorough assessment, but to be fully prepared to present the case if more people were involved. For example, the case manager, assistant to the case manager, orientation coordinator, and the possibility of the program director dropping in.

Although the built-in training of the CAS was designed with a different kind of advocate in mind, the author/consultant concluded that it was even more appropriate as an assessment tool at that time. First, it served the purpose of keeping all assessment consistent and it was a constant reminder of the project's philosophy--being aware of how we do what we do. Secondly, on a broader level, it was a step in the total assessment process that was superior to most if not all human service programs in that area. For clarity, the steps in the process are examined. Step 1: the client was interviewed one or more times by the screener, who summarized his/her impressions on the intake form, Assessment through Interview. Step 2: the client went through orientation--the orientation coordinator also wrote an assessment, Assessment through Observation. Step 3: during the first two weeks, the advocate gathered information (data) on the CAS, Assessment through in-depth Interviews, Observation and an assessment of the Home Environment. Step 4: involved the only other data needed to effectively work with a particular client, that was a realistic measurement of interest and ability. This service, was provided in the third week at O/A at the Skill Center, Assessment through Tests. The assumption was that after the compilation of this data, an advocate would have more than enough information to either devise a realistic plan of service or make an
appropriate referral for any client entering the project.

It was this line of thinking that led to the suggestion that training on the proper utilization of the CAS be included in formal staff training for advocates. As a result a training manual was developed incorporating the CAS and other assessment tools that were available to advocates.

Presentation of the CAS Training Manual. The purpose of assembling this manual as a training guide was two-fold. One, the needs assessment data had showed a clear need to improve the court project's assessment process. Secondly, the needs assessment by interviews indicated a feeling on the part of most advocates that there was much to learn about advocacy and very little formal organized training. Because of the high degree of turnover, and resultant large number of new advocates, the need for training had become an immediate problem. Additionally, the demands and requirements of CETA funding had complicated and increased the workload of advocates. The roles and functions of advocates at that time not only consisted of dealing with participants needs, but of a variety and abundance of small tasks ranging from manpower requirements to the demands of the criminal justice system.

The training manual was an attempt to put the court project back into focus as a criminal justice program. The impact of the "CETA system" on the project had been overwhelming. In an attempt to respond to the demands of the CETA funders, the philosophy and emphasis of HCCRP had gone askew. The program had begun to look and sound like a manpower project which served criminal justice clients as one of its
target groups, rather than a criminal justice project which had CETA programs as one of its options. The impact of CETA was evident and this manual was an effort to bring things back into perspective.

This training manual was not intended to be a solution or "cure all" for the day-to-day problems that arose and had to be dealt with in an immediate sense. Nor was it a manual of counseling techniques. Rather, it was an attempt to simplify and organize those areas of the job of advocacy that remained constant--those things which were of "operational importance" to the project. It attempted to systematize those tasks which had to be done all the time. Someone reading this manual might have gotten the impression that paper work was all that was important to the court project. It was not the intention to give that impression--working with client's needs was, of course, central to the program. However, all of the paper work reviewed in this manual served as important assessment tools for the advocate. It structured both the advocate's and client's part in the program and if used properly helped to identify the needs of the client. Most of the paper work was geared toward helping the advocate get at the information which was important and fundamental to the program's philosophy and goals. If it was looked at in the proper perspective this paper work used by the court project was meant as training tools for advocates to help them develop their interviewing skills and structure the goals and focus of their counseling relationship. If one looked at this manual in this light it served the purpose for which it was intended--to help advocates learn the helping skills necessary to working with
offenders and to place the focus of HCCRP where it belonged--on making an impact on the criminal justice system.

The manual was divided into ten sections. Each section consisted of a sample form and a detailed description of how it was to be utilized. The purpose of structuring the manual in this manner was to make it available for review or reference to the court project's staff and to ensure that formal training could be replicated. The various sections were divided as follows: (1) a page-by-page description of the Case Assessment Record including how the information was to be gathered, why the information was important and how it could be used in the assessment process; (2) the description of the Participant/Advocate Agreement of Rights and Responsibilities included the purpose of the agreement in terms of reciprocal responsibilities and how the agreement/contract could be used as a counseling tool in the therapeutic/advocacy process; (3) Service Plan--the service plan was presented as an essential tool to advocacy. It was defined as a comprehensive assessment of participant needs together with a detailed description of service objectives or plan of action that would follow in order to fulfill those needs. The description of the service plan also included the purpose of its use and the necessity of separating it from CETA's Employment Development Plan; (4) The Weekly Schedule--the weekly schedule was also presented as a tool of Advocacy in terms of setting up a program for the participant. As an assessment tool it could serve the additional function of uncovering and addressing other participant problems (i.e., attendance and punctuality, personal habits--sleeping, eating, know-
ledge of transportation systems, planning, etc.); (5) Progress Notes--the explanation on the use of progress notes was used to highlight three areas: a) the purpose of the notes was to have a day-by-day or week-by-week record of the participant's activities. This record should tell a story in terms of the identification or problems, formulation of solutions and development of goals throughout the length of participation; b) the progress notes should be an extension of the CAS and a built-in monitor of the service plan; and c) documentation of these notes forces the advocate to reflect on his/her counseling and/or advocacy intervention after each session or contact (with outside agencies). (6) Court Letters--letters to court(s) requesting a continuance for program participation and dismissal of charges was perceived by HCCRP as a major external advocacy effort. Therefore, a great deal of attention had to be paid not only to the construction of the letter but also prior assessment of the various courts. For example, there were marked differences in courts in terms of how they requested the format of letters and/or reports. (7) Loans and Grants--the purpose of this section was to add clarity of how loans and grants should be issued to participants during the assessment periods (before entering paid activities). Specifically addressed was the definition of emergency situations and how loans and grants might be included in the therapeutic plan. (8) Court Petitions--court petitions to seal records are, again, a major advocacy intervention in the justice system. This section was included to ensure that all advocates understood the process and to provide consistency to the procedure. (9) Welfare--Assistance
to Families and Dependent Children, General Relief, and Unemployment benefits were included in the manual to encourage advocates to explore community resources while teaching the participant the process by which these resources could be utilized. In addition, by some of the CETA guidelines, a participant could enter the program and lose benefits. (10) Finally the manual examined the issues around obtaining releases to obtain educational and medical information. Form letters were included as a guide to show how appropriate information might be obtained.

Based on the training manual material an advocate training outline and schedule was developed.

Outline of the Advocate Training Schedule. Advocate training primarily focused on the skills needed in assessment, service plan development, and service delivery. The first eight training sessions included:

- Session 1--Program design.
- Session 2--Overview of advocate training--team building.
- Session 3--Overview of the training manual (CAS), weekly schedule, and criminal information.
- Session 4--Physical condition--drug/alcohol use.
- Session 5--Personality--home environment assessment.
- Session 6--Clinical assessment--service plan development.
- Session 7--Contracts--progress notes--court letters.
- Session 8--Supportive services--AFDC--unemployment benefits --loans and grants (HCCRP) --record sealing.

As mentioned in the restructuring section, training took place on two levels. First, the consultant met with the program's administrators (Monday, 9:00-12:00) for the purpose of redesigning the model, to clarify roles and goals, and rewriting job descriptions. The next level of training was conducted on Monday afternoon from 1:00 to 5:00 (note--
the program director and case manager were included in the advocate
training sessions as participants). Session 1 focused on the new pro-
gram design, roles, goals, and philosophy of HCCRP.

Session 2 began with an overview of the advocate training package
and centered on team building exercises. The goal of the team building
exercises was to develop an understanding and commitment to group goals,
maximum utilization of resources, promote and encourage creativity,
develop procedures for accomplishing tasks, use of appropriate steps
for decision making and to develop a strong sense of group cohesion.
Subsequent training sessions focused on each part of the training
manual.

The design of the training session involved presenting sections of
a completed case assessment record by using an overhead projector,
explaining the importance of gathering the data and how to utilize the
CAS as an assessment tool, and role playing exercises. Role plays were
done in a fish bowl setting where each participant played the role of
advocate and client. The advocate role played until s/he had enough
information to complete that section of the CAS. Next the advocate
gave a summary of the picture s/he put together, the client gave his/
her impression of the interview and the larger group provided feedback.

In some sessions the consultant divided specific roles to be
played. For example, in Session 5, the focus was on home environment
assessment. As mentioned earlier (original program design), one of the
functions of the advocate was to make an assessment of the home envir-
onment to ascertain the level of support a client was receiving and
determine if needed support could be developed. The training exercise was designed to expose advocates to a variety of ways that parent(s) might respond to this type of intervention. Each parental role presented a different attitude toward both the client and the program. This exercise was also done in a fish bowl setting with the feedback and processing as described above.

Advocate training sessions covered a period of two and a half months and approximately fifty hours. At the end of training each participant had a complete sample folder.

Post training (a six month follow-up). Six months after training the consultant returned to HCCRP to make a follow-up study on the assessment and service delivery of the program during this period. For the sake of consistency with the needs assessment, this study was focused on how participants had been serviced relative to the kind of terminations received.

An analysis of the statistical data was provided by HCCRP. As in the needs assessment, three tables are presented to illustrate a detailed description of this data. Included in the data are: a breakdown of the number and kind of terminations, types of Hold Categories, and a description and breakdown of terminations according to CETA's termination codes.

HCCRP statistics showed that 119 clients had been terminated during the six-month follow-up period. Out of this total, 85 were positively terminated and 34 were non-positively terminated. Table 9 is a breakdown of the number and kind of terminations each month.
### TABLE 9
Positive and Negative Terminations

<table>
<thead>
<tr>
<th>MONTH</th>
<th>POSITIVE</th>
<th>NON-POSITIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>August</td>
<td>16</td>
<td>12</td>
</tr>
<tr>
<td>September</td>
<td>21</td>
<td>3</td>
</tr>
<tr>
<td>October</td>
<td>21</td>
<td>4</td>
</tr>
<tr>
<td>November</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>December</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>TOTAL</td>
<td>85</td>
<td>34</td>
</tr>
</tbody>
</table>

As shown in Table 9, 34 or 28.6% of terminations were terminated Non-Positive. Further examination of the statistics revealed that all 34 clients were terminated from the "hold" category. Table 10 describes the types of "hold" from which clients were terminated.

### TABLE 10
Hold Category

<table>
<thead>
<tr>
<th>Holding On:</th>
<th>Non-program related</th>
<th>8</th>
<th>23.5%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placement</td>
<td>8</td>
<td></td>
<td>23.5%</td>
</tr>
<tr>
<td>Work experience</td>
<td>2</td>
<td></td>
<td>5.86%</td>
</tr>
<tr>
<td>Supported work</td>
<td>4</td>
<td></td>
<td>11.8%</td>
</tr>
<tr>
<td>Skill training</td>
<td>6</td>
<td></td>
<td>17.7%</td>
</tr>
<tr>
<td>OJT</td>
<td>4</td>
<td></td>
<td>11.8%</td>
</tr>
<tr>
<td>EDP development</td>
<td>2</td>
<td></td>
<td>5.86%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>34</td>
<td></td>
<td>100.0%</td>
</tr>
</tbody>
</table>
Table 10 clearly shows that the bulk of those terminations fell into the categories of non-program related (23.5%) and placement holds (23.5%) as was the case prior to the training. However, a substantial decrease in the percentage of termination (from 65% to 23.5%, see Table 5), occurred subsequent to the training. Since 47% of the non-positive terminations were in these two categories a closer examination once again, seemed necessary. This analysis was conducted by examining CETA's termination codes with a focus on the 16 folders of clients terminated in these two categories. Table 11 is a detailed description of the codes used to terminate these clients. Non-program related and hold for placement were added to this table to provide clarity.

**TABLE 11**

<table>
<thead>
<tr>
<th>CODE</th>
<th>CATEGORY</th>
<th>NUMBER OF TERMINATIONS</th>
<th>NON-PROGRAM RELATED</th>
<th>PLACEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Health/Pregnancy</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Family Care</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>15</td>
<td>Moved from Area</td>
<td>6</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Refused to Continue</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Cannot Locate</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Other</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Administrative Separation</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>TOTALS</td>
<td>34</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>

Results from the review of these folders produced the following data: of the 8 clients terminated under the hold for placement cate-
category, 6 were terminated while actively seeking employment in the geographical area. The other two clients moved from the area with the hopes of securing employment in the field in which they had been trained. It should be noted again, however, that clients who successfully completed the program but did not secure employment within the hold period (four weeks) had to be non-positively terminated. As shown in Table 11 above, 6 of these clients fell into CETA's "other" category. The CETA system attributed these terminations to local "economic factors."

The breakdown of the 8 clients terminated under the non-program related holds were more varied, relative to the termination codes. (Note: all of these clients were terminated during the 2-week assessment period.) Two were terminated under code 13 (Family Care), data from the folder showed that they were terminated because of the inability of HCCRP advocate(s) to work out a program with the Department of Welfare whereby the clients would not lose benefits or jeopardize AFDC status; two were terminated under code 16 (Refused to Continue). After two or three days of involvement these two clients dropped out of the program based on their own decisions to seek self-employment. The remaining four clients were terminated under code 19 (Administrative Separation). Two of these clients were already involved in or had recently been terminated from other CETA programs (i.e., other CETA teams). One was actively involved with the Department of Welfare's WIN program, and one was involved with a work incentive program conducted by the Massachusetts Rehabilitation Commission. These latter
two terminations were the result of CETA's commitment to avoid duplication of service as opposed to an advocate's assessment and termination of the client. Conclusions drawn from this analysis suggested that HCCRP advocates had improved in their ability to thoroughly assess the needs of clients and terminate them in the appropriate categories according to HCCRP procedures rather than CETA guidelines.

Other observations drawn from the review of folders had to do with the quality of assessment in terms of the utilization of the CAS, case summaries, presentations, and contact between advocates and clients. The analysis conducted during the needs assessment did not lend itself to direct comparison. However, the improvement in these areas was evident as was shown in the statistical data.

Finally, upon the completion of advocate training and restructuring of HCCRP new contracts with CETA had to be negotiated. HCCRP was able to substantiate its agreement with documented data that criminal justice clients had indeed, problems that transcended employment and that an adequate program had to address those needs in order to be effective. As a result, recruiting, screening, evaluating and development of plans of services for criminal justice clients, again, became the responsibility of HCCRP. What was significant in this arrangement was that HCCRP regained an advocacy posture. Stated simply, the program, in service to its clients, could develop intervention strategies directed at agencies within the CETA system as well as outside community resources.

Funding. During the post training/restoration period CETA remained the
primary funding source. However, new contracts had been negotiated that established set budgets for a given fiscal year. Thus, eliminating the flexible budget system created by HCCRP during the crises period.

Control. Control during this period moved from being totally external to more of an external-internal control. That is, while HCCRP was still seen as one of the CETA teams some internal controls had been reestablished. The most significant change was in the program's screening process of new clients. HCCRP reestablished its own orientation and assessment which enabled advocates to develop plans of service before the client entered the CETA system.

Staff. The stability of the budget and increase of internal control relieved much of the anxiety among the staff. Positions were no longer dictated by client enrollment, caseloads were smaller and training and supervision had become an ongoing built-in process. In addition the staff consisted of a combination of professionals and paraprofessionals.

Number of participants and length of participation. Within the new contracts HCCRP was again in control of clients plans of service. The total number of participants decreased to 120 and the length of participation was limited to three months with consideration given to those clients still in training programs. This structure enabled the program to reestablish it's contractual agreements with the courts, the probation and parole departments. This change also forced the advocates and clients to devise more realistic and time limited service plans because
of court dates and review hearings.

**Advocate training and supervision.** As a result of the restoration of the original model the program again moved to a collaborative team model of training and supervision. Intake disposition and case conferences were no longer a meeting between case manager and advocate but included other members of the staff, i.e., court screener, director of orientation, job developer, and project manager. In this way a more comprehensive service plan was developed for each client. In addition, weekly advocate meetings, facilitated by the case manager, focused more on sharing of problems and the development of advocacy strategies and interventions. As in the original model training and supervision was an ongoing process.

**Discussion**

Examining the experience of HCCRP, its successes and failures over a five year period, will enable us to identify what roles and functions lead to effectiveness in the advocacy work. Clearly, the original model of the court project generated advocate roles and functions that were highly effective. Then the changes in organizational structure and conceptualization generated different roles and functions which were disastrously ineffective and lead to a crisis which threatened loss of funding and termination of the program. The intervention restored the original roles and functions and the increase in positive terminations provides further evidence for their effectiveness, for now these roles and functions were carried out by an entirely different staff who
had been ineffective in other roles and functions but became effective when trained to follow the original model. The roles and functions necessary for effective advocacy work can best be delineated in the following dimensions: (1) counseling skills; (2) counseling assessment; (3) supportive services; (4) vocational services; and (5) accountability.

**Counseling—skills.** In this model the counseling approach involved the development of a close, trusting relationship between the advocate and the client. This relationship was conceptualized as a tool used to the ultimate end of helping the client him/herself. Within this framework the advocate and client, together, identified problems, established goals, and developed the necessary steps to be taken for goal attainment. Advocates must have the capacity to join the client in his/her world and in his/her terms, as original "street people" naturally could, and the capacity to work with clients in skillful enabling ways as "professionals" are trained to do. If an advocate comes with "street sense" he/she needs training in counseling skills and processes. If an advocate comes from "professional" schooling, he/she needs training in the way of life, values, languages, and strategies of his/her client.

**Counseling—assessment.** The development of a relationship between the advocate and client began during the assessment period. Assessment, in this model, was seen as the first and most important step in the helping process. The advocate's task during this time was to explore the
client's background, attitude, motivation, past criminal involvement, home environment and supportive needs. The quality of the assessment was dependent upon the degree of rapport established between advocate and client in the initial stage of program involvement.

Use of the CAS assured full assessment of all clients. Without it, or something like it, as was shown in the crisis period, non-positive terminations increased.

Supportive services. The next step in the process involved determining the appropriate course of action needed to create change. Here, the advocate's role shifted to that of resource developer. Based on the client's needs, the advocate began mobilizing appropriate community resources to respond to these needs (i.e., housing, food, legal assistance, etc.). Quite often, however, these resources were not readily available or were unresponsive to the client's needs. These situations required that the advocate used him/herself to intervene on behalf of the client to acquire needed services.

However, these roles and functions were severely limited during the crisis period when CETA demanded that all services be provided within the CETA system.

Vocational services. The advocate aided the client in securing employment. Often the advocate had to have direct contact with potential employers. A sales approach was used to sell the employer on the program and then sell the particular client. What had to be made clear was the program's ability to support the client and improve his/her
chances for success on the job. During the crisis period this role was also eliminated by the use of CETA job developers from the Department of Employment Services. Given the other roles and functions of the advocate, employment represented the final stage of the process. Therefore, the advocate, who had been intrinsically involved with the client throughout the program, experience was by far, more qualified to speak on behalf of the client to employers than a job developer who had interviewed the client one time. So this too, had an impact on the effectiveness of advocacy work.

Accountability. The advocate role required accountability which included extensive data collection and record keeping, organizational skills, report writing, and ability to follow through on commitments. During the post training period, it was clear from inspection of the folders that there was great improvement in this area. Comparing the role during this period to that of the crisis period, however, revealed that it represented a major piece in the effective functioning of advocates. The advocate's accountability to the program and the client's plan of service required that an ongoing monitoring system be established.

Since these roles and functions do appear to be essential for effective advocacy work, it is important to ascertain what determines their characteristics and shape. The experience of the HCCRP project has been examined in terms of five essential components that affected the roles and functions of the advocates: funding, control, staff, number of participants and length of participation, and training and
supervision. As the project went through changes leading to a crisis, these components changed in ways that severely affected the roles and functions of the advocates. This account of HCCRP's experience enables us to ascertain what components have what affects on the roles and functions. A clear picture of the structural components that contribute to effectiveness is as important as a clear definition of roles and functions. So the components will be examined for their influence on the roles and functions of the advocates.

The change in funding from LEAA to CETA appears, at first, to have had causal effects that led to the crisis. However, the original roles and functions were restored through the intervention and effectively exercised in the post-intervention period when the project was still under CETA funding. So it appears that the source of funding does not necessarily affect roles and functions.

The locus of control during the period of change shifted from internal to external. When the external forces that had control did not understand or value the knowledge and convictions that generated the original model, these forces ordered changes in advocate roles and functions that were devastating. When internal controls were restored the staff was able to restore the roles and functions. So it would appear that internal control is essential for the adequate delineation of roles and functions in advocacy projects, unless the external controlling forces have a thorough understanding of and commitment to the knowledge and purpose of people actually running the project.

The staff underwent certain personnel changes during the period
that led to the crisis, and this might appear to be causal. However, the same staff was in place during the post-training period when the advocates were effective in the restored roles and functions. What seemed to be missing from the staff during the change and crisis period was a sufficiently forceful commitment to the original program purpose, philosophy, and design to withstand the encroachments of the external funding agency. One might say the staff lost its "partisan" stance and its ability to advocate for the project in dealing with its context. One of the major contributions of the consultant was to take a partisan stance in advocating for the project as contracts and controls were re-negotiated with the external funding resources. From this it appears that the administrative staff of such a project must have a clear enough commitment to the purpose of the project to advocate for the integrity of its design, or it must obtain a consultant who has these capacities in order to maintain appropriate roles and functions.

The staff of advocates underwent rapid turnover and a virtually complete change from "street people" to "professionals" during the time when the roles and functions deteriorated so much that it generated a life or death crisis for the project. At first it might appear that such a project must be staffed by street people who understand the world and perspectives of the client or they cannot adequately carry out the necessary roles and functions. However, the consultant was able to train the "professionals" to function adequately in the post-training period by teaching them how to get into the client's world and appreciate their views and values. It would appear from this data
that the prior training (professional) or experience (street) of the advocate staff is not as determining a factor as their educatability, their capacity to appreciate the lives of their clients and learn the appropriate roles and functions for effective advocacy work. This of course makes staff training and supervision of utmost importance.

The number of participants and the length of time in the program seemed to be both cause and effect in the changes that led to the crisis. As the numbers increased and the length of time varied because of CETA controls, the staff was surely too overloaded to perform adequately. During the restoration period the numbers were reduced to a more realistic load and the length of participation became more a matter of purposeful planning than neglect and confusion. From this it would appear that the number of clients served at any one time must be closely monitored and kept within realistic limits or roles and functions are bound to deteriorate.

Staff training and supervision is probably the most crucial component in determining the nature and effectiveness of the roles and functions of advocates.

As structured training and supervision waned, so, too, did the effectiveness of advocates. The training and supervision component of the original model was primarily a built-in one which took place in intake disposition, case conference and advocate meetings. Every part of the advocate's job also included some connection to ongoing training and supervision. Thus, letters written by advocates to the court (for instance) served not only their obvious function but also to improve
reworked so that he would have time for supervision. The agenda for case conference was changed to address a refocus on advocacy functions. It also focused on the importance and use of the CAS which showed advocates its viability as an assessment tool.

This discussion of what the various components of the project appear to contribute to the effectiveness of the advocates in their roles and functions, raises questions about what else may be influencing or determining the effectiveness of such work. Are there other factors or elements in such a project that have a determining effect on the shape and nature of the components and the ways in which advocates enact their roles and functions? To search for these more fundamental elements it would be most useful to go directly to a consideration of the essential purposes of the roles and functions that have been identified.

When viewing the purpose of both counseling skills and assessment it was found that the intent was to gain knowledge about the context in which the client lived and to discover the ways in which it supported or stressed the client's chances of success in the program. This naturally focused attention upon the ways in which institutions in society were currently dealing with clients and therefore dictated a view of the problem in more soci-political terms. When it was found that institutions were not responding and/or were stressing the client, the advocate moved to rearrange these environmental factors by focusing on what the client was rightfully entitled to from the institution. This focus on rights and entitlements with the emphasis on obtaining
needed services helped to reduce the stress on the client from external sources. The mobilization of the needed resources required that the advocate step from behind his/her desk and go out into the community to develop these resources. These ventures require an activist stance.

This summary of the essential purposes of the advocate’s endeavors indicates that there are three overarching elements or process qualities that are essential to advocacy work at HCCRP: (1) a particular view of the problem that focuses on the client’s context; (2) a commitment to the client’s rights and entitlements; and (3) an activist orientation.

These three elements can be seen as pervading all the work of the advocates, giving focus, purpose, and power to every role and function. These elements must also guide the thought and actions of project administrators and staff trainers and supervisors, both in serving the advocate staff and in maintaining the integrity of the organization. These elements were neglected during the change period at HCCRP and non-functioning in the crisis. The consultant restored these three elements by viewing the project in context and taking an activist stance in ensuring the advocate’s rights to appropriate training and the organization’s rights to control of functions it was responsible for. These elements are so central and so critical they will be more fully explored and explicated in the next chapter.

Summary. This chapter has presented a detailed description of an advocacy model used by the Hampden County Resource Project. The description traced the history of the model through four turbulent years
of change until a crisis ensued demanding an evaluation of the program and subsequent training.

Briefly, the changes that were most noticed over the four-year period included a transition from Federal to local funding sources with control over the operation of the project, concurrently moving from internal to external. The staff changed from paraprofessional to professional during this period. The number of participants quadrupled as did the length of participation. With this rapid growth in numbers, the type of training and supervision that was provided was drastically modified. Time became the program's worst enemy and as a result service to clients suffered. The assessment process almost completely broke down as emphasis shifted from providing service to criminal justice clients to pushing people through the CETA machinery.

In 1977 the program was threatened with closing due to the high termination rates. At that point the author was contacted to evaluate the program's functioning and develop training accordingly. Analysis of client folders and interviews with staff yielded areas of key concern. It was determined that a return to the original form of the program with its strong emphasis on assessment and internal accountability was needed. Training was introduced on team building, decision making and assessment. Simultaneously, sessions were held with the case manager to deal with supervision and training issues and to help restructure his time.

A six-month follow-up was conducted to determine the effects of the training. Review of client folders and termination statistics
revealed improvement in the service delivery to clients and substantial decrease in the percent of terminations. Finally, roles and functions were identified which best characterize this model through its four-year evaluation.

Through the critical examination of the roles and functions of HCCRP advocates, three themes or elements emerged. These elements, which will be elaborated on in the next chapter are: (1) a particular view of the problem (contextual); (2) a focus on rights and entitlements; and (3) the requirement of an activist orientation. We have seen throughout the four years that these themes remained critical and were particularly highlighted in comparing periods when they were effectively used and when they were not.
CHAPTER IV

RESULTS--A PROCESS OF ADVOCACY

Several roles and functions were identified in Chapter III which were clearly specific to the work at the court resource project. At the end of the chapter, these roles and functions were grouped into more general categories and key elements of their processes were identified so that we could move from the specifics of the case to the larger use and application of advocacy.

The task of this chapter is to use the information gathered from the model (i.e., the key elements) in combination with the author's own formulation (empowerment) in order to identify a process which can be used by practitioners across fields. The evolution of the concept from a specific model to a more universal usage is the pivotal transition offered in this chapter. The discussion that follows is not merely regarding the training of advocates for advocacy programs but the training of any helping practitioners in advocacy techniques. The working assumption, therefore, is that no matter what the theoretical orientation of the practitioner, it is possible to use the advocacy process developed here when a problem appears to originate in the client's dealings with social institutions. The assumption is that the practitioner wants to advocate and recognizes it as the treatment of choice. It is important here to focus on the word want. The author recognizes that there are certain orientations as well as certain individuals who might be more amenable to the use of advocacy. However,
a discussion of these cases is beyond the scope of this work so the operating assumptions stated above will be the foundation of the discussion that follows.

The chapter is organized to present the three overarching elements that were identified from Chapter III and substantiated in the review of the literature. Each element will be presented with support from the literature. An example will follow this presentation to illustrate the elements. The author's own formulation, the concept of empowerment will be discussed next and an example is provided so that the whole empowerment process is clear. Following this example, the definition of advocacy is offered. Finally, a summary will be presented to bring it all together.

Overarching Elements of Advocacy

Three overarching elements have been identified from our inspection of the case in Chapter III. They arose from categorizing advocate roles and functions that were extracted. We found that in order for advocates to perform their duties, they had to: (1) possess a particular view of the nature of the problem that (2) focused primarily on the rights and entitlements of the clients and which required of them (3) an activist stance or orientation.

View of the problem. The foregoing case study has shown that advocates when they were effective they looked at the nature of the problem from a different view than is common among helping professionals. That is, they viewed the problem not as resting within the individual but as
being external, in the nature of social institutions. The point of their focus was at the interface between the individual and the institution. The roles and functions that were identified arose to address this particular point of focus. The review of the literature also suggested that client problems can be more social-political than personal in nature (McCormick, 1973).

Once this view was identified we returned to the literature in order to make some sense out of it on a theoretical level. That is, it was concluded that since advocates would view the etiology of some problems from a different frame of reference, it was important to be able to put that view into a theoretical framework.

A clarification was found in literature of social psychology and is offered by William Ryan (1976) in *Blaming the Victim*. He suggests an ideological continuum, exceptionalism vs. universalism, as two contrasting approaches to the analysis and solution of social-political problems. He defines these approaches as:

The exceptionalist viewpoint is reflected in arrangements that are private, voluntary, remedial, special, local and exclusive. Such arrangement simply that problems occur to specifically-defined categories of persons in an unpredictable manner. The problems are unusual, even unique. They are exceptions to the rule, they occur as a result of individual defect, accident, or unfortunate circumstance and must be remedied by means that are particular, and, as it were, tailored to the individual case.

The universalistic viewpoint, on the other hand, is reflected in arrangements that are public, legislated, promotive or preventive, general, national, and inclusive. Inherent in such a viewpoint is the idea that social problems are a function of the social arrangements of the community or the society and that, since these social arrangements are quite imperfect and inequitable, such problems are both predictable and, more important, preventable through public action. They
are not unique to the individual, and the fact that they encompass individual persons does not imply that those persons are themselves defective or abnormal (p. 17-18).

This view is crucial in advocacy and is based on at least three assumptions: (1) sometimes human beings are destructive in their approach to others; (2) sometimes people with power over others fail to respond effectively to the needs that they should be perceiving; and (3) sometimes the rights of individuals are ignored. The advocate, then would analyze problems from the universalistic perspective which dictates the point of intervention and the nature of the change expected from an intervention (Lewis and Lewis, 1977). The focus then, is on securing the rights and entitlements that are due the client.

**Rights and entitlements.** The second key element identified from the case was the advocate's attention to securing the rights and entitlements of the client. This issue, too, is addressed in the literature.

According to the literature, the need for an advocacy role sprang from an awareness of the violation of clients rights and entitlements in their dealing with social institutions. As pointed out in Chapter II, Grosser, in 1965; observed that "often institutions with which clients must deal are not even neutral, much less positively motivated, toward handling issues brought to them by community (client) groups." He further asserts that "by their own partisanship on behalf of organizational goals, they create an atmosphere that demands advocacy on behalf of the poor man (client)" (p. 18).

The Ad Hoc Committee on Advocacy (1969), pointed out that the obligation of social workers to assume advocacy roles which focus on
rights and entitlements flows directly from the social worker's Code of Ethics:

...I regard as my primary obligation the welfare of the individual or group served, which includes action to improve social conditions...

In this context the committee suggests that it makes sense to act on behalf of those whose human rights are in jeopardy. To support this suggestion the committee cited Wickenden (1964), who stated:

In the relationship of individual to the society in which they live, dignity, freedom, and security rests upon a maximum range of objectively defined rights and entitlements (p. 18).

This position, in terms of a practitioner's belief in the dignity and worth of human beings and to the defending of rights of those who are treated unjustly is supported by Briar (1967) who asserts:

...the sense of individual dignity and of capacity to be self-determining...can exist only if the person sees himself and is regarded as a rights bearing citizen with legitimate, enforceable claims on, as well as obligation to, society.

The indications from both the view of the problem and this discussion on the rights and entitlements of the client are that the advocate must take an active role in problem solution.

Activist orientation. Although this third and final element was clearly identified in the case it would be an error to ignore the fact that the discussion of the other two elements leads inexorably to this third element. Any focus on rights and entitlements with the intention of rearranging social institutions, even for the benefit of a single individual, demands an activist orientation. We return again to the literature and find further support for this assertion.
In 1965, Grosser suggested that the role of advocate be borrowed from the legal field. His definition of the advocate's role was that s/he is, in fact, a partisan in a social conflict, and his/her expertise is available exclusively to serve client interest. Grosser saw this role as being very different from the impartiality of other roles of community helpers (practitioners). His suggestion stemmed from the observation that other actors (agencies) in this social conflict may be using their expertise and resources against the client.

Colward and Elmer (1966), and Stone (1971), suggest that the advocate assume that there is a degree of separation between the interest of clients and the interest of various agencies and service organizations that the client encounters. In this context, the counselor intervenes between the client and an organization in order to secure services that have been obscured or denied.

To be an advocate, unlike politically neutral roles, implies that the counselor, as an agent of a client constituency, is prepared to use a variety of means to stimulate the demand for service and ensure that legitimate demands are satisfied (Trela and Falkenstein, 1974). Also highlighted in the reviews of the literature (Chapter II) was a statement by Heitt (1973) who afforded an extensive list of terms associated with advocacy. She concluded, however, that the two common elements were that all are activist terms and all imply that the activity is in behalf of another person or cause.

Case example. The three elements described above provide a fairly clear idea of what is required of one who wants to advocate for another.
An example from HCCRP will serve to highlight the use of the elements.

The following is the summary of an intake interview of a young man (John Doe) referred to HCCRP by the parole officer.

John is a 19 year old male, who lives with his mother and four younger sisters in Springfield. Father's address is unknown; left family four years ago and is believed to be in New York City. The family's primary source of income is Welfare (AFDC). John is no longer included in the allocation.

John was released from Hampden County Correctional Center one month ago after spending sixteen months of a two to five year sentence for armed robbery. His criminal record started at age thirteen when he was arrested and sent to Westfield Detention Center for breaking and entering and unauthorized use of a motor vehicle. Since that time he has been arrested and sentenced to terms of probation for breaking and entering, unarmed robbery, and assault. He is now on parole under strict supervision. His parole officer has threatened to violate his parole unless he gets a job. All of his efforts to find employment have been unsuccessful. He has no work record, no marketable skills and dropped out of school in the 9th grade.

Analysis. If we view this case using the three elements that have been identified the analysis of it is as follows.

The view of the problem leads us to look at the social arrangement or context in which John finds himself. It appears that he has several problems that occur at the interface between him and social institutions. These problems include (to name a few) no job due to no minimal formal education and therefore no marketable skills, pressure from the parole office, and no aid from welfare. The advocate and client must prioritize these problems and explore community resources to meet some of the needs. Further the advocate must formulate specific questions in his/her mind that get at the "what" (rather than the "why") of the situation. These questions might include: "What are the forces that
can support the client's success"; "Can the home environment support his basic needs for food, clothing, and shelter?" "What are the prerequisites for this client for success on the job?" (i.e., basic education, work experience, skill training, etc.).

With this information the advocate must identify the rights and entitlements that are available to help John gain success. For instance, in the initial interview it was discovered that he was no longer included in the welfare allocation to his family. The advocate would work with the Welfare Department in order to include rent vouchers, food stamps, and clothing allowance. Further, the advocate would find out about his rights to access to skill training.

In order to secure these rights, the advocate must take an activist stance. In John's case the initial points of intervention might be the Welfare Department and the local skill/vocational training centers. Once John has had success in these endeavors, potential employers must be contacted and essentially sold the idea of hiring someone with a criminal record. It is here that the activist stance of the advocate is really put to the test.

**Empowerment**

Definition of the concept. The above example was provided to give a clear picture of how the three elements that were identified are used in advocacy relationships. However, if advocacy work stops with just these three elements, it runs the risk of leaving the client dependent on the advocate. What is missing from this presentation just as it was
missing from the practice of advocates at the court project is the notion of training or encouraging the client to deal in his/her own behalf with social institutions. The author has termed this process empowerment. This notion represents a missing piece of the conceptualization of advocacy.

The term empowerment in its dictionary meaning is defined as: "to invest with legal power." In this context the aim of advocacy is to assist people in realizing their legal rights and entitlements. Because these rights are often ignored by social institutions one of the functions of advocacy is to intervene on behalf of the client. However, advocacy cannot be seen just as a champion of social victims because that suggests that the client seek an advocate whenever s/he encounters other problems. Therefore, the author suggests that empowerment is a concurrent process in which the ultimate goal is self-advocacy.

It should be stressed here that the notion of empowerment is interrelated with the first three elements in that they represent the "what" and empowerment represents the "how." Simply stated, the first three elements are incomplete without empowerment and empowerment cannot exist without the three elements.

Process of the concept. But now let's move to a more detailed description of the process of empowerment. This description includes the parameters of the process, stages of the process (including Table 12 that illustrates the entire process), and a case example with analysis which provides the lens to view the process from both the advocate and
TABLE 12
Stages of Empowerment

<table>
<thead>
<tr>
<th>ADVOCATE</th>
<th>Stage 1</th>
<th>Stage 2</th>
<th>Stage 3</th>
<th>Stage 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Problem Identification</td>
<td>Goal</td>
<td>RES</td>
<td>RES</td>
</tr>
<tr>
<td></td>
<td>R &amp; E</td>
<td>Goal</td>
<td>RES</td>
<td>RES</td>
</tr>
<tr>
<td>CLIENT</td>
<td>Problem Identification</td>
<td>R &amp; E</td>
<td>Goal</td>
<td>RES</td>
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<tr>
<td></td>
<td>R &amp; E</td>
<td>Goal</td>
<td>RES</td>
<td>RES</td>
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Note: As previously described in this chapter, an advocacy intervention involves at least four basic steps, these are: (1) an
Note: (Continued)

identification of a problem; (2) a focus on rights and entitlements (R & E); (3) determining a goal (solution); and (4) an identification of needed resources (RES).
client perspectives.

Parameters. Within any advocacy intervention three parameters have emerged to guide the work: (1) a problem and goal focus; (2) an action-oriented approach; and (3) the intervention is short-term.

Advocacy is described as problem and goal focused because it deals with specific problems (the interface of the client and the institution) with a specific goal (addressing the problem and moving the client to empowerment). It approaches the problem from a here-and-now perspective. That is, the client's history is not essential for this action. It does not seek to discover the intrapsychic nature of the problem but rather incorporates the advocate's view of the problem discussed earlier, the advocate shifts the focus of the problem from the client to the client's interaction with social institutions. Therefore, the immediate goal is to solve the problem that is inhibiting the individual's growth and the longer range goal is the empowerment of the client. The focus of the intervention (problem and goal) is between the client and his/her environment which may include environmental manipulation, resource development and meetings with the client outside of the office and outside of traditional therapist/client relationship. The advocate is required to be action-oriented.

Advocacy is referred to as an action-oriented approach because beyond actively intervening on behalf of the client, the advocate must be more action-oriented in a) structuring the sessions that will deal with advocacy efforts in order that the longer term goal, empowerment is accomplished, and b) teaching the client new ways of viewing the pro-
blem, setting clear goals, finding resources and obtaining rights and entitlements, c) coaching the client as s/he takes initiative in analyzing the problem, setting goals and finding resources. Being action-oriented makes the advocate and client deal with the actual rather than the abstract (Sue and Sue, 1977).

What we can see at this point is that advocacy must break with traditional training and not rely solely on talk, a point well made by Calia (1968). This break is particularly true of "talking in" (which requires action and teaching) rather than "talking about" the process. Simply stated this means involving the client in the intervention in a way that s/he understands. Why the advocate is doing what s/he is doing so that at some point in other situations the client can advocate for him/herself.

The action-oriented approach also requires an ongoing assessment-evaluation process. The ongoing nature of it means the advocate is constantly assessing and then acting on that assessment. An advocacy intervention begins with an assessment of the problem and ends with an evaluation of both the immediate goal (solution) and the client's self-advocacy efforts and capacities. Within this process the advocate makes a) an assessment of the problem, b) an assessment of resources available and their potential responsiveness to the client's needs, c) an assessment of the client's ability to accomplish small tasks (i.e., making appointments, etc.) at first and ultimately his/her ability to self-advocate (including planning and doing the actual intervention), and d) a commitment to evaluate the "success" of the
interventions that are planned and enacted.

Based on the first two parameters, the third suggests that this process is short-term. It is seen as a short-term approach because of its focus on the specific problem and the goal of empowerment. It suggests a fairly rapid end point as the advocate planfully moves the client through the stages that will be discussed in the next section. The short term nature means that even if the client is in long term therapy, advocacy can be used as part of the therapeutic plan for a brief period of time and then the therapy resumed in its normal way. Advocacy requires a time limit for at least two reasons: (1) because of the immediate, often crisis nature of the problem and the commitment to focus on it; (2) the time limit (be it three sessions or twenty) encourages the advocate to work actively on the problem in order to meet his/her deadline.

The three parameters of the process have shown that the approach is problem and goal focused in that it addresses specific problems and establishes immediate goals. The approach is seen as action-oriented because the advocate actively structures the interviews and counseling sessions in terms of clarifying problems and setting goals, and speak on behalf of the client in his/her dealing with social institutions. Finally, it is seen as a short-term intervention because of its focus in a specific problem and goal. While the parameters of the process provide a general framework the next section attempts to describe the actual stages in the process.

Stages. Table 12 illustrated the entire process, moving once
again from point A to point B. It is assumed for this illustration that the client does not possess any skills to self advocate. Of course, clients come in with a variety of skills and abilities and it is the job of the advocate to assess these and use them appropriately in the empowerment process. Table 12 shows that in the intervention the advocate has two goals. The first goal is to address the immediate problem. The case of John is an example of this. These activities correspond to the process as it is described vertically in Stage 1 (Table 12). The second goal involves moving the client to self-advocate. This goal corresponds to the process described horizontally through stages 1 to 4 (Table 12).

It should be noted, however, that these stages are not static, in that the client, can respond on different levels depending upon the content. In other words, a client might, in terms of ability to self-advocacy, be in Stage 1 with one particular problem and Stage 2 or 3 with another problem. Here is a point where assessment is particularly crucial.

In terms of specific stages, the advocate must realize that in order to meet the second goal, that is, moving the client to self-advocacy, the client must be a partner in the process. Moving the client from Stage 1 to 2 involves the advocate assisting the client in separating individual versus institutional control/responsibility. Questions appropriate to this stage are: What is the nature of the problem? Are there issues that are rightfully responded to by the institutions in society? What specifically were the rights and enti-
tlements the client can reasonably expect from the institution? What is the client's responsibility to attain these services?

In most cases, the client in need of an advocate, tends to see responsibility for their condition in terms of fault or blame. To accept this blame implies that there is nothing in society that needs to be changed, rather it is the individual's fault, "sickness," or "deviance" which is the center of the problem. From an advocacy perspective, however, the nature of the problem is seen as the interface between the client and institutions. Therefore, the advocate's role at this point involves helping the client to understand the ways in which s/he can utilize (and/or revise) institutional practices to meet his/her needs. This is, in essence, teaching the client the skills needed to identify problems and find out what the rights and entitlements are. The client begins to look at these rights and entitlements and to understand in clearer terms individual and institutional responsibility.

The second step (Stage 2 to 3) is the application of the information acquired in the first step to the development of a goal. The appropriate question at this point is "now that we know what you are entitled to, what exactly are we after from the institution?" That is, the advocate and client develop a clear goal. From the goal, additional questions should be formulated that can be used to find out who to contact to secure needed services. Here, too the advocate and client assess the responsiveness of the institution to the client's needs and develop alternative resources (i.e., legal, if necessary).
The third step (Stages 3 to 4) concerns itself with utilizing the gathered information to get the needed services. Questions appropriate to this stage include: "What are the specific issues and concerns that you want addressed by the institution?"; "If they deny any of these, what will be your response?"; "What compromises do you see yourself willing to accept?"; "How can we best plan strategies for the meeting so that you are assured success?"

The fourth step (Stage 4) rests on the advocates ability to process each stage with the client and to reinforce the skills that the client has learned. At this point a therapist could return to the normal course of the therapy and merely make it a point to encourage the client to advocate for him/herself when necessary or check in occasionally to see how advocacy efforts are going, to reinforce skills, or to strategize with client (coaching).

It is important to note again that the empowerment process can occur concurrently with other counseling work that the practitioner is engaged in with the client. Advocacy simply implies an experiential, teaching, learning method whereby the advocate models empowered behavior and shares with the client the process in which they are involved. In this way, the advocate and client truly become partners in the process.

Interwoven into the entire empowerment process is the assessment of ability, support, and encouragement for self-advocacy attempts. While sufficient support can be developed in a one-on-one relationship, a group support setting can also be helpful. In this setting the
client not only explores how self-advocacy can be applied to other situations but is offered as an opportunity to give and receive support from other people struggling with similar issues.

At this point another case example can illustrate the stages of the process of empowerment. This case will also illustrate the transferability of the concept and process to the work of other professions, a question raised at the beginning of the chapter. The case chosen here is from another field, family therapy. The case will be presented in the left column and the explication of advocacy and the empowerment process appears in the right column.

Case example with analysis. The case example described below is drawn from an advocacy intervention by a family therapist (the author). The family became involved in therapy based on the presenting problem that the parent could no longer control the behavior of the children in the home. The family consisted of a 36 year old single-parent mother, four sons whose ages ranged from seven to sixteen years old. Based on the therapist's initial assessment of the family a therapeutic plan was developed to deal with children's misbehavior at home and to reinforce the parental role. During the early stage of therapy, however, external problems emerged that required advocacy work.

The following description of the case appears in the left column. In the right column are comments and analysis of the advocacy interventions.

At the beginning of the third session mother reported that she had received notes and
phone calls from the school concerning the behavior of one of the children.

During the session the therapist discovered that the parent's solution to the problem was to increase punishment in the home to curb the school "acting out." Further, probing revealed that not only did the parent not know exactly what the problem was but did not know what was expected of her by the school. She reported that she felt the school blamed her for the school problem. She had not directly contacted the school.

The therapist then made the observation that the child seemed to have two problems, one at home and one at school. Whether or not these were one and the same problem were indeterminable at that point. He suggested that a meeting with all concerned parties might clear it up. He further explained that in this way, mother would be clear about what she would have to do to help solve the problem. It was agreed that the ultimate solution was dependent upon the parent and school working together.

The therapist encouraged the mother to call the school, speak to the Guidance Counselor and set up a meeting with the counselor and teacher. Mother said she was willing to call the school but could not go to the meeting alone because of previous bad experiences at

Here we notice that the client is ready to accept full responsibility for the problem without having full knowledge of what the problem was and what the school was doing about it.

The therapist, at this point, realized that the parent's attempts to respond to the one child's problem as identified by the school was effecting the way she responded to the other children, thereby interfering with the therapeutic plan. This realization represented the signal for advocacy.

Stage 1--Therapist initiates action, client relatively passive.

Problem identified as the interface, thus beginning the process of reframing the problem as not solely the client's.

Resource identified based on the therapist's knowledge of this school's hierarchy.

Parent's ability to complete
schools. The therapist assured her that he would go with her and speak on her behalf if necessary. The session ended with the therapist giving mother an assignment to set up a school meeting in two weeks (to allow for time to plan).

At the next session, mother reported that she had made the call and set up a meeting. The entire session was then devoted to dealing with three specific issues: (1) the rights of parents to have access to clear information from the school concerning their children; (2) clearly establishing a goal (parent-school relationship); and (3) the formulation of questions/issues to be presented to the school personnel.

On the day of the parent-school meeting, the therapist met with the parent an hour earlier to review the plan. The meeting with the parent before the school conference had dual purposes, first to review the question/issues the mother wanted to raise; and, secondly, to support the parent in dealing with her apprehension of the upcoming meeting.

At the parent-school conference the therapist attempted to create a framework for discussion by first explaining his therapeutic involvement with the family and highlighting the importance of getting first-hand information on all problems concerning the family members. Task indicates a good prognosis for her ability or willingness to direct her own advocacy interventions in the future.

Therapist includes the advocacy intervention into the ongoing therapy, as he sees that, if successful, the mother's parenting role will be reinforced and she can be highlighted as competent in her dealings with the outside world. This addresses one of the therapeutic goals.

Stage 2--Client internalizes the problem she realizes that it had to do with something between the family and the school.

Focus on rights and entitlements and the goal of the intervention established.

Further, additional resources are discussed if they're needed, i.e., contacting principal, legal aid, etc. As the therapist discusses the parent's rights, she becomes angry at having felt that she was to blame. The anger is used as a motivator to help her to focus on what it is she wants from the school.

Stage 3--Client internalizes the goal.

Advocate creates a supportive environment for the parent by assessing the mood and climate of school officials, joining them to help them feel less antagonistic toward her--enabling both
Here he stresses the importance of them working together. This intervention eased the tension between the parent and school personnel. As a result both were able to more freely discuss their concerns and an agreement to convene a CORE evaluation was reached.

After the meeting the therapist, again met with mother to process the meeting. Of particular interest in this meeting was the right of parents to access of clear information and the importance of a parent-school relationship in dealing with related problems.

Three weeks later, during the regular family therapy sessions, mother reported a great improvement in the child's behavior at school. In addition mother said that she had set up and attended a meeting at another school concerning one of the older children.

The above case example has shown how the process of empowerment operates within certain parameters and how the advocate conceptualization of the process is utilized as the client is moved through specific stages. Based on the foregoing discussion a definition of advocacy, including the concept of empowerment is offered.
Definition of Advocacy

We have considered some of the general roles of an advocate which include counseling, assessment, resource development, and environmental manipulation. All of these roles are viewed from the theoretical perspective suggested in the view of the problem presented earlier. That is, to view the client's problem from a universalistic standpoint.

An extension of this perspective is offered by the author: advocacy efforts are of relatively little value if they continue to perpetuate the powerlessness/dependence of the client. The client should have made available to him/her the skills for self-advocacy.

In light of the preceding information the definition of advocacy that is most appropriate is:

Advocacy is a process of speaking on behalf of an individual(s) to ensure his/her rights and entitlements. The focus of this process is on the interaction between the client(s) and the surrounding environment with a goal of empowering the client(s) so that s/he can self-advocate. These actions demand a partisan stance in relation to the outside world and a teaching and coaching stance toward the client.

Summary

This chapter has presented three overarching elements of advocacy identified in Chapter III. These elements are: a particular view of the problem in which the focus shifts from the client to the client's interactions with social institutions; special attention to the rights and entitlements of the client to services; and the requirement that the advocate have an activist orientation. A case example and analysis from the court resource project was offered to add clarity to the
utilization of the three identified elements.

Next the author's formulation of the concept of empowerment was presented. Included in this presentation was a definition of the concept and the process of the concept. The process of the concept included three parameters of the work and a graphic description of the stages of the process. A case example from the field of family therapy was presented with an analysis of the advocacy intervention to show both the stages and the applicability of advocacy across fields.

Finally, considering the roles and functions of an advocate, the theoretical underpinning of the approach and the author's formulation of the concept of empowerment and a definition of advocacy was presented.
CHAPTER V
SUMMARY AND IMPLICATIONS OF THE STUDY

The thrust of this work was based on four issues identified from the literature, as was pointed out in Chapter I. These issues were: (1) the need for clarity about the concept and definition of advocacy; (2) the need to identify the role and functions of advocates; (3) the need to recognize the general skills and knowledge needed in advocacy work; and (4) to identify implications for the training of advocates across fields. The author's initial hypothesis was that these issues could not be addressed until a model of advocacy was carefully inspected and the process of advocacy work extracted.

In order to accomplish this task, the work was organized in a way that first explored the historical development of the concept of advocacy in human services. A case study of an advocacy program was conducted for the purpose of identifying advocate roles and functions and this information was used to develop a practical application of advocacy as a mode of helping. Chapter II focused on the background of the problem and the review of the literature. The presentation included the historical development of the concept of advocacy in several human service fields, the current use of the concept, the definitional confusion and the need for advocacy training.

Based on these identified needs, Chapter III critically examined an advocacy program to identify the actual roles and functions of advocates. Included in this inspection was a description of the model with
a focus on the roles and functions of its advocates. These roles and functions were traced through four years in the life of the program with consideration given to both internal and external changes. As the changes took place, roles and functions were modified over time. A crisis occurred which required the involvement of the author as consultant. Through a needs assessment and interviews, it was determined that the actual practice of advocacy had strayed too far from the original model. The author developed a training package which recognized the current context of the program and the effectiveness of the roles that had been developed in the original model. A six-month follow-up was done primarily to determine the effectiveness of the roles and functions that were presented in the training. For the purpose of this study a test for significance was not appropriate, although there was a substantial difference in termination rate before and after training.

Finally, roles and functions were categorized under three elements including a particular view of the problem, focus on rights and entitlements, and the need for an activist orientation.

Chapter IV elaborated upon these three overarching elements in order to provide a theoretical framework. Then the concept and process of empowerment was presented. The concept of empowerment was developed from reflection and expansion of Ryan's work in combination with the author's experience at the court resource project. For example, many clients who successfully completed the program often returned for assistance with problems previously addressed (i.e., social services, jobs, etc.). It became clear that while the advocacy efforts responded
to the client's immediate problem, the intervention had no long-term effect in terms of the client's ability to advocate for self.

The presentation of the concept and process of empowerment included the parameters of the work, stages of the process (including a graphic presentation) and a case example with analysis to show the practical application of the concept.

Based on the review of the literature, the case study of HCCRP and the formulation of the concept of empowerment, a definition of advocacy was offered.

The question that naturally arose from the previous chapters was: How do we, then, train practitioners across fields to do this work? The literature illustrated the lack of communication between fields regarding the concept of advocacy and a lack of any clear theoretical base as discussed in detail in Chapter II. A few practitioners tried to address the problems encountered in the actual practice of advocacy. These issues are presented here since they are more directly related to training considerations and because they need to be addressed within the context of the training situation.

Several authors have focused on the fears and reluctance of practitioners in the field to embrace the practice of advocacy. This reluctance has been attributed to a variety of factors, including: a lack of a clear definition (Kahn, 1973), job security and mobility (Patti, 1974), political concerns (McCormick, 1973), the absence of professional training and support (Wineman and James, 1969) and many others.
The idea that advocacy suggests a partisan alignment with the plight of clients was posed by Grosser (1965), Terrell (1967), and Brager (1968). The dictionary defines partisan as: (1) "a militant supporter of a party, cause, person, or idea; (2) a guerilla" (Peter Davis (Ed.), 1973). For whatever reasons, militancy has taken on negative connotations and is usually associated with violent confrontations. If we connect the definition of partisan, in its pure sense, to the concept of advocacy, it becomes somewhat frightening to most professionals.

As pointed out earlier, the literature suggests that there are several factors that contribute to these fears. One of these factors seems to focus on the lack of a clear definition of advocacy. In the National Baseline Study discussed in Chapter II, Kahn and his investigators (1973) found that some programs were offering the same services under a new label while others were trying to define the concept as it related to specific target groups. In response to the latter, Kahn, et al. pointed out that the key factor that defines advocacy is not the target, but, rather, it is the concept that individuals, groups or classes of people have specific rights and needs and that prevailing circumstances require that they be given support to acquire access to entitlements, benefits, and services. Here, the focus is on the rights of the client. Based on the author's experience in social service agencies, this fact is often overlooked or played down. Clients are often made to feel that they are receiving a handout, while in reality most of these agencies exist for the sole purpose of serving
their needs.

Practitioners who assume an advocacy role to secure those rights often run the risk of losing their jobs or certainly diminishing the possibility of upward mobility within the agency. Rino J. Patti (1974) attempts to address some of the issues that contribute to the fears and reluctance on the part of the worker as it relates to internal advocacy activities. Here the term internal advocacy is defined as:

An activity engaged in by practitioners in their role as professional employees, which is undertaken for the purpose of changing formal policies, programs, or procedures of the agencies that employ them, in the interest of increasing the effectiveness of services provided or removing organizational conditions or practices that are deleterious to the client population served (p. 537).

Officially, advocacy is not likely to be considered a formal part of their organizationally defined role nor are they vested with authority to alter agency policy. For Patti, this fact has two important implications:

First, advocacy is normally undertaken as an additional self-imposed responsibility which the practitioners must reconcile with the demands and expectations of his primary assignment. Second, in some sense internal advocacy efforts are likely to be seen as a violation or modification of the employer-employee contract, particularly if the activity threatens to disrupt routine, alter the balance of power, or embarrass the organization. Both of these factors make the role of the internal advocate inherently stressful (p. 538).

Job security is also a major consideration in activities geared toward external advocacy or efforts to produce institutional changes in other agencies. The risk here is primarily due to the fact that each employee is a representative of the agency. Therefore, external confrontation increases the possibility of conflict between agencies. The
fears and anxieties created by this form of advocacy is reflected in a statement by the executive director of a family service agency that has been in the forefront of advocacy practice:

I can understand why people resist advocacy. Everything about it makes me nervous. I like my job; I want everybody to like me. Politicians scare me; reporters too. I never know what Board members will do, even conservatives.... You often don't know whether your actions result in the changes produced; you just know the changes took place. Then why do it? Because these things are in the way of families, they get in the way of trying to help families with their emotional problems; things like slums, rent gouging, school expulsion, and welfare practices (Manser, 1973, p. 380).

Indeed, the above mentioned factors contribute to the fears and hesitancy to assume advocacy roles. However, it seems that underlying these factors is a political reality. This reality was cogently presented by Mary McCormick (1973) when she asserts:

Perhaps because this dimension (advocacy) is essentially political-social in nature, it seems more akin to revolution than to evolution; hence the fears that it engenders. The anxiety reaction is likely to persist, in varying degrees, until such time as advocacy in the abstract (in its conceptual meaning) is internalized, that is, until it becomes an integral part of the function of social work and of the basic conviction of social workers-administrators, educators, and practitioners alike (p. 110).

The fears and concerns cited above are offered as a means of providing the potential practitioners with the parameter of the practice. The act of advocacy cannot be compromised as a result of fear of political reprisal, job security, etc. It is incumbent upon training institutions then, to behave in ways which not only support the individual advocate practitioner but also model the roles and goals of advocacy in its institutional structure and process.

A training issue that has been attributed to the reluctance of
practitioners to embrace the advocacy concept is the lack of professional training and support by colleges and universities. For example, Wineman and James (1969) argue that schools of social work teach their students theory, technology, and ideals that often are rendered useless by the abusive and dehumanizing practices toward the clients that students may witness in the field work agencies. They suggest that schools "put their action where their mouth is" and "fight the battle for human rights by using the power of the school to protect students who advocate on behalf of clients--and in so doing to engage in the teaching and practice of advocacy" (Wineman and James, 1969). The authors cite some very familiar examples of the lack of support in the supervision of students involved in practicum or internship experiences. Among the more common reports from students returning from field experiences include: "Do you know what the attendants are doing at ____? I saw a principal knock a kid across the office. This counselor cut this kid down, wouldn't listen to him. How can I get anywhere if I can't protect the kid from that. Dr. X threatens the patients with shock therapy if they act up."

Wineman and James argue that when students express these concerns, the faculty falls back on avoidance responses which can be characterized as a system of defenses against change: (1) Avoidance through instant cliches, a) "You have to work with these people, to help them because 'they know not what they do,' we have the tools and they need to learn from us." b) The child still knows you are his friend--"you can still help this kid even if you can't stop some of these things
from happening. It's important to him that you are there and understand." c) Search for the silver lining--"Are you sure it's that bad? Isn't there anything the client gets that's useful?" or d) Study it--"Do a process record of one of those and let's have a look at it--why don't you make that the topic of your term paper?" (2) Avoidance through the emotional control demand system of the professional model--many students have been challenged with, "Are you sure you're not over-identifying with your client? You're pretty angry, you know."

The authors point is simply that schools must back their students in criticism and attempts at changing the setting they are in when those settings hurt the people they (and the school) serve. In order to take constructive action in behalf of their students and these people, the faculty of training institutions may find that they themselves must take a "partisan" stance.

In the context of the preceding discussion of the fears and concerns of advocates, one can see more clearly why so many authors have stated that a partisan stance is necessary. The fears and concerns about job security and political reprisal are realistic and pervasive. To take action in the face of these fears one must mobilize oneself with all of the courage, tenacity, ingenuity, and determination of a partisan who is willing to risk his/her life for a just cause.

It is also important to understand that a partisan stance is essentially an internal attitudinal set in the mind of the activist advocate (and perhaps in his/her language when talking with companions). Whether or not an advocate acts in a belligerent or combative way, as a
partisan would, is a function of his/her judgment and strategy in each particular instance. That is, an advocate must determine in each instance whether tactful negotiation, strategic intervention, or calling on the full force of the law is the best means of obtaining the rights and entitlements of his/her client in the present and his/her client group in the long run. So judgment and ingenuity are just as essential to the advocate as they are to a partisan.

From the preceding discussion one can also see that the practitioner's reluctance to become more active is not only a function of his/her realistic concerns about job security and political reprisal, but also a function of the lack of a clear concept and definition of advocacy and the absence of adequate training in the roles, functions, and strategies of advocacy work. Just as schools and universities must model a partisan stance in advocating for the practitioner in his/her efforts to change human service systems, so also they must empower their students through appropriate training in all the political awareness and concrete actions that are necessary for effective advocacy work and survival.

Implications for Training

The author presented the political considerations to show what other practitioners have faced in the past. With these considerations in mind, a framework for training is presented.

We suggest that the model of empowerment be used as means of developing training (both as a consultant and programmatic level). That
is, if the process of empowerment is understood, it naturally lends itself to training curricula that can then be made specific to the content. Within a training design, the trainer behaves as an "advocate" that is, s/he assesses/evaluates each trainee's ability, tests that ability and processes the advocacy efforts of the trainee. On the other hand, the trainee behaves as a "client" while responding to suggestions and supervision by the trainer in order to learn to design and implement advocacy interventions within a variety of situations. In other words, the trainer moves the trainee through the stages of the empowerment process (see Table 12, Chapter IV). As shown in this table, the trainer assumes a teaching and doing role while the trainee begins to learn the process. The trainee is moved toward the doing end of the continuum as s/he assumes more and more responsibility for advocacy interventions (Stages 2 and 3). Finally, in Stage 4 the trainee is active in terms of conducting all advocacy activities while the trainer's role becomes that of a coaching nature. It should be reiterated that this model is suggested only as a process for training as the content varies to respond to the specific needs of the training group. This approach fits within a practicum or intern supervision setting. However, it can also be used in other settings such as workshops, seminars, etc.

In addition to using the model of empowerment as a framework for the training design, other collateral requirements seem necessary. These include: (1) knowledge of the theoretical and practical aspects of the three overarching elements; (2) knowledge of service delivery
systems; (3) skills in resource development; and (4) knowledge of system dynamics including the use of influence, power and intervention strategies/environmental manipulation.

The suggested model for training is based on the assumption that advocacy represents a distinctive approach to helping. The advocate must develop new roles and functions for which they have not been traditionally trained. In this context, their training, too, must be distinctive.

Advocates must be trained to view institutional change as a goal rather than the adjustment of clients to institutions. Further, for the purposes of advocating, the client must not be fitted into an existing model but rather an emphasis placed on his/her skills with a response from the advocate that is appropriate to the needs of the client. The use of this model, then, suggests a wide range of approaches (i.e., course and workshop content) which need to be individually tailored to the context.

Perhaps the most important implication of this study rests in the recognition that the ultimate effectiveness and power of advocacy work begins with the willingness and capacity of trainers, administrators, supervisors, and consultants to embody a particular view of problems and an activist concern for people's rights as they empower the advocates to do the work.


Boston Court Resource Project. The selection and training of advocates and screeners for a pre-trial diversion program, 1972.


D'Audney, W. (Ed.). *Giving a head start to parents of the handicapped.*
Nebraska University Medical Center, Omaha, Neyer Children's Rehabilitation Institute, 1976.


Smiley, C.W. The advocacy program. Prospective in Psychiatric Care, 1972, 10(5), 220-5.


Wagner, M., & Wagner, M.G. Child advocacy in Denmark: 70 years of experience with this 'new idea'. Denmark: Copenhagen University Institute of Social Medicine, 1974.


Womack, W.M., & Sato, L.S. The first year of a child advocacy project. Hospital and Community Psychiatry, 1975, 26(12), 815-822.

## APPENDIX A

**CLIENT ASSESSMENT SCHEDULE**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLIENT NAME:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Sex:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Race:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>DATE OF BIRTH:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>PLACE OF BIRTH:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>ADDRESS:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>LIVES WITH:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>PARENTS:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>PARENTAL RELATIONSHIP:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>MARRITAL STATUS:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>SPOUSE'S NAME:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>DATE MARRIAGE:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>NO. OF CHILDREN:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>AGE:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>PRIMARY SOURCE OF INCOME:</strong></td>
<td></td>
</tr>
</tbody>
</table>

**INTRA DATE:**

**FIRST TRIAL DATE:**

**CONTINUANCE DATE:**

**ADDITIONAL CONT. DATE:**

---

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### APPENDIX A (CONTINUED)

**Veteran:**

- [ ] Yes
- [ ] No

**Part-time:**

- [ ] Yes
- [ ] No

**Last School:**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Year</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Driver's License:**

- [ ] Yes
- [ ] No
- [ ] Unable

**Prior Record:**

- [ ] None
- [ ] Juv.
- [ ] Adult
- [ ] Both

<table>
<thead>
<tr>
<th>Age</th>
<th>Charge</th>
<th>Disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Present Legal Status:**

- Clear
- Probation
- Parole
- Case Pending

**Probation/Parole Officer's Name:**

<table>
<thead>
<tr>
<th>JUDGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Date of Arrest:**

- [ ] No.
- [ ] Day
- [ ] Year

**ARREST CHARGE(S):**

<table>
<thead>
<tr>
<th>JUDGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Defense Attorney:**

**RESTITUTION:**

- [ ] Yes
- [ ] No

**Amount:**

<table>
<thead>
<tr>
<th>JUDGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Status at Arrest:**

- Employed Full-time
- Student Full-time
- Employed Part-time
- Student Part-time
- Unemployed
- How Long?
- Other (Specify)
Check under "Client" if comment consistent with statements by client. Check under "Advocate" if you feel that the comment applies to this client.

<table>
<thead>
<tr>
<th></th>
<th>Client</th>
<th>Advocate</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td></td>
<td>Behavior (crime) accepted by friends and peers.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wants charges dismissed.</td>
</tr>
<tr>
<td>R</td>
<td></td>
<td>Crime grew out of need and deprivation.</td>
</tr>
<tr>
<td>I</td>
<td></td>
<td>Behavior (crime) part of self-image.</td>
</tr>
<tr>
<td>M</td>
<td></td>
<td>Been dependent on crime for (at least part of) income.</td>
</tr>
<tr>
<td>I</td>
<td></td>
<td>Client's first offense.</td>
</tr>
<tr>
<td>K</td>
<td></td>
<td>Behavior (crime) part of self-esteem.</td>
</tr>
<tr>
<td>A</td>
<td></td>
<td>Rationalizes criminal behavior.</td>
</tr>
<tr>
<td>L</td>
<td></td>
<td>Goes along with peer group.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wants to avoid future criminal involvement.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Works alone.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Crime committed in the heat of the moment.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maintains innocence.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ashamed of criminal activity.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Afraid of situation (arrest and court appearance).</td>
</tr>
</tbody>
</table>

**COMMENTS:**

---

---
### PHYSICAL CONDITION

<table>
<thead>
<tr>
<th>General Health:</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dress:</td>
<td>Excellent</td>
<td>Good</td>
<td>Fair</td>
<td>Poor</td>
</tr>
<tr>
<td>Posture:</td>
<td>Excellent</td>
<td>Good</td>
<td>Fair</td>
<td>Poor</td>
</tr>
<tr>
<td>Grooming:</td>
<td>Excellent</td>
<td>Good</td>
<td>Fair</td>
<td>Poor</td>
</tr>
<tr>
<td>Complexion:</td>
<td>Excellent</td>
<td>Good</td>
<td>Fair</td>
<td>Poor</td>
</tr>
<tr>
<td>Speech:</td>
<td>Excellent</td>
<td>Good</td>
<td>Fair</td>
<td>Poor</td>
</tr>
</tbody>
</table>

### Does Client Have Any Physical Problems or Handicaps?

- [ ] No
- [x] Yes

**Explain:**

**How Will This Effect Ability to Function in Job or Educational Setting?**

### Drug Use

<table>
<thead>
<tr>
<th>Drug</th>
<th>Last Used</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Herb</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Hallucinogenes</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Opiates</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>YES</td>
<td></td>
</tr>
</tbody>
</table>

### Is Drug Use Such as to Have Any Effect on Current Performance?

- [ ] No
- [x] Yes

### Comments:

Check under "Client comments consistent with client's statements. Check under "Advocate" comments you feel apply."
### APPENDIX A (CONTINUED)

#### DRUG CONCERNS (Cont.)

<table>
<thead>
<tr>
<th>Client</th>
<th>Advocate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Drug use accepted by friends and peers.</td>
</tr>
<tr>
<td></td>
<td>Needs drugs to &quot;relax.&quot;</td>
</tr>
<tr>
<td></td>
<td>Has tried drug house. Specify:</td>
</tr>
<tr>
<td></td>
<td>Wants to stop drug use.</td>
</tr>
<tr>
<td></td>
<td>Has tried Methadone program. Specify:</td>
</tr>
<tr>
<td></td>
<td>Drug use part of self-image.</td>
</tr>
<tr>
<td></td>
<td>Rationalizes drug use.</td>
</tr>
<tr>
<td></td>
<td>Usage supported by crime.</td>
</tr>
<tr>
<td></td>
<td>Enjoys being &quot;high.&quot;</td>
</tr>
<tr>
<td></td>
<td>Uses drugs when alone.</td>
</tr>
<tr>
<td></td>
<td>Will go into and stay in a drug-house program.</td>
</tr>
<tr>
<td></td>
<td>Will go into a Methadone maintenance program.</td>
</tr>
<tr>
<td></td>
<td>Will go into a Methadone detoxification program.</td>
</tr>
<tr>
<td></td>
<td>Will go off &quot;Cold turkey.&quot;</td>
</tr>
<tr>
<td></td>
<td>Ashamed of drug use.</td>
</tr>
</tbody>
</table>

**DOES CLIENT HAVE A DRUG PROBLEM SUCH AS TO HAVE AN EFFECT ON CURRENT PERFORMANCE?**

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
</table>

**EXPLAIN:**

<table>
<thead>
<tr>
<th>ALCOHOL USE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Client</th>
<th>Advocate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Drinking accepted by friends and peers.</td>
</tr>
<tr>
<td></td>
<td>Needs alcohol to &quot;relax.&quot;</td>
</tr>
<tr>
<td></td>
<td>Wants to stop drinking.</td>
</tr>
<tr>
<td></td>
<td>Drinking part of self-image.</td>
</tr>
<tr>
<td></td>
<td>Rationalizes drinking.</td>
</tr>
</tbody>
</table>
APPENDIX A (CONTINUED)

ALCOHOL USE (Cont.)

<table>
<thead>
<tr>
<th>Client</th>
<th>Advocate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Drunk</td>
</tr>
<tr>
<td></td>
<td>Created</td>
</tr>
<tr>
<td></td>
<td>problems</td>
</tr>
<tr>
<td></td>
<td>at home.</td>
</tr>
<tr>
<td></td>
<td>Enjoys</td>
</tr>
<tr>
<td></td>
<td>being</td>
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<tr>
<td></td>
<td>drinking</td>
</tr>
<tr>
<td></td>
<td>&quot;high.&quot;</td>
</tr>
<tr>
<td></td>
<td>Drinks</td>
</tr>
<tr>
<td></td>
<td>alone.</td>
</tr>
<tr>
<td></td>
<td>Has</td>
</tr>
<tr>
<td></td>
<td>tried</td>
</tr>
<tr>
<td></td>
<td>alcoholic</td>
</tr>
<tr>
<td></td>
<td>program.</td>
</tr>
<tr>
<td></td>
<td>Will</td>
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<tr>
<td></td>
<td>go to</td>
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<tr>
<td></td>
<td>an</td>
</tr>
<tr>
<td></td>
<td>alcohol</td>
</tr>
<tr>
<td></td>
<td>detoxification</td>
</tr>
<tr>
<td></td>
<td>program.</td>
</tr>
<tr>
<td></td>
<td>Will</td>
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<td></td>
<td>go into</td>
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<td></td>
<td>and</td>
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<tr>
<td></td>
<td>stay in</td>
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<td></td>
<td>an</td>
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DOES CLIENT HAVE AN ALCOHOL PROBLEM SUCH AS TO HAVE AN EFFECT ON CURRENT

PERFORMANCE: NO YES

COMMENTS:

PERSONALITY (On each line are two adjectives which describe opposite characteristics. Circle the number from 1 to 5 which best indicates how client behaves):

<table>
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<th></th>
<th>Outgoing</th>
<th>Consistent</th>
<th>Decisive</th>
<th>Pleasant</th>
<th>Confident</th>
<th>Alert</th>
<th>Sincere</th>
<th>Realistic</th>
<th>Dependable</th>
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<td>Withdrawn</td>
<td>Inconsistent</td>
<td>Hesitant</td>
<td>Disagreeable</td>
<td>Insecure</td>
<td>Lethargic</td>
<td>Evasive</td>
<td>Unrealistic</td>
<td>Insecure</td>
<td>Dependent</td>
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</tbody>
</table>

EMOTIONAL

COMMENTS: