The Life Cycle of Family Advocacy Organizations

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INTRODUCTION

Over the past decade, persons with disabilities, their families, and caregivers have become a potent force for social change in this country. Consumer organizations that advocate for services to older Americans and for persons with physical disabilities were perhaps the first to emerge into the policy arena. More recently, the size and number of advocacy organizations governed by consumers of mental health services and their families has rapidly increased. The contributions of these organizations to shaping an improved mental health service system are just beginning to be recognized and appreciated (Briggs, Koroloff, & Carrock, 1994; Friesen & Koroloff, 1990; Hatfield, 1984). Little is known, however, regarding how advocacy organizations in the mental health field get started and develop over time, or what challenges are likely to threaten their continued survival. Current theoretical knowledge about the growth and development of non-profit organizations has not been applied to finding solutions to the problems that advocacy organizations face. This study focuses on a subset of advocacy organizations, organized and governed by family members who care for children with serious emotional disorders and referred to here as family advocacy organizations.

Social workers and other mental health professionals may be called on to develop new perspectives and skills in order to work effectively with family or consumer groups (Kurtz, 1990; Friesen & Huff, 1990). The growth of family advocacy organizations introduces diverse and previously unheard voices into the discussion of how services will be planned, evaluated, and delivered. These consumers provide a sense of urgency and accountability that cannot be achieved by persons within the mental health provider system. A better understanding of how family advocacy organizations develop and the common challenges they face will strengthen professionals' ability to establish collaborative relationships and provide supportive consultation to these groups (Briggs & Koroloff, 1995).

Family advocacy organizations are governed and staffed by family members, as opposed to being governed or staffed primarily by mental health professionals. As advocates for children with serious emotional disorders, families who govern these organizations have four major objectives: (1) mutual support and the sharing of information among members; (2) advocacy on behalf of individual families and children; (3) the modification and enhancement of the service delivery system; and (4) ensuring a family-centered policy agenda through family and professional collaboration. Often state-level family advocacy organizations have grown out of local support groups which have come together to address the need for reform in state policies. In addition to state-level organizations, there are two family advocacy organizations that are national in scope, The Federation of Families for Children's Mental Health and the National Alliance for the Mentally Ill, Child and Adolescent Network. In local communities there are many parent support groups that provide information, mutual support, and individual case advocacy to their members and focus less often on changing the service delivery system (Wagner, 1993).

The research described in this paper is based on case studies of 17 statewide family advocacy organizations that received federal funding between 1988 and 1993. The initial source of federal funding was the National Institute of Mental Health, followed by funding from the Center for Mental Health Services which came into existence as a result of reorganizations of federal activities in mental health research and services. It is the thesis of this study that family advocacy organizations go through predictable phases of growth and development and that it is possible to know what will challenge the organization's stability at each stage and during each transition. Understanding these stages of development will give professionals a useful conceptual framework from which to collaborate with family advocates and their organizations.

LITERATURE REVIEW

The following section does not purport to be an exhaustive review of the literature available on the life cycle of organizations. But, reviewed is the theory of organizational life cycle which is used as a conceptual framework for the study, followed by a review of relevant articles related to two main themes-organizational transitions and leadership and power. Taken as a whole this section is intended to provide a framework for the analysis presented in the second half of the article.

Organizational Life Cycle

The life cycle of organizations provides the overarching conceptual framework for the study. One analysis of multiple approaches to understanding the life cycle of organizations is presented by Cameron and Whetton (1983). They reviewed 18 models of the stages of group development as well as 10 models of organizational life cycles. Based on the comparison of similarities between group and organizational development, they suggest a composite framework that defines four stages of an organization's growth: the *entrepreneurial* stage, the *collectivity* stage, the *formalization and control* stage and the *elaboration of structure* stage. The *entrepreneurial* stage is characterized by much activity, marshaling of resources, and formation of a "niche." The initial leader has power and there is little planning or coordination. The *collectivity* stage is imbued with a sense of high commitment, strong mission, and collectiveness. Participants invest long hours, innovation is high, and communication and structure are informal. The *formalization and control* stage sees the development of formal rules and stable structure. The

organization becomes more conservative, there is an emphasis on efficiency and maintenance and less innovation. The *elaboration of structure* stage is often initiated by reorganization, with activities being decentralized. During this time the domain of the organization is reviewed for potential expansion, and there is a renewed awareness of the turbulent environment and the need to adapt.

Cameron and Whetton (1983) report that while there is much empirical support for conceptualizations of the stages of group development, there has been less research into the existence of stages in organizational development. In fact, much of the evidence that has been offered against the existence of organizational stages of development has been based on case studies of mature organizations. Cameron and Whetton further maintain that mature organizations may recycle through earlier stages when faced with a major crisis. This recycling, known to be common in groups, may appear to be an interruption in the sequential progression through developmental stages.

An early discussion of developmental stages in social service agencies is found in Patti (1983), who describes a model in which management activities are examined within the program development cycle. Hasenfeld and Schmid (1989) contribute to this discussion by arguing that the developmental analogy is particularly important in the human services because it takes into account organizational dependence on the environment for resources and for legitimacy. Expanding on the similarity between organizations and ecology, Hasenfeld and Schmid (1989) postulate a conceptual framework that has six stages. These include the four identified by Cameron and Whetton (1983), plus the stages of decline and death. Bailey and Grochau (1993) propose a framework with four stages of development in which the first three (entrepreneurship, team-building, and bureaucracy) mirror the stages identified by Cameron and Whetton (1983). In their fourth stage an organization can move in one of three directions: stagnation, death, or renewal. Both Hasenfeld and Schmid (1989) and Bailey and Grochau (1993) argue that organizational death is most likely to occur at a certain point in the organizational life cycle, after a period of routinization or bureaucracy. Finally, authors such as Bargal (1992) have added detail to the discussion of organizational life cycles in human services by observing and describing the stages of development in real life organizations.

Transition from Stage to Stage

An important value of the life cycle analogy lies in its ability to normalize the problems that arise within an organization as it moves from stage to stage. Quinn and Cameron (1983) contend that the problems that arise from one life cycle stage are solved by moving into the next stage of development. For example, difficulties with coordination and communication that often emerge during the collectivity stage are solved by developing routine procedures and policies, thus moving toward the stage of formalization and control.

Tushman and Romanelli (1985) maintain that organizations fluctuate between periods of stability (convergence) and periods of change (reorientation). Based on this argument, Hasenfeld and Schmid (1989) theorize that the organization is most vulnerable during two transition periods. The first happens as the organization moves from the entrepreneurial stage into collectivity; the second vulnerable period is the transition between elaboration of structure and decline. During both of these periods, the high level of reorientation within the organization make it less able to handle turbulence and uncertainty in the environment. Griener (1972) notes that both an organization's stage of development (age) and its size can contribute to periods of upheaval or revolution, followed by periods of moderate calm. He discusses five stages of growth, each of which ends with a crisis or revolution. The organization will move into the next

evolutionary stage only if the crisis is met with an appropriate managerial response. He notes that, "each phase is both an effect of the previous phase, and a cause for the next phase." For example, the crisis of leadership at the end of the first phase, creativity, can be met by changing to a more directive managerial style. The crisis of autonomy, which is a response to growth through direction, is best met by a leadership style that involves delegation. Griener cautions that managers cannot return to a style of management appropriate to an earlier phase as a solution to a current crisis.

Leadership and Power

Another aspect of the organization that appears to change over its life cycle is the dominant basis of power. Mintzberg (1984) presents a comprehensive taxonomy of power that attempts to integrate external and internal power sources. He suggests that all organizations start as an autocracy with power invested in a single charismatic leader. As the organization develops and moves into the development (collectivity) stage, the autocracy transitions into functioning as either an instrument (serving a dominant external power source such as another organization) or to a missionary (the organization is dominated by a strong internal ideology, the organization's mission). Mintzberg posits that most organizations tend ultimately toward a closed system of power in the maturation (formalization and control) stage. He notes that, "as organizations develop, their procedures tend to become routinized as formal standards, their administrators tend to augment their own power, and the full-time insiders in general come to think of the organization increasingly as a vehicle to serve themselves rather than serving some outsider or some noble mission" (p. 216). Also important is his assertion that the transition between autocracy and most other forms of power involves a brief period of conflict and confrontation, and often results in shaky alliances which are formed to carry the organization forward. This transition, then, is a vulnerable time when poor or incomplete resolution of power issues can lead to the organization's decline and death. Although it is possible for an organization to remain an autocracy for many years, it is a risky form of power. Organizations where power is centered in one person usually stay small since personalized control is difficult to exercise across a large staff. The death or retirement of the leader can literally wipe out the organization's management structure. If the leader loses touch with the mission of the organization or its constituency, there may be no one else to step in. Mintzberg suggests that some organizations die as an autocracy; that may be a natural transition, given the inherent problems of this power base.

A slightly different discussion of leadership and power in organizations, particularly appropriate to family advocacy groups, is found in Mathiasen's (1990) ideas about the life cycle of the governing boards of non-profit organizations. A related framework is found in Bailey and Grochau (1993). Mathiasen's framework suggests that non-profit boards go through three distinct stages: the organizing board, the governing board, and the institutional board. The organizing board is comprised of those individuals who initiate the organizing effort and guide the organization through its first weeks and months of life. Mathiasen argues that organizing boards usually take one of two forms—a following board for which the members are selected by a strong founder who wants to start an organization or a leading board for which the members are a group of volunteers who come together around a project and then decide to become a formal board. According to Mathiasen, organizing boards (both following and leading) tend to be small, homogeneous, informal, and very committed to the purpose of the organization. Although partially in opposition to Mintzberg's assertion that the initiating form of power is an autocracy, we have identified both following and leading boards in the children's mental health family advocacy organizations in this

study.

Mathiasen goes on to argue that after the organizing phase, a board typically transitions into a volunteer governing board. This transition is sparked by a crisis or strain caused by organizational growth. In this phase, board members take on responsibility for the governance of the organization and for its financial well-being and growth. The board chair and executive director take on more responsibility for the work of the organization and power is shared between board and staff leadership.

The final stage, the institutional board, represents the mature form of the governing board. Boards at this stage tend to be larger, more diverse, and include more people with the capacity to give of their time and talent and to attract funders and donors. At this stage, the power to run the organization lies almost solely with the executive director and fund raising is the principal activity of the board. Mathiasen contends that advocacy and social change organizations may never reach the third stage because the nature of advocacy issues may not attract persons with money who are willing to support the organization's cause, or because the values of the advocacy organization may conflict with the values of potential donors.

Mathiasen's comments about transitions from stage to stage are consistent with those of Hasenfeld and Schmid (1989) and Bailey and Grochau (1993). He contends that the most difficult board transition will be from organizing board to governing board because this transition requires a drastic shift in the kinds of tasks and responsibilities board members assume. The members of leading boards have difficulty attending to the multiple tasks that accompany governance of a rapidly growing organization while at the same time continuing to pursue their own advocacy agendas. Members of following boards are faced with tasks and assignments that are different than the supportive roles they agreed to when they joined the board. For both kinds of organizing boards, this transition may not be completed until founders or other strong organizing members leave the board.

APPLICATION OF LIFE CYCLE FRAMEWORK TO FAMILY ADVOCACY ORGANIZATIONS

The information described in this article was obtained from data collected for the ongoing evaluation of 17 statewide family advocacy organizations introduced above (Briggs, Koroloff, & Carrock, 1994). The evaluation was performed by the Research and Training Center on Family Support and Children's Mental Health at Portland State University. Although other family advocacy organizations existed at the time, they were not included in the study because they were not receiving federal funds and thus were not subject to the requirement to collect evaluation data.

The information collected was primarily qualitative and was designed to result in a case study of the progress of each organization. The case study approach was used because each family advocacy organization was developing under varying resource constraints, environmental circumstances, and levels of support from the formal service system. As a condition of federal funding, each organization agreed to provide information through an on-site interview, quarterly reports, and regular telephone contacts. A site visit was made to each organization during the first year of funding and interviews were held with the parent coordinator, other staff, and board members. A structured interview was conducted that elicited information about activities, challenges, and future plans of the advocacy organization. Narrative progress reports were submitted by parent coordinators on a quarterly basis throughout the funding period. Finally, monthly telephone contact was maintained with parent coordinators to review organizational progress and discuss emerging problems. The variables required for this analysis were defined and criteria for evaluation were developed. The qualitative information available on each organization was reviewed as a

whole and each organization was assessed on each variable. The researchers assessed each organization independently and after comparison, differences between the two assessments were resolved through discussion and greater explication of criteria.

Table I provides information on several characteristics that are important in describing the 17 family advocacy organizations. All 17 organizations received federal funding at some point between 1988 and 1993. Six of these projects received four years of funding, nine received three years of funding, and two were funded for one year. The funding level varied from year to year and the years of funding were not always continuous. The information reported in Tables I and 3 represents the condition of the organization at the end of their last federal funding cycle within the 1988 to 1993 time period; that point was reached in September 1993 for 15 organizations and in September 1990 for two organizations. Eight of the 17 organizations existed as organizational entities prior to the availability of federal funding, and nine came into existence in order to apply for the grant funds.

TABLE 1. Description of 17 Family Advocacy Organizations

Variable	n	%
Number of years that federal funding was received		
1 year	2	12
3 years	9	53
4 years	6	35
Founded by family member of a child with a serious emotional disorder	11	65
Started as a local support group	8	47
More than one paid staff person	13	76
Office space outside family member's home	16	94
Incorporated as private, not-for-profit		
Yes	11	65
No	4	23
In process	2	12
Involved in formal, long-range planning process	12	70

Life Cycle Framework

The life cycle of organizations put forward by Cameron and Whetton (1983) helps to explain the challenges faced by advocacy organizations initiated and directed by family members of children with serious emotional disorders. Table 2 provides a description of the key elements of family advocacy organizations as they appear at each stage of development. In the entrepreneurial phase of development the family advocacy organization is usually composed of a few active family members with one or two strong leaders carrying out most of the tasks. Activities during this phase focus on responding to the need for information and support of the families involved, determining whether there should be an organization and deciding the direction it should take. Another major task during this phase is finding ways to connect with a wide range of families who are raising children with serious emotional disorders. Since this

disability carries untold stigma for the parents, families are often isolated and difficult to contact. Often the founding activities are fueled by feelings of outrage and anger at an education or mental health system that has served children inadequately (Mayer, 1994).

Initially, most family advocacy organizations have an implicit goal of providing mutual support and caring to its members. In fact, many start as a local mutual support group that slowly becomes sensitized to the need for system level involvement by family members. In our sample, eight of the 17 organizations grew out of the efforts of a pre-existing local support group (Table 2). Four more organizations started local support groups as one of their first activities. It is atypical for a family advocacy organization to begin solely for the purpose of system change; in our sample none of the organizations began this way. However, in one state, the statewide organization began as a gathering of family members who served as parent representatives on local interagency coordination and planning teams. In this state, involvement in system policies and planning coincided with the development of mutual support opportunities. Often the founding members of a family advocacy organization go through a process of determining which set of goals the family advocacy organization will pursue. This involves debating whether mutual support will continue to be the primary goal, and if so, how that goal corresponds with other goals such as system change or case advocacy. This may be a painful decision for those members of the group who joined in order to give and receive support and are not interested or ready to engage in action at other levels.

As the core group of parents begins to expand and the group becomes known in the mental health community, both family members and mental health professionals may encourage the family advocacy organization to become more active in planning and evaluating services for children with emotional disorders. With greater public recognition and increased demands for parent representation and testimony, there is a need to recruit more family members into the core group as well as raise money to support the group's activities. As the organization progresses through the collectivity stage, the group develops a strong sense of cohesion and loyalty to each other along with a clear sense of mission. By this time the group has a name, a logo or letterhead and sometimes even a slogan (e.g., Remember the Children, Bring the Children Home) that underscores their values and mission. These symbols help establish the organization's identity.

The collectivity stage can be a heady and exciting time for the organization. Although the number of family members actively involved in running the organization remains small, the achievements and impact can be quite substantial. For example, several organizations in this stage have managed to introduce and pass legislation that significantly changed the system of care in their state or have served as the principal plaintiff in a class action suit. These focused system change activities are rewarding if they are successful; they do require an intense level of volunteer effort which the organization can sustain for only a short period of time. It is during this stage of organizational development that the families involved must decide whether to continue to grow and become more formalized or stay an informal collective. Typically, this is not a conscious decision but one that unfolds over time. The decision to become more formalized means that some of the volunteer energy must be directed away from mutual support and system change and focused on expanding the membership of the organization and finding funds to support a more formalized structure.

TABLE 2. Key Components of Family Advocacy Organizations Over the Lifecycle

Stage in Organization Development	Major Goals	Decision Making	Financial Support	Staffing	Issues
Entrepreneurial	Finding each other	. 1 or 2 founding parents	. Contributions · Sponsoring organizations . State mental health	. 1 or 2 founders do most of the work	· Disagreement among leadersh . Public recognit . Locating other parents
Collectivity	. Beginning services . Establishing group in public mind . Fund raising	Small group of active parents	. Small grants . Membership . Sponsoring organization . State mental health	. 6 to 8 volunteers do work with some specialization	Expand # of par involved . Communicatio · Public demand . Finding money
Formalization and Control	· Expanding services . Developing relationships with professionals Procedures and policies . Board development . Fund raising	· Emerging board	· Grants . Fee for services . Government contracts	. Paid staff, often part-time	· Finding parents long-term commitments · Finding stable money · Questions abou direction and relationship to professionals
Elaboration of Structure	. Staff specialization . Reorganization · Collaborative relations with other organizations	Strong board and executive director	. Stable funding	. Several paid staff	Staying in touch family needs ra than organizatio needs

TABLE 3. Assessments of Development of 17 Family Advocacy Organizations

Variable

#	0/0
3	18
3	18
5	29
5	29
1	6
5	29
4	24
7	41
1	6

Stages of Lifecycle Development[1]
    Entrepreneurial
    Collectivity
    Collectivity transitioning to formalization and control Formalization and control
    Elaboration of structure

Type of Power Base[2]
    Autocracy
    Autocracy transitioning to missionary Missionary
    Instrument

    Type of Board[3]
      Organizing board
        Following board
        Leading board
      Volunteer governing board
      Institutional board

    [1]Cameron & Whatton (1983) [2]Mintzberg (1984)
[3]Mathiasen (1990)

Some family advocacy organizations do not move beyond the collectivity stage, remaining a loosely connected group of parents who come together infrequently but are willing to mobilize to address important issues. Group members often develop close personal friendships within the group and such friends may get together frequently for mutual support. The group may offer some services informally, such as parent-to-parent telephone support or a limited number of support groups, but these services remain loosely organized. Although the life span of organizations that stay in the collectivity stage is unknown, it appears that this is an unstable organizational form with decreased chance of long-term survival. We identified four organizations that appear to have chosen to avoid further formalization of

their structure. Two of these organizations are active after more than four years of life, the third has become inactive, and the fourth has gone through a recent reorganization which will probably lead to a more formal structure.

The move into the formalization and control stage is usually marked by developing a working board and beginning to move toward incorporation and non-profit status. In our sample of 17 projects, 11were incorporated by the end of their funding cycle and two reported that they were in the process of receiving this status. Of the four who were not seeking incorporation, two had chosen to remain part of a larger organization and two organizations had ceased operation prior to developing a level of infrastructure where incorporation might be considered.

When a family advocacy organization is in the formalization and control stage, it begins to look very much like a small social service agency. Some signs that the organization is moving toward greater formalization include renting office space, developing systems for communicating with members such as newsletters or legislative alerts, and developing information systems for handling the counting of services and the accounting for resources. In our sample, 16 organizations were in their own office space by the end of their federal funding cycles, while one organization that chose to remain in the collectivity stage was still run out of the founding parent's home. All organizations produced a newsletter although some were issued erratically, once or twice a year. Seven of the organizations published a newsletter at least quarterly and one reported mailing a newsletter every month. Fifteen of the organizations developed routine in-office methods for collecting and reporting information about the services they provided. Two of the organizations were unable to achieve this level of structure; both of these organizations became inactive immediately after federal funding ceased.

Another indicator of formalization and control is the family advocacy organization's ability to acquire enough funding to support paid staff who are generally recruited from the original founding group. Finding stable (two to three year grants or contracts) funding is an ongoing preoccupation of family advocacy organizations. Although the federal grant was often the primary source of funds, 10 of the 17 projects had developed more than $10,000 in additional funding by the end of their funding cycle. The other seven had been unable to raise substantial additional funds. Even those organizations that were successful in raising funds to supplement the federal grant did not enjoy a stable resource base, since most funding came from one-time contracts for specific time-limited services.

At this point the authors have seen only one or two examples of family advocacy organizations for families of children with emotional disorders that have begun the transition into the elaboration of structure stage; therefore, our comments about this stage are anecdotal. There are, however, examples of advocacy organizations related to other disabilities that are in this stage of development and can serve as useful models (e.g., the ARC). One indicator of elaboration of structure may be staff specialization. In this stage, the family advocacy organization might have several paid staff although most may be working part time. Staff may begin to take on areas of specialization-for example, one staff person coordinating support groups, a second providing individual parent-to-parent support and case advocacy, another focusing on legislative action, and a fourth in charge of administration and fundraising.

Our examination of the growth of the 17 family advocacy organizations in the study leads us to conclude that the first three stages of development put forth by Cameron and Whetton (1983) did occur in these organizations (Table 3). Looking across all 17 organizations, most were in the collectivity stage (3), in the transition from collectivity to formalization (5), or in the formalization and control stage (5). Three organizations never moved beyond the entrepreneurial stage and became inactive while in that stage.

One organization had been in the formalization and control stage for a period of time and showed signs of moving into the stage of elaboration of structure.

Contrary to Hasenfeld and Schmid (1989), decline and death do not seem to be sequential stages that follow elaboration of structure. For this type of advocacy organization, decline and death are most closely linked to the first two stages. The process of organizational death in our sample is also closely linked to continued funding from the federal government. Ten projects in our sample began a new three-year cycle of federal funding in the fall of 1993. All ten of these organizations continue to be viable and active entities residing in the formalization and control stage or moving into that stage of development. Of the seven organizations who did not receive continued funding, four became inactive soon after federal funding stopped. Two of the seven organizations that did not receive continued funding are strong enterprises; a third has undergone extensive reorganization and its continued survival is unknown. All four of the organizations that have become inactive were begun by well-meaning sponsoring organizations (larger organizations not made up of family members of children with emotional disorders). Three of these were never able to develop strong parent leadership. The fourth organization developed strong parent leadership that was in continual conflict with the sponsoring organization. In one case, the organization was plagued by a schism among the parents that the leadership was not strong enough to handle. In all four cases there were some significant indicators of decline prior to losing grant funding. It is likely that less than optimal organizational functioning may have contributed to the leadership's inability to write a competitive or convincing grant proposal.

Transition from Stage to Stage

The review of the literature suggests several transition points at which the developing organization may be vulnerable to internal and external challenges. Hasenfeld and Schmid (1989) provide the most concrete direction for identifying particularly dramatic transitions. They suggest first that the move from the entrepreneurial to the collectivity stage is one of the most difficult times for an organization. In our experience, this transition comes naturally for many family advocacy organizations; in fact, some organizations seem to begin as a collectivity, or reach that stage almost immediately. The second difficult passage, according to Hasenfeld and Schmid, is the transition from collectivity into the stage of formalization and control. This transition appears to be exceptionally difficult, based on our observations of the 17 family advocacy groups. There are several reasons for this adverse transition. First, the organization gets bigger and involves more diverse people resulting in varied opinions about every issue. Second, the organization becomes more visible to the public and makes clear statements about its mission, allowing others to dispute this direction. Third, as the organization becomes more formalized, more mechanisms are available to address conflict that has lain dormant during the collectivity stage. Fourth, the speed of the formalization process itself is a subject for dispute. In several cases, an outside group such as the state mental health division or a private agency that was sponsoring the family advocacy organization felt that the family members were moving too quickly into assuming organizational and service tasks that they were not ready for. In a few cases, the outside group felt that the families were moving too slowly and exerted pressure to "hurry up" the organization's development.

Conflict among the leaders is also common during this transition period. Changes from a mission focused on mutual support to one based on organizational activities that include social action as well as more traditional service delivery may upset founding members. As the organization's system change priorities become clearer, some family members may feel that their personal agendas are overlooked.

Three issues that often cause controversy in a family advocacy group are: (I) support for increasing residential services as opposed to increasing community based services; (2) the needs and values of biological parents as opposed to those of adoptive parents; and (3) large scale inclusion of children from the juvenile justice system as a part of the population of children with serious emotional disorders. Issues of race and class can also cause conflict. Families of color may feel devalued and under-represented in both staff and board positions and feel that issues important to their 'children and their communities are not addressed.

Leadership and Power

Leadership for family advocacy organizations is drawn from parents or other family members who are taking care of children with serious emotional disorders. The chaotic nature of the children's disorders, the resulting crises in family life, and the lack of supportive services make it difficult for caretaking family members to contribute consistently to the leadership of the group. Since the organizations' leadership positions are often poorly paid, part-time and/or voluntary family members with the requisite skills may emerge and then drop out for economic reasons. Leaders may also "age out" of family advocacy work as their children turn 18 and are no longer eligible for help from the children's service system.

Some parents move on to advocate for the service needs of young adults. A final drain on the leadership pool comes from the positions that are opening up for family members in the formal service system, and, to a lesser extent, in national advocacy organizations. The formal mental health service system has begun to recognize the need for input from parents and other family members, and in some states staff positions are available that recognize this expertise. These positions tend to attract the more experienced parent advocates and those with formal degrees, essentially removing them from the family advocacy organization.

From Mintzberg's (1984) conceptualization of power over the organizational life cycle, the autocracy (strong internal power), instrument (strong external power), and missionary (internal power derived from a mission) forms of power are most relevant to this study. Eight of the family advocacy organizations included in our analysis began independently under the leadership of one or two strong parents (autocracy). (Mintzberg uses autocracy to suggest one or two founders who have the most power in decision making but do not necessarily act like autocrats.) Nine of the 17 organizations began with a combination of autocracy and instrument forms of power. In these cases, a strong leader-who was often a mental health professional or staff member of an advocacy agency but not the parent of a child with an emotional disorder-founded the organization and led it through the early stages. Under Mintzberg's framework this would be considered an instrument form of power since the leader's loyalty is to the sponsoring organization, not to the newly emerging family advocacy organization.

The choice between an instrument power base (strong external power) and any form of internal control (autocracy, missionary, closed system) is difficult for the members of the organization. The conflict over whether the family advocacy organization should remain an instrument or develop its own internal control is intense and value laden. At least eight of the 17 organizations have grappled with deciding whether to continue as a program within a larger organization or to exist as an independent parent-run organization. It would seem that, because of their strong value base, movement to a missionary form of internal power would be natural for these organizations. As Table 3 shows, one organization had chosen to continue within an instrument power base while five continued to depend on an autocratic

power base. In several of these organizations the presence of strong founding leaders appears to make the transition from autocracy less attractive and somewhat awkward. Four organizations 'were moving from autocracy to a mission driven form of power and seven were functioning with a missionary power base.

Discussion of power and leadership within a family advocacy organization is incomplete without discussing the part played by the board. Mathiasen (1990) provides an unusually helpful framework for this analysis, one which argues that the founding or organizing board can be of two types, the following board or the leading board. As Table 3 illustrates, both types of organizing boards were observed in our 17 organizations. Following boards were most common with eight organizations under the governance of a following board or a board in transition to Mathiasen's next stage, volunteer governing board (a board active in the management of the organization). Four organizations have established leading boards with three of these in transition to volunteer governing boards. Five of the organizations had developed strong volunteer governing boards.

The move from organizing board to volunteer governing board is a challenging one for most family advocacy organizations, in part because it often coincides with the transition from the collectivity stage to formalization. Given the caregiving situations of most of the parent leadership, the volunteer governing board requires an investment of time and energy often not available. Hence, one of the problems is finding parent leaders who are willing to commit personal resources to the organization. A second conflict often arises around overlapping roles that may occur between board members and staff. Staff within family advocacy organizations are usually drawn from the founding membership. Founding board members who are financially able often volunteer their time, thus functioning as volunteer staff. While this blending of staff and board roles is less problematic during the organizing years, it may prompt conflict when the board takes on more formal governing activities. Board members who also function as volunteer staff can create dissension because they have access to more "inside information" than other board members and may try to influence or second-guess administrative decisions.

In Mathiasen's final stage of board development, the institutional board allocates authority to the executive director to run the organization and concentrates board member energy on fund raising. This stage of board development has not yet been achieved in the seventeen organizations we followed. For the most part, the 17 family advocacy organizations are still working through earlier stages of development, and there ate only a few for whom this type of board might be appropriate. Organizations without a mature internal staff structure typically have trouble developing and staffing such a large board. Nevertheless, all 17 organizations are continually preoccupied with fund raising, a concern that would be helped by developing an institutional board, which requires the ability to attract board members who have money or who have access to potential donors. The needs of children with serious emotional disorders and their families have not yet reached the level of public acceptance and empathy required for such large-scale fund raising. Private donors who have personally experienced the problems associated with this disability continue to feel stigmatized and are often unwilling to come forward and lend their name to fund raising efforts. With this in mind, it may be premature to think that family advocacy organizations will be able to generate operating funds through private fundraising efforts; it is more likely that these organizations will need to continue to depend on federal and state contracts and grants for resources.

CONCLUSION

Little conceptual work has been done that helps family members or professionals understand how family advocacy organizations begin or what to expect as the organization matures. The information

presented in this article begins to explicate the variables that are important to studying organizational development in consumer-run organizations. As with many organizational studies, the generalizability of the findings are limited by a small sample size and the use of case study methodology. Our results would be further strengthened by employing more than two raters and further explicating some of the criteria. Additional conceptual work is needed to clearly define and verify the indicators that telegraph which stage an organization is entering and what issues it may face. Further work needs to be done to understand how to best assess permanent products such as by-laws or written plans and to incorporate that assessment into qualitative analysis. Finally, development of realistic measures of the impact of family advocacy organization services on the children, families and systems they serve would be a great contribution to both the advocacy movement and to the field of children's mental health.

The expansion of family advocacy organizations related to children's mental health has occurred rapidly over the past ten years. Those professionals who have the opportunity to provide support and advice to the growing family advocacy movement need to be knowledgeable about the challenges and stresses that can be placed on parent leadership over the course of time. The information derived from this study of key life cycle dimensions has implications for consultation and technical assistance activities related to board development, parent leadership, fund raising, re source development, and organizational management. Further, the findings are applicable to the struggles faced by consumers and family members who are organizing advocacy efforts related to disabilities other than children's mental health.

REFERENCES

Bailey, D., & Grochau, K. E. (1993). Aligning leadership needs to the organizational stage of development: Applying management theory to non-profit organizations. *Administration in Social Work, 17(*1), 23-45.

Bargal, D. (1992). The early state in the creation of two self-help organizations: An exploratory study. *Administration in Social Work, 16*(3/4), 81-98.

Briggs, H. E., Koroloff, N. M., & Carrock, S. (1994). *The driving force: The influence of statewide family networks on family support and systems of care.* Portland, OR: Research and Training Center on Family Support and Children's Mental Health, Portland State University.

Briggs, H. E., & Koroloff, N. M. (1995). Enhancing family advocacy networks: An analysis of the roles of sponsoring organizations. *Community Mental Health Journal, 31*(4), 317-333.

Cameron, K. S., & Whetton, D. A. (1983). Models of the organizational life cycle: Applications to higher education. *The Review of Higher Education, 6*(4), 269-299.

Friesen, B. J., & Huff, B. (1990). Parents and professionals as advocacy partners. *Preventing School Failure, 34*(3), 31-35.

Friesen, B. J., & Koroloff, N. M. (1990). Family-centered services: Implications for mental health administration and research. *Journal of Mental Health Administration, 17*(1), 13-25.

Griener, L. E. (1972). Evolution and revolution as organizations grow. *Harvard Business Review, 50*(4),37-46.

Hasenfeld, Y., & Schmid, H. (1989). The life cycle stages of human services organizations. *Administration in Social Work, 13*(3/4), 243-269.

Hatfield, A. B. (1984). The family consumer movement: A new force in service delivery. In B. Pepper & H. Ryglewicz (Eds.), *Advances in treating the young adult chronic patient.* San Francisco, CA: Jossey-Bass.

Kurtz, L. F. (1990). The self-help movement: Review of the past decade of research. *Social Work with Groups, 13*(3), 101-115.

Mathiasen, K. (1990). *Board passages: Three key stages in a nonprofit board's life cycle.* Washington, DC: National Center for Nonprofit Boards.

Mayer, J. (1994). From rage to reform: What parents say about advocacy. *Exceptional Parent, 24*(5), 49-51.

Mintzberg, H. (1984). Power and organization life cycles. *Academy of Management Review, 9*(2), 207-224.

Patti, R. J. (1983). *Social welfare administration: Managing social programs in a developmental context.* Englewood Cliffs, NJ: Prentice-Hall, Inc.

Quinn, R. E., & Cameron, K. (1983). Organizational life cycles and shifting criteria of effectiveness: Some preliminary evidence. *Management Science, 29*(1), 33-51.

Tushman, M., & Romanelli, E. (1985). Organizational evolution: A metamorphosis model of convergence and reorientation. *Research in Organizational Behavior, 7,* 171-222.

Wagner, C. (1993). *National directory of organizations serving parents of children and youth with emotional and behavioral disorders (3rd edition).* Portland, OR: Portland State University, Research and Training Center on Family Support and Children's Mental Health.