Published in final edited form as:

Exceptionality. 2017 ; 25(1): 40–53. doi:10.1080/09362835.2015.1064420.

Correlates of Sustained Volunteering: Advocacy for Students with Disabilities

Samantha E. Goldman^{1,2}, Meghan M. Burke³, Carolyn Q. Mason¹, and Robert M. Hodapp^{1,2}

¹Vanderbilt University, Department of Special Education

²Vanderbilt Kennedy Center

³University of Illinois at Urbana-Champaign, Department of Special Education

Abstract

Parents of students with disabilities often receive support from special education advocates, who may be trained through a variety of programs. Using a web-based survey, this study examined the post-graduation advocacy activities of 83 graduates of one such volunteer advocacy training program. In the 1–4 years after program graduation, 63.8% (53 of 83) of the graduates advocated for one or more families; these sustained advocates reported stable rates of advocacy over time, and advocates performed activities that were either *family-focused* or *school-focused*. For graduates who advocated post-training, amounts of advocacy were positively related to satisfaction with advocating and with higher levels of involvement with other advocates and with the broader disability community. Compared to those not advocating after graduating, sustained advocates reported greater advocacy-role identities, increased involvement in disability groups, and higher likelihood to advocate in the upcoming year. Future research and practice implications are discussed.

Keywords

special education; advocacy; volunteer; role identity

Although the Individuals with Disabilities Education Act (IDEA) established important educational rights for children with disabilities, this legislation also added a complex legal aspect to special education. To understand the law and navigate the system, families often require someone with additional expertise in special education law. Yet most families cannot afford to bring lawyers to meetings with schools, and in many states such lawyers are not available or affordable (Mueller, 2009).

To overcome these barriers, the field of special education advocacy has emerged (Nachsen, Anderson, & Jamieson, 2001). According to regulations implementing IDEA (2004), a parent engaged in a dispute with a school can “[b]e accompanied and advised by counsel and by individuals with special knowledge or training with respect to the problems of

children with disabilities” (IDEA, 2006; 34 CFR 300.512 [a][1]). Thus, in most states, non-attorneys, albeit with special knowledge or training, can support families in school disputes. While the IDEA permits a non-attorney advocate with special knowledge to accompany and advise families during formal dispute processes, the IDEA regulations also indicate that whether a parent may be represented by a non-attorney in these processes is a matter of state law (34 CFR 300.512 [a][1]).

In this way, the regulations to IDEA provide a distinction between non-attorney advocacy and legal representation. While non-attorneys do not have licenses to practice law, they should have training in special education law and advocacy. Currently, there is no professional license or certification for special education advocates, even though non-attorney advocates may charge for their services (Council of Parent Attorneys and Advocates, 2012a). Non-attorney advocates can engage in a number of activities that do not constitute the practice of law, including: assisting with record collection, organization, and review; developing position statements and letter writing; providing parents with copies of the law; and making suggestions about a child’s educational program. The advocate can also attend meetings as an individual with specialized knowledge of the child (IDEA, 2004, 20 U.S.C. 1414 [d][1][B]), and may be a more economical and less adversarial alternative to legal representation.

To serve this need for special education advocates, several models of training have recently emerged. Although training models share the common goal of teaching advocates necessary skills, models vary widely in duration, content, and training activities (Burke, 2013). For example, one such training, the Special Education Advocacy Training (SEAT; Wheeler & Marshall, 2008) merged practices from three different professional communities (special education attorneys, consumer advocates, and paralegals) to develop competencies and a code of ethics for non-attorney advocates. Supported by the Office of Special Education Programs (OSEP), this 230-hour training was primarily used by experienced advocates to gain legitimacy as professionals (Burke, 2013).

Another such training, the Volunteer Advocacy Project (VAP), consists of 40-hours of instruction about providing instrumental and affective support concerning the child’s education to families of students with disabilities. Although less targeted toward professional special education advocates, the VAP training primarily focuses on special education law (IDEA). Training topics include: evaluation and eligibility; the components of an Individualized Education Program (IEP); free and appropriate public education (FAPE); least restrictive environment (LRE); discipline and functional behavior assessment; assistive technology; and extended school year services. In addition to these topics, sessions on non-adversarial advocacy and dispute resolution are presented by local experts from the state Protection & Advocacy agency (P&A) and The Arc. The VAP training has been shown to be effective in increasing participants’ special education law knowledge and comfort with non-adversarial advocacy activities such as effectively participating in IEP meetings (Burke, Goldman, Hart, & Hodapp, in press).

Although, upon completion, trainees are prepared to advocate for families, it remains unclear how program graduates use these skills over time. As part of the VAP, program

graduates are asked to volunteer (for free) as an advocate for at least four families. But the exact nature of such educational advocacy remains unclear due to differing meanings of the term itself. According the Council of Parent Attorneys and Advocates (COPAA), which focuses on special education advocacy, an advocate is defined as, "...someone who speaks, writes in favor of, supports, advises or urges by argument in support of another person," (COPAA, 2012b). In the parent advocacy literature, however, the term "advocate" has been described differently in a variety of contexts (Wright & Taylor, 2014), approaches (Trainor, 2010), and activities (Balcazar, Keys, Bertram, & Rizzo, 1996). To fulfill the post-graduation requirement of the VAP training, graduates may engage in a broadly defined range of advocacy activities related to the special education needs of the child, with the goal of working towards provision of FAPE for students with disabilities (COPAA, 2008). However, it remains unknown how these advocacy activities group together; if graduates of advocacy training programs engage in the full range of these advocacy activities that support the education of students with disabilities and the wider disability community; and if such activities change over time.

Further, although research examining volunteering more generally indicates that volunteer activity often continues over a relatively long period (Penner, 2002), the field has only begun to identify the correlates of long-term volunteer advocacy. For example, Balcazar et al. (1996) found that future advocacy was predicted by prior experience and involvement with advocacy organizations, but sustained volunteering may also be predicted by three other variables: (a) motivation/function (Katz, 1960), (b) satisfaction (Penner & Finkelstein, 1998), and (c) role identity (Piliavin, Grube, & Callero, 2002).

The first of these variables, motivation/function, concerns why people volunteer. According to Clary and Synder (1999), six personal and social motivations are served by volunteering: (a) Values, expressing or acting on important values; (b) Understanding, seeking to learn more; (c) Enhancement, growing and developing psychologically through volunteer activities; (d) Career, gaining career-related experience; (e) Social, strengthening social relationships; and (f) Protective, reducing negative feelings (e.g., guilt) or addressing personal problems. In most studies of volunteers in the wider (i.e., non-disability) literature, volunteers reported that the most important functions served by volunteering were Values, Understanding, and Enhancement (Clary & Snyder, 1999). Although these functions may also exist among volunteer advocates, we do not know whether advocates prioritize or even share the same motivations.

A second of these hypothesized correlates concerns satisfaction. Not surprisingly, those people who are more satisfied with volunteer activities show longer lengths of service and more continued volunteering (Finkelstein, Penner, & Brannick, 2005). Motivation and satisfaction may also work together to predict sustained volunteering. Thus, if one's motivation to volunteer aligns with the act of volunteering, the degree of satisfaction may be greater because the volunteer has met these motivations/functions. Therefore, volunteers who are satisfied because their motivations are met are more likely to continue volunteering in the long-term (Clary & Snyder, 1999).

A third predictor involves role identity as a volunteer, or the degree to which one “identifies with and internalizes the role of becoming a volunteer; that is, the extent to which this role and the relationships associated with it become part of a person’s self-concept” (Penner, 2002, p. 463). According to Penner (2002), if one maintains an initial level of volunteering, a volunteer role identity will develop, which may, in turn, relate to both the number of hours of volunteering and the degree to which one intends to remain a volunteer (Grube & Piliavin, 2000). Consistent with the wider volunteer literature, role identity has been proposed as one important dimension in the development of special education advocates (Balcazar et al., 1996). But particularly for volunteer advocates, role identity may be a broader construct which also encompasses involvement in a broader disability community that affords the opportunity for group membership and leadership.

This study, then, examines the post-training advocacy of program graduates of a volunteer special education advocacy training. To determine the correlates of sustained advocacy, we surveyed six cohorts of graduates from a three-year period to answer the following research questions: (1) What do sustained volunteer advocacy activities look like over time? (2) Do existing measures of volunteering apply to volunteer advocates? (3) Are greater amounts of advocacy correlated with role identity, motivation, and satisfaction? and (4) After completing the training, are there differences between program graduates who volunteer as advocates compared to those who do not volunteer?

Method

Participants

Respondents included 83 graduates of an advocacy training program from 2009–2012. Participants were primarily White, non-Hispanic females who had at least a college degree (see Table 1 for participant descriptives). Most respondents were family members or parents of individuals with disabilities (59.0%), and many were non-school service providers (27.7%), such as non-profit employees or healthcare providers. On average, program graduates reported being very to extremely satisfied with the training on a five point scale ($M = 4.26$, $SD = 0.78$).

Procedure

Training—All respondents attended 40 hours of training on special education law and advocacy skills in a Southeastern state. These sessions were provided either as twelve 3-hour weekly trainings or six 6-hour bi-weekly trainings (the extra time was spent on readings and out-of-workshop activities). Participants either attended the sessions in person or at distance sites from which they viewed the web-cast content. The training was offered once every academic term, with survey respondents recruited from six cohorts from fall 2009 through spring 2012. During this time period, the training was run by a single coordinator, with no major changes to content or mode of training delivery. At the conclusion of the training, graduates were asked to volunteer as an advocate for four families of students with disabilities. Graduates were either referred to families that contacted the VAP for advocacy help or connected with families independent of the training program.

Survey—In collaboration with past and current training program coordinators, an online survey was created to better understand the advocacy activities and support needs of program graduates. After feedback was obtained from the training advisory board and the survey was pilot tested by three individuals with knowledge of the training, we created an online version of the survey in Research Electronic Data Capture (REDCap; Harris et al., 2009). Once paper and online versions were approved by the University Institutional Review Board (IRB), REDCap was used to disseminate the survey and store responses in an online, secure database.

Participants were recruited from a list of all program graduates who completed the training between 2009 and 2012. As our interest was in volunteer advocates, we excluded any university students who completed the course for credit ($N=9$). We then attempted to contact via e-mail the remaining 169 graduates from six training cohorts. Six paper surveys were mailed to participants who did not have access to the internet or did not provide an e-mail address in their contact information. After multiple recruitment attempts, we were unable to reach 11 graduates for whom we did not have up-to-date contact information. We thus received responses from 83 of the 158 graduates (52.5%) who we could contact and invite to complete the survey. Response rates were approximately equal across sites and the number of respondents was also proportional to the size of each cohort over the 3-year period.

Measures

The survey consisted of four sections relating to: (1) demographic information, (2) questions about advocacy activities since completing the training, (3) motivation for volunteering and satisfaction, and (4) information about advocate role identity.

Demographic information—Respondents provided information about their gender, race/ethnicity, highest level of education, and present occupation. They also answered questions about their role including if they were: (a) parent or family member of an individual with a disability, (b) school personnel, and (c) non-school service provider. Respondents could select as many roles as applied.

Advocacy—Respondents were asked if they had advocated for any families since completing the training. If they answered yes, they were considered “post-training volunteer advocates” and were then asked how many families they had advocated for overall since completing the training program and in the last six months. To learn more about the advocacy activities in which they engaged with each family, respondents were then asked a series of follow-up questions about the frequency of specific advocacy activities (overall and in the last 6 months). As no validated scale exists of activities performed by special education advocates, these questions were based upon the training curriculum, along with input from special education advocates. Specifically, if a trainee had advocated post-graduation, we asked about the number of times they had advocated by: (a) Writing a letter to the school or helping a family write a letter to the school; (b) Communicating directly with the school on behalf of the family; (c) Meeting in person with a family to discuss the special education needs of the child; (d) Talking over the phone with a family to discuss the

special education needs of the child; (e) Completing a record review; (f) Helping coordinate or speaking at a special education training; (g) Helping coordinate or developing a forum or parent support group; and (h) Referring a family to another advocate, agency, or attorney.

Motivation and satisfaction—To measure the motivation of advocates, the Volunteer Functions Inventory (VFI; Clary et al., 1998) was modified to use language more specific to advocates. The VFI measures the six personal and social functions served by volunteering, which include Values, Understanding, Enhancement, Career, Social, and Protective (Cronbach's alphas for all scales between .80 and .89; Clary et al., 1998). This measure consists of 30 items (five items for each of six scales) rated from 1 (*not at all important/accurate*) to 7 (*extremely important/accurate*). In addition, on a scale from 1 (*not at all*) to 5 (*extremely*), respondents were asked to rate their satisfaction with the training and their satisfaction with volunteering as an advocate.

Role identity—A five-item measure of volunteer role identity (Cronbach's alpha = .81; Callero, 1985) was modified to apply to advocates. These items were rated on a 5-point Likert scale from 1 (*strongly disagree*) to 5 (*strongly agree*). Items included: (1) Advocacy is something I rarely think about (reverse coded), (2) I would feel at a loss if I had to give up advocacy, (3) I really don't have any clear feelings about volunteering as an advocate (reverse coded), (4) For me, being an advocate means more than just advocating for individuals with disabilities, and (5) Volunteering as an advocate is an important part of who I am.

Participant identity—In addition to the role identity scale, respondents were asked to rate their identity through a series of questions about their involvement in the advocacy community currently, in the future, and as it has changed since training. These items were developed based on input from special education advocates and the VAP advisory board about opportunities for involvement in the local and state advocacy communities. First, respondents were asked about their current involvement in different types of advocacy-related activities on a scale from 1 (*not at all involved*) to 5 (*extremely involved*) including: (a) Involvement in disability advocacy networks such as the Disability Coalition on Education (DCE); (b) Involvement with other disability organizations such as the autism or Down syndrome societies, Special Olympics, or The Arc; (c) Involvement in a disability advocacy social media group such as an advocacy Facebook page; and (d) Being in touch with other advocacy training program graduates. In addition, respondents were asked to rate the likelihood that, one year from now, they would be doing each of the following activities: (a) Advocating through the VAP, (b) Advocating through another organization, and (c) Informally working with families of individuals with disabilities. They also answered the question, "As a result of completing the training, how has your involvement in the disability field changed?" on a scale from 1 (*decreased a lot*), 3 (*no change*), to 5 (*increased a lot*).

Analyses

In order to compare "advocates" to "non-advocates," participants were categorized based on their response to the question, "Have you advocated for any families since completing the VAP training?" Those who answered *yes* will be referred to throughout the paper as

“advocates” or “volunteer advocates”; those who answered *no* (i.e., did not advocate post-graduation) will be referred to as “non-advocates.” Because respondents varied in their amounts of time since graduation, we calculated an *average 6-month advocacy rate* for advocates by dividing the overall number of families helped by the number of 6-month periods since graduation. This variable was also calculated for each of the eight individual advocacy activities (i.e. the overall since-graduation times each activity had been performed divided by the number of 6-month periods).

We also made several methodological decisions. As 6-month advocacy rates were not normally distributed, for all correlations involving advocacy rates we used non-parametric statistics (i.e., Spearman’s rho). To understand relations among the eight types of advocacy activities, we conducted a principal component analysis (PCA) with varimax rotation; for each factor of existing scales (e.g., VFI; Role Identity), we calculated Cronbach’s alphas, then each factor’s average item score which was used for analyses. When comparing those who had (vs. had not) advocated since completing the training, we performed t-tests (with Cohen’s *d* for effect sizes) and chi-squares. Finally, to control for multiple hypothesis testing, we used a Benjamini-Hochberg correction procedure (BH correction; Benjamini & Hochberg, 1995) for all analyses.

Results

Sustained Advocacy

Since completing the training, 63.9% ($n = 53$) of trainees reported having advocated for at least one family, with 36.1% ($n = 30$) not advocating for anyone. The median of the *average 6-month advocacy rate* for all program graduates was 0.50 families, with a range from 0 to 200 families.

Frequency—Upon further examination of the 53 participants who advocated for families after completing the training, 18.9% ($n = 10$) advocated for 1–2 families, 22.6% ($n = 12$) for 3–4 families, 18.9% ($n = 10$) for 5–7 families, and the remaining 39.6% ($n = 21$) for 10 or more families. For these 53 trainees who volunteered after completing the training, advocacy frequency was steady across time. These volunteer advocates reported helping a median of 5.5 families since completing the training, 2 families over the last six months, and an *average 6-month advocacy rate* of 1 family. All three measures were highly correlated (from $r_s = .819$ to $.946$, all p ’s $< .001$); across their time since graduation, volunteer advocates were consistent in the numbers of families that they helped.

Activities—Since completing the training, volunteer advocates reported engaging in a median of six different types of advocacy activities out of the eight listed in the survey, with a median of five types performed in the last six months; the total number of types of advocacy activities in the last six months and since graduation were also highly correlated ($r_s = .717$, $p < .001$). Similarly for each of the eight advocacy activities individually, the frequency over the last 6-months and the *average 6-month rate* were highly correlated (see Table 2). All volunteer advocates (100%) reported that, since completing the training, they had talked to a family over the phone to discuss the special education needs of the child, with almost all having met with a family in person to discuss the special education needs of

the child and completed a record review (96.2% and 88.0% of advocates, respectively). The least common advocacy activity was coordinating or developing a forum or parent support group, which was performed by 40.0% of all volunteer advocates since completing the training.

To understand relations among different types of advocacy activities, we then performed a principal component analysis using the *average 6-month rate* for each activity. The eight advocacy activities loaded onto two factors. The first factor, named *family-focused*, explained 72.09% of the variance with an eigenvalue of 5.77, and consisted of the following five behaviors: Referring a family; Coordinating or developing a forum or parent support group; Coordinating or speaking at a special education training; Talking over the phone with a family to discuss the special education needs of the child; Meeting in person with a family to discuss the special education needs of the child. The second factor, *school-focused*, explained an additional 20.14% of the variance (eigenvalue = 1.61) and consisted of the three remaining advocacy activities (Communicated directly with the school on behalf of the family; Wrote a letter to the school on behalf of the family or helped a family to do so; Completed a record review). Taken together, the two factors accounted for 92% of the variance.

Volunteer Scales

To determine whether items grouped similarly for volunteer advocates compared to volunteers on whom measures were originally analyzed, we calculated Cronbach's alphas for sub-scales of the VFI and for the Role Identity scale.

Volunteer Functions Inventory—For this sub-sample of volunteers ($n = 53$), alphas for the six volunteer functions ranged from .79 to .90, with volunteer advocates rating most highly the functions of Values, Understanding, and Social. As Table 3 shows, these rankings are consistent with those from the wider (i.e., non-disability) literature; both groups rated Values and Understanding as the most important functions. For our sample of advocates, 94.3% (50 of 53) identified two or more “important” motivations from the VFI (i.e., mean factor score > 4 on a 7-point scale; see Table 3). In the wider volunteering literature, two-thirds (67%) of volunteers reported two or more “important” motivations out of the six possible functions in the VFI (Clary & Snyder, 1999). In addition, for these volunteer advocates, all three of the highest rated functions (i.e., Values, Understanding, Social) were rated as some degree of “important.” Further, all volunteer advocates (100%) rated Values as an important motivation.

Role Identity scale—Volunteer advocates had a high Role Identity scale score, with an average of 4.25 out of 5, indicating agreement with role statements. The five items of the Role Identity scale had a Cronbach's alpha of .62. Fourteen respondents (27.5%) strongly agreed (i.e., scores of 5) with all five Role Identity items. Item 1 was rated most highly (reverse scored), with 86.8% ($n = 46$) strongly disagreeing with the statement, “Advocacy is something I rarely think about.” The lowest rated item, “I would feel at a loss if I had to give up advocacy,” had a mean score of 3.44, still signaling general agreement (i.e., mean rating > 3 on a 1–5 scale).

Correlates of Sustained Advocacy

Although the amount of post-graduate advocacy was not correlated with the Role Identity scale, VFI, or satisfaction, the *average 6-month advocacy rate* for volunteer advocates did correlate with several aspects of involvement. Greater amounts of advocacy were positively correlated with the extent to which the individual was involved with other disability organizations ($r_s = .435, p = .001$) and in touch with other program graduates ($r_s = .319, p = .02$). The *average 6-month advocacy rate* was also significantly correlated with the likelihood of advocating through another organization ($r_s = .485, p < .001$) and informally working with families of individuals with disabilities in a year ($r_s = .355, p = .01$). In addition, the *average 6-month advocacy rate* was related to the degree to which advocates' involvement in the disability field changed as a result of completing the training ($r_s = .317, p = .026$).

Comparison Between Advocates and Non-Advocates

Although univariate analyses showed proportionally more parents advocating and fewer school personnel advocating, graduates who did (versus did not) advocate after completing the training did not differ significantly on any demographic or training characteristics (after BH Correction; see Table 1), or on the six volunteer functions scales. Those who volunteered post-training were more satisfied with volunteering as an advocate, $t(70) = -3.71, p < .001, d = 0.89$, with a mean score of 4.33 ($SD = 0.79$) compared to 3.45 ($SD = 1.15$) on a scale from 1 to 5.

Role identity—Program graduates who advocated post-training had significantly higher volunteer Role Identity scores, $t(78) = -3.44, p = .001, d = 0.79$. These differences were also mirrored in individual items including, “I really don’t have any clear feelings about volunteering as an advocate,” (reverse coded), “For me, being an advocate means more than just advocating for individuals with disabilities,” and “Volunteering as an advocate is an important part of who I am.” Comparing the number of advocates and non-advocates who rated their role identity as highly as possible (i.e., score of 5 on all individual items), over a quarter (27.5%) of volunteer advocates reported this highest level of role identity, compared to only 3.4% of those who did not advocate post-training, $\chi^2(df = 1, n = 80) = 6.99, p = .008$.

Significant differences were again noted for those items that more indirectly reflected increasing identities as a volunteer advocate through involvement. Since completing the training, post-training volunteer advocates (vs. non-advocates) reported greater change in their involvement in the disability field, $t(78) = -2.76, p = .007, d = 0.64$, and, one year in the future, they were more likely to predict their own sustained long-term advocacy both through the training organization (VAP) and through other organizations (see Table 4). Volunteer advocates also reported being more involved in disability advocacy social media groups, such as advocacy Facebook groups, $t(78) = -3.25, p = .002, d = 0.71$. As shown by the large effect sizes, the advocate role identities of graduates who volunteered post-training were substantially larger than those of program graduates who did not volunteer as advocates.

Discussion

This study examined the post-training advocacy activities of volunteers to understand the correlates of sustained advocacy. It is important to train volunteer advocates who possess special education knowledge and advocacy skills, and who use these skills to support families of students with disabilities over time. This study has four main findings.

First, this volunteer advocacy program seemed effective in producing advocates who demonstrate sustained volunteering in a variety of ways over time. Almost two-thirds of program graduates went on to volunteer as advocates, and (for those who did) numbers of families helped in the last 6 months, in the time since the training, and on average for 6-month periods were all highly correlated. Thus, advocates continued advocating at similar rates over time. The types of broadly-defined advocacy activities were also stable, with a median of six (of eight) types of activities completed since graduation, and types of advocacy activities grouping into those that were *family-focused* and those that were *school-focused*. Such maintenance of the nature and frequency of advocacy activities over time is a key methodological issue and a challenge for many interventions (National Research Council, 2001). In addition, with almost two-thirds of program graduates continuing to maintain near-constant advocacy rates over time, the cumulative number of families helped continues to grow. Although one might strive for higher percentages of graduates advocating post training, such maintenance argues for the continued offering of special education advocacy training programs such as the VAP (Burke, 2013).

Second, the established measures of volunteer motivation and role identity seemed valid for this population of volunteer advocates. High Cronbach's alphas were found for each of the five factors of the VFI and the motivations rated highest by volunteer advocates, Values and Understanding, were identical to the most important functions rated by (non-disability) volunteers more generally (Clary & Snyder, 1999). Similarly, for this sample, the five Role Identity scale items converged on a single factor, with advocates reporting high role identity. Overall, then, volunteer advocates, although focused on the highly specialized area of special education, were similar to volunteers in general for several major volunteering constructs (Penner, 2002).

Third, we identified important correlates of sustained advocacy. The *average 6-month advocacy rate* significantly correlated with several participant role identity involvement questions, indicating that role identity may be a more complex construct for volunteer advocates than for volunteers more generally. Specifically, those who advocated at higher rates were more involved with disability organizations and with other program graduates. Participants also predicted that, in one year's time, they were more likely to be advocating informally or through another organization. Those who advocated more also indicated that their involvement in the disability field increased more as a result of completing the advocacy training.

Finally, post-graduate volunteer advocates rated their role identity significantly higher than did those who did not advocate. In addition to mean differences between groups, we also noted differences in percentages of extreme scores. Thus, although 3.4% of those who did

not advocate rated their role identity as highly as possible (i.e., a “5” on all role identity questions), over a quarter (27.5%) of post-graduate volunteer advocates considered themselves at this highest possible level of role identity. Greater amounts of advocacy were also positively related to involvement in the wider advocacy and disability community.

Taken together, these findings highlight the importance of role identity and the potential for advocacy training programs to either change or intensify such identity. Indeed, role identity has recently received attention throughout a variety of fields. Within disability-family studies, for example, parents of children with disabilities often report positive changes in their lives; their new roles as parents of children with disabilities may serve to redirect their life choices and identities, even including acquiring a new vocation as a result of their parenting experiences (Scorgie & Sobsey, 2000). Such changes are similarly noted for identity formation in professional training (Mor Barak & Brekke, 2014). In both cases, a discrete experience—becoming a parent of a child with disabilities or undergoing training in a particular field—leads to clear changes in one’s behaviors and values.

In other ways as well, volunteer advocates experienced change. Thus, in the professional socialization of graduate students, discussion has focused on both identity formation and on intellectual communities (Mor Barak & Brekke, 2014). Among program graduates as well, successful advocates were, like parents of children with disabilities (Scorgie & Sobsey, 2000), both adopting the “acquired role” of an advocate and discovering a community of like-minded advocates. They were more involved in the disability field, more likely to advocate in one year’s time (either with this or another organization), and more likely to participate with other advocates in disability social media groups. In this sense, then, becoming a long-term, committed advocate involves both personal and interpersonal transformations—it encompasses changes or intensifications in who one is and with whom one associates.

Implications for Practice

This study has several implications for practice. When training volunteers who will use their skills in the community to help other families navigate the special education process, programs should consider trainees’ motivations, satisfaction, and role identity. As indicated by our findings, graduates who were more satisfied and had a stronger identity as an advocate were more likely to advocate post-training. To foster such post-training advocacy, the role identity of advocates-in-training should be explicitly developed during training. Specifically, advocacy training programs might develop group membership by referring to trainees based on their cohort (e.g. Spring 2014 VAP trainees), which helps volunteers to internalize the volunteer role as part of a personal identity (Stryker, 1980). A training program might also have trainees sign a list with the names of past graduates at graduation, or provide an advocacy related memento that is only given to program graduates at training completion. A training model should work directly to foster the development of this advocate role identity, which is considered one of the best predictors of sustained volunteering (Penner & Finkelstein, 1998).

For those graduates who did advocate after graduation, greater amounts of sustained advocacy also correlated with more involvement in the wider disability community. This

context for role identity demonstrates the importance of a social structure to attach meaning and expectations to identity (Stryker & Burke, 2000). To build on this part of role identity, training programs might, in the days and weeks after graduation, more explicitly involve trainees in the larger disability network. Training programs might collaborate with existing family support agencies such as Parent Training and Information Centers, Protection and Advocacy agencies, and University Centers for Excellence in Developmental Disabilities. Trainers might also help to engage program graduates in disability social media, support groups, and social networks. By forging relationships with other disability agencies and intentionally involving trainees in the larger disability network, participants may feel more connected to the wider disability community, thereby increasing their post-graduation advocacy activities.

Additionally, considering the distinction between *family-* and *school-focused* advocacy activities, the trainers who direct such programs might foster in their trainees particular areas of advocacy specialization. For example, certain advocates might specialize in *family-focused* advocacy activities, learning more how to work with families on their child's special education needs and mentor families as they gradually become their own self-advocates in the special education system. Trainees might also specialize in more traditionally defined school-based special-education advocacy, more intensively learning to communicate with the school and attend IEP meetings on behalf of families. Although our program graduates engaged in both types of advocacy activities, by developing clearer, more intensively trained areas of expertise, volunteer advocates might have even greater impact on both parents and schools.

Future Research and Limitations

Beyond replicating these findings with other programs and types of participants, future studies might examine whether volunteer motivations also exist for other advocacy trainings which do not emphasize volunteerism. For example, the SEAT program (Wheeler & Marshall, 2008) does not require a volunteer component; it would be interesting to see which motivations affect the post-training advocacy rates of SEAT participants. Additional research is also needed to better understand the motivations of volunteer advocates, especially given that many volunteer advocates are themselves parents or family members of an individual with disabilities. Are volunteer advocates predominantly motivated to help their own child or to support other families, and does this “self vs. other” balance change with program participation and identity development? Also, for participants who are parents of students with disabilities, how do their experiences in special education affect their motivations as advocates or their area of specialization?

In addition, although the items of the Role Identity scale were consistent and “hung together” in identical ways as in the general (i.e., non-disability) volunteer literature, the role identity construct may be more complex and varied among volunteer advocates. Findings from this study were also correlational, and directionality of findings cannot be inferred. It is unknown whether advocate role identity developed over time as program graduates engaged in formal and informal advocacy activities, or if certain trainees had previously identified themselves as advocates and felt strongly about this role identity when they began the

training. Although we measured changes over time in advocacy activities, we did not measure advocacy role identity prior to training or at program graduation.

Longitudinal research can also be used to better understand differences in the characteristics of those program graduates who go on to advocate for many families (i.e., more than 10), compared to those who only advocate for the four families as part of the program requirement. If we are able to identify such characteristics of more active advocates, we will better understand how advocacy training programs can recruit certain participants who are likely to be most active in special education advocacy. Through such research we can also learn how to tailor training materials to participants along this continuum of sustained advocacy.

Beyond sustained advocacy, future research is also needed to examine the outcomes of the actual volunteer advocacy process for program graduates and families. For those families with whom the trainees engaged in formal, school-focused special education advocacy, what were the outcomes? Were the families satisfied with affective and informational support? What were the procedural outcomes? Many unanswered questions exist regarding potential positive and negative results of using special education advocates to fill the role of attorneys at different points in the dispute-resolution process (e.g., potential issues involving the unauthorized practice of law). The risks and benefits for the advocates themselves, as well as for the child, family, and school district must all be considered.

Additional limitations relate to the specifics of this study itself. Our study had a relatively small sample size and moderate response rate (83 out of 158 respondents). It is possible that respondents represent a particular subset of graduates from our training. However, respondents were proportionally distributed across cohorts and similar response rates were demonstrated across sites. In addition, given that only 64% of respondents reported having advocated for any families, which is a requirement of the training, it seems unlikely that this sample represents a selection bias. Further, efforts were made to disseminate surveys to all graduates, including those who lived in more rural areas and did not have access to the internet. Regardless, caution must be exercised in interpreting these results, which may reflect only a particular subset of volunteer advocates. In addition, VAP graduates were primarily female, White, and highly educated, and results cannot be generalized to a more culturally and economically diverse sample.

Despite these limitations, this study is one of few to examine the activities of volunteer advocates over time. Given that the need for such formal and informal supports seems unlikely to diminish, we as a field need to develop a better understanding of special education advocacy and how trained advocates perform over time. Families face many challenges in interacting with schools and understanding complicated special education law. At a time when special education policy and practice are only growing more complex, programs need to successfully train advocates in special education law. We need to know more about—and to provide support for—those individuals who, once trained, engage in sustained volunteer advocacy for families of students with disabilities.

Acknowledgments

The authors thank Melanie Hart, Lynise Parisien, and the VAP Advisory Council for their help in developing and disseminating this survey. Elise McMillan and Elisabeth Dykens have been particularly supportive of the VAP and this study, and we would also like to thank the VAP participants who, in addition to completing this survey, have also committed countless hours to helping families of students with disabilities.

Funding Acknowledgements: Support for this research was provided by the National Institute on Disability and Rehabilitation Research (H133P1100004), the Eunice Kennedy Shriver National Institute of Child Health and Human Development (P30 HD15052), and a grant from the Vanderbilt Kennedy Center's Nicholas Hobbs Society.

References

- Balcazar FE, Keys CB, Bertram JF, Rizzo T. Advocate development in the field of developmental disabilities: A data based conceptual model. *Mental Retardation*. 1996; 34:341–351. [PubMed: 8990818]
- Benjamini Y, Hochberg Y. Controlling the false discovery rates: A practical and powerful approach to multiple testing. *Journal of the Royal Statistical Society*. 1995; 57:289–300.
- Burke MM. Improving parental involvement: Training special education advocates. *Journal of Disability Policy Studies*. 2013; 23:225–234.
- Burke MM, Goldman SE, Hart MS, Hodapp RM. Evaluating the efficacy of a special education advocacy training program. *Journal of Policy and Practice in Intellectual Disabilities*. in press.
- Callero PL. Role identity salience. *Social Psychology Quarterly*. 1985; 48:203–214.
- Clary EG, Snyder MS, Ridge RD, Copeland J, Stukas AA, Haugen J, Miene P. Understanding and assessing the motivations of volunteers: A functional approach. *Journal of Personality and Social Psychology*. 1998; 74(6):1516–1530. [PubMed: 9654757]
- Clary EG, Snyder MS. The motivation to volunteer: Theoretical and practical considerations. *Current Directions in Psychological Science*. 1999; 8:156–159.
- Council of Parent Attorneys and Advocates. Voluntary code of ethics for special education advocates. 2008. Retrieved from http://c.ymcdn.com/sites/www.copaa.org/resource/resmgr/docs/voluntary_code_of_ethics.pdf
- Council of Parent Attorneys and Advocates. Guidelines for choosing an advocate. 2012a. Retrieved from <http://www.copaa.org/?page=GuidelinesAdv&hhSearchTerms=%22professional+and+advocate%22>
- Council of Parent Attorneys and Advocates. What is an advocate?. 2012b. Retrieved from <http://www.copaa.org/?Advocates>
- Finkelstein MA, Penner LA, Brannick MT. Motive, role identity, and prosocial personality as predictors of volunteer activity. *Social Behavior and Personality*. 2005; 33(4):403–418.
- Grube J, Piliavin JA. Role identity, organizational experiences, and volunteer experiences. *Personality and Social Psychology Bulletin*. 2000; 26:1108–1120.
- Harris PA, Taylor R, Thielke R, Payne J, Gonzalez N, Conde JG. Research electronic data capture (REDCap)- A metadata-driven methodology and workflow process for providing translational research informatics supports. *Journal of Biomedical Informatics*. 2009; 42(2):377–381. [PubMed: 18929686]
- Individuals with Disabilities Education Improvement Act of 2004, 20 U.S.C. §1400 *et seq.* (2004).
- Individuals with Disabilities Education Improvement Act, 34 C.F.R. § 300 (2006).
- Katz D. The functional approach to the study of attitudes. *Public Opinion Quarterly*. 1960; 24:163–204.
- Mor Barak ME, Brekke JS. Social science work and identity formation for doctoral scholars within intellectual communities. *Research in Social Work Practice*. 2014; 24:616–624.
- Mueller TG. Alternative dispute resolution: A new agenda for special education policy. *Journal of Disability Policy Studies*. 2009; 20:4–13.
- Nachsen J, Anderson L, Jamieson J. The parent advocacy scale: Measuring advocacy in parents of children with special needs. *Journal on Developmental Disabilities*. 2001; 8(1):93–105.

- National Research Council. Educating children with autism. Washington, DC: National Academy Press; 2001.
- Penner LA. Dispositional and organizational influences on sustained volunteerism: An interactionist perspective. *Journal for Social Issues*. 2002; 58:447–467.
- Penner LA, Finkelstein MA. Dispositional and structural determinants of volunteerism. *Journal of Personality and Social Psychology*. 1998; 74:525–537.
- Piliavin JA, Grube JA, Callero PL. Role as resource for action in public service. *Journal of Social Issues*. 2002; 58:469–485.
- Scorgie K, Sobsey D. Transformational outcomes associated with parenting children who have disabilities. *Mental Retardation*. 2000; 38:195–206. [PubMed: 10900927]
- Stryker, S. Symbolic interactionism. Menlo Park, CA: Benjamin Cummings; 1980.
- Stryker S, Burke PJ. The past, present, and future of an identity theory. *Social Psychology Quarterly*. 2000; 63:284–297.
- Trainor AA. Diverse approaches to parent advocacy during special education home-school interactions. *Remedial and Special Education*. 2010; 31:34–47.
- Wheeler, B., Marshall, D. Special education advocacy training (SEAT). Paper presented at the Council of Parent Attorneys and Advocates Conference; Anaheim, CA. 2008 Mar.
- Wright AC, Taylor S. Advocacy by parents of young children with special needs: Activities, processes, and perceived effectiveness. *Journal of Social Service Research*. 2014; 40:591–605.

Table 1

Participant Descriptives

	% (N)		χ^2
	Advocates	Non-advocates	
Gender			
Male	9.4% (5)	10.0% (3)	
Female	90.6% (48)	90.0% (27)	
Race/ethnicity			
White, non-Hispanic	75.5% (40)	80.0% (24)	.22
Minority	24.5% (13)	20.0% (6)	
African-American	15.1% (8)	16.7% (5)	
Hispanic	3.8% (2)	0.0% (0)	
Asian-American	0.0% (0)	3.3% (1)	
Other	5.6% (3)	0.0% (0)	
Highest Level of Education			
Some college or less	24.5% (13)	23.3% (7)	.02
College degree or more	75.5% (40)	76.7% (23)	
College degree	30.2% (16)	13.3% (4)	
Graduate degree	45.3% (24)	63.3% (19)	
Role *			
Parent or family member of an individual with a disability	67.9% (36)	43.3% (13)	4.79
Non-school service provider	32.1% (17)	20.0% (6)	1.39
School personnel	11.3% (6)	30.0% (9)	4.51
Site			
In person trainee (primary site)	50.0% (26)	40.0% (12)	.77
Distance trainee (not primary site)	50.0% (26)	60.0% (18)	
Cohort			
Fall 2009– Spring 2010	32.7% (17)	23.3% (7)	1.32
Fall 2010– Spring 2011	34.6% (18)	46.7% (14)	
Fall 2011– Spring 2012	32.7% (17)	30.0% (9)	

Note.

*
= as many role options as applied could be selected by one respondent.

Table 2

Advocacy Activities Correlations and Principal Component Analysis (N = 53)

Advocacy Activity	% completed activity since training	Average 6-month rate median	Last 6-month frequency median	Spearman's rho	Factor analysis loadings	
					Family-focused	School-focused
Referred a family	86.0%	1.00	2.00	.996**	.983	.132
Coordinated a forum/support group	40.0%	0.00	0.00	.794**	.964	.167
Coordinated or spoke at a training	52.2%	0.18	0.00	.672**	.961	.186
Talked with a family over the phone	100%	1.67	3.00	.982**	.959	.249
Met with a family in person	96.2%	1.00	2.00	.976**	.810	.552
Completed a record review	88.0%	0.75	1.00	.974**	.493	.723
Wrote a letter to the school	73.1%	0.50	0.00	.646**	.351	.895
Communicated directly with school	69.2%	0.43	0.00	.981**	< .10	.917

Note. Factor loadings > .60 in boldface. Absolute values < .10 suppressed in principal component analysis.

** = $p < .001$.

Table 3

Volunteer Scale Descriptives and Cronbach's Alphas for Volunteer Advocates

	Cronbach's Alpha	Mean	SD	% rated important (>4)	Rank of importance	Clary & Snyder (1999) rank
Volunteer Function Inventory						
Values	.88	6.35	0.70	100%	1	1
Understanding	.88	5.52	1.17	88.7%	2	2
Social	.79	4.50	1.39	66.7%	3	5
Enhancement	.86	3.76	1.45	40.4%	4	3
Career	.90	3.38	1.73	35.8%	5	4
Protective	.83	2.85	1.44	17.3%	6	6
Role Identity Scale	.62	4.25	0.66			

Table 4

Results of t-tests Comparing Role of Advocates and Non-advocates

Variable	M (SD)		t	p	d
	Advocates	Non-Advocates			
Volunteer Role Identity	4.25 (0.66)	3.71 (0.71)	-3.44	.001 *	.79
I really don't have any clear feelings about volunteering as an advocate (R)	4.48 (0.87)	3.93 (0.78)	-2.83	.006 *	.67
For me, being an advocate means more than just advocating for individuals with disabilities.	4.47 (0.89)	3.70 (1.24)	-3.01	.004 *	.71
Volunteering as an advocate is an important part of who I am	4.12 (1.02)	3.55 (1.06)	-2.35	.021 *	.55
Advocacy is something I rarely think about (R)	4.75 (0.76)	4.30 (1.06)	-2.08	.043	.49
I would feel at a loss if I had to give up advocacy	3.44 (1.51)	3.03 (1.09)	-1.40	.165	.31
Extent to which involved in:					
Disability advocacy social media group	2.53 (1.31)	1.73 (0.91)	-3.25	.002 *	.71
Disability advocacy network	2.13 (1.33)	1.60 (0.97)	-2.09	.04	.46
Other disability organization	2.77 (1.19)	2.53 (1.31)	-0.85	.40	.19
In touch with other graduates	2.42 (1.12)	2.03 (0.89)	-1.61	.11	.39
Likelihood of doing the following in one year:					
Advocating through the VAP	3.29 (1.27)	2.59 (1.12)	-2.50	.015 *	.58
Advocating through another organization	3.86 (1.15)	2.86 (1.33)	-3.54	.001 *	.80
Informally working with families of individuals with disabilities	4.39 (0.98)	4.14 (1.19)	-1.03	.31	.23
Degree of change in involvement in the disability field as a result of training	4.24 (0.91)	3.66 (0.90)	-2.76	.007 *	.64

* =significant after BH Correction at $p < .05$.(R) = reverse coded. d = Cohen's d effect size.