Strengths-Based Child Portfolios:
A Professional Development Activity to Alter Perspectives of Children with Special Needs

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Attitudes and perspectives have been identified as potential barriers to successful inclusion of young children with disabilities in community-based settings. Professional development activities are frequently suggested as a strategy for influencing caregivers' attitudes and perspectives, but few studies have identified successful ways to positively affect perspectives about children with disabilities. A total of 48 child portfolio projects were completed by 65 urban, infant–toddler childcare staff members who participated in a professional development program designed to increase the quality of infant and toddler childcare, including care for children with special needs, developmental delays, or identified disabilities. Training program participants wrote a one-page story about a child they selected to participate with them in an out-of-class portfolio project. A second story was written following completion of the project. These pre- and postproject stories were rated to determine the extent to which strengths-based statements for each of eight identified themes were included. Results indicated a significantly higher number of strengths-based themes in the stories written after completion of the portfolio project, indicating that participants were more likely to view children in terms of their strengths following completion of the portfolio projects.

Historically, people with disabilities have been represented in terms of their needs, deficiencies, or inabilities (Gottlieb, 1978). Public policy, designed within the context of this deficit-based perspective, supports an infrastructure of service and educational systems to address these individual needs through a variety of trained professionals who provide individually tailored programs through specialized early intervention and educational services (Peck, 1991). Even today, young children with disabilities or delays are characterized in terms of their individualized needs—needs identified by evaluation and assessment practices designed to detect and remediate developmental and other types of delays. Despite current emphases on representing individuals with disabilities as individuals first, through strategies such as use of "person-first" language or the legislative restructuring evidenced in the Individuals with Disabilities Education Act of 1997, children with special needs often are viewed in terms of their differences by the adults who provide their caregiving, education, and specialized services.

The attitudes, beliefs, and values that individuals hold about a particular issue or situation derive from the individual's knowledge, culture, and experience. In a review of the literature about the effects of attitude on inclusion with young children, Stoneman (1993) suggested that attitudes are often learned and formed on the basis of minimal evidence. Beliefs about including young children with disabilities in community-based childcare and preschool settings have been found to be relatively consistent in the few studies that have investigated attitudes held by teachers or child care givers (Buell, Gamel-McCormick, & Hallam, 1999; Buysse, Wesley, Keyes, & Bailey, 1996; Dinnebeil, McInerney, & Juchartz-Pendry, 1998; Eiserman, Shisler, & Healey, 1995; Marchant, 1995). In general, teachers and child care givers believe that young children with and without disabilities may be successfully educated and cared for together in the same classroom settings.

Some evidence shows that prior experience in working with children with disabilities affects the attitudes of caregivers and that those with experience are more likely to hold positive attitudes about children with disabilities (Dinnebeil et al., 1998). However, the ways in which these beliefs are translated into practice vary from individual

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to individual and seem related to the personal meaning given to a belief by an individual caregiver or teacher. A qualitative study with teachers in 23 inclusive classrooms examined teachers' beliefs about inclusion and observed the ways in which these beliefs were translated into practice. Teachers held similar beliefs about the benefits of educating children with and without disabilities together, but they gave different meanings to and translated these beliefs into different actions across programs and classrooms. Furthermore, as a whole these actions contradicted or did not use known practices that best support children with disabilities in inclusive settings (Lieber et al., 1998). The ways in which other early childhood professionals, such as early intervention specialists, translate other constructs (e.g., family-centered care) into practice have been discussed recently with similar findings. Early intervention professionals seemingly value these principles but give them individual meanings that influence their translation into actions with families and young children (Bruder, 2000).

The limited number of studies that have explored professionals' attitudes and beliefs about inclusion have focused on understanding how professionals view and translate "best practice" constructs into interactions with young children and their families. Insufficient exploration has been applied to the ways in which teachers and caregivers view individual children, particularly those children whose behavior or abilities differ from an expected norm. Qualitative data from the Lieber et al., (1998) study suggested that teachers may base their actions on personal beliefs about disability. For example, in one program teachers presented information to all children without making instructional adaptations for the children with disabilities, believing that children "took in" whatever they were able. Some teachers minimized differences by ignoring children's behavior or inabilities on the basis of a child being "who he [or she] is," whereas other teachers emphasized individual differences by explicitly teaching the nondisabled children about the individual disabilities and needs of children in the classroom.

The perspective of viewing individuals with disabilities in terms of their strengths rather than in terms of their deficits or specialized needs has been suggested as a central tenet to any definition of inclusion (O'Brien, Forest, Snow, & Hasbury, 1989). In this view, individuals cannot be fully included in any activity or setting without recognition of their unique gifts, talents, and contributions. Dunst and colleagues have advocated use of strengths-based models in their intervention paradigm that focus on helping individuals use their gifts and talents to strengthen functioning (Dunst, 2000; Dunst, Trivette, & Deal, 1994). Viewing a child with a disability in terms of strengths and talents is a philosophical value, but when it is successfully translated into practice as part of a

broader view of intervention, it produces positive results for children and families (Dunst, 2000).

The impact of practitioners' attitudes and beliefs about their relationships with children and families should not be underestimated. These beliefs affect recommendations and decisions made by practitioners about children's placements, service models, and service delivery. Beliefs also influence practitioners' relationships with children and their views of children's development, performance, and success. Training has been suggested as a primary strategy for promoting inclusive opportunities for young children with disabilities (Bricker, 2000; Dinnebeil et al., 1998; Rose & Smith, 1993), yet in a discussion of strategies to positively affect attitudes of service providers, Stoneman (1993) summarized literature suggesting that (a) there is little relationship between teachers' knowledge and their attitudes and (b) attitudes are seldom positively influenced by standard preservice or inservice training activities. These conclusions result from an interpretation of "training" that is limited to traditional class-based instruction where information about predetermined topic areas is presented using traditional instructional methods (e.g., lecture, case study discussion, problem-solving activities, or videotape observation).

The purpose of this study was to explore the impact of a specifically designed professional development activity on the attitudes and perspectives of childcare staff who were caring for infants and toddlers, including those with special needs, disabilities, or delayed development. Each practitioner's professional development activity involved an individual child and family and was completed by childcare staff as one component of their participation in a childcare professional development program. In our experiences in training childcare staff, we observed that child care givers frequently described children by their deviations from caregiver expectations. In other words, caregivers seemed to perceive children based on what the children were unable to do or did not do while in the childcare setting. When caregivers held this "deficit" view, they saw themselves as unable to influence the development of the child through either their relationship with or their instruction of the child. The project was designed to provide childcare staff with a means of viewing children differently—emphasizing children's abilities and strengths rather than their "deficits" or needs.

The All About Me portfolio project was incorporated as an outside project into a professional development course for infant and toddler caregivers. This course, First Beginnings: Caring for Infants and Toddlers, emphasized quality practices for all infants and toddlers, including children with special needs, through (a) 15 hours of class-based instruction, organized into five, 3-hour sessions; (b) four on-site consultation visits, including a precourse and postcourse observation and rating of

classroom practices; and (c) the portfolio project. The five in-class topic areas included Welcoming All Children, Relationships, Infant and Toddler Development, Brain–Behavior Relationships, and Families and Resources. An emphasis on children with special needs was integrated into each of the topic areas. The portfolio project was developed by modifying existing formats that had influenced people's views of children, particularly their views of children with disabilities. An out-of-class project was selected as the instructional method because studies of professional development activities designed to change attitudes through knowledge-based, group instructional formats have reported limited success (e.g., Stoneman, 1993). The portfolio was developed from the MAPS person-centered planning approach (Falvey, Forest, Pearpoint, & Rosenberg, 1997), an approach that has been used for almost 20 years to enable individuals with disabilities to be included successfully in their schools and communities and included features from the *Child Asset Portfolio* (Orelena Hawks Puckett Institute, 2000), which has been used in research investigations with elementary school teachers to help them identify children's assets.

METHOD

First Beginnings: Caring for Infants and Toddlers was designed to improve the quality of center-based care for infants and toddlers, including those with special needs or disabilities. The five instructional class sessions and the portfolio project were developed with a written instructor guide and related participant materials. This written curriculum was field tested with three separate groups of 20 to 25 of infant–toddler caregivers who attended one of three identical training classes (Campbell & Milbourne, 2000).

Participants

Childcare staff were made aware of this professional development opportunity through written materials mailed to childcare centers located in impoverished inner city areas, through a poster display at the local National Association for the Education of Young Children (NAEYC) chapter annual conference, and through publication of information about the training program in several local neighborhood-based childcare newsletters. Applicants were required to be working currently with infants and toddlers in a licensed center-based childcare program. Teams of lead caregivers, assistants, and caregivers of infants or toddlers with special needs were encouraged to submit applications by a pre-established deadline. Following the deadline, applications were reviewed and participants were assigned by their preference and by classrooms to one of three program training classes. Groups of em-

ployees from childcare centers were assigned to class sessions in such a way that groups of personnel (e.g., caregivers and assistants) were kept together in the same training class. Participants were not required to have a child with an Individual Family Service Plan enrolled in their classrooms, although the majority of classrooms included a child whom participants identified as having special needs.

The 65 participants in the three class sessions worked in 40 infant–toddler classrooms in 17 childcare settings located in inner-city, impoverished neighborhoods in a large metropolitan city. A majority of the participants were women (average age of 41 years; range = 19–69 years) who had worked in childcare for an average of 9.88 years (range = < 6 months–29 years). A total of 79% of the group were African American, 3.5% were Latino, and 5.5% were European American. (Racial ethnic background was not provided by the remainder of the participants.) Only 11% of the caregivers had received either an associate's or bachelor's degree. The remainder had either completed high school or received their G.E.D. certificates.

Procedures

As part of the requirements for the training program, participants completed a structured, written portfolio project that represented a child with whom they currently worked in terms of the child's strengths and abilities. A portfolio booklet was provided as part of the assignment and was completed with an individual child by taking photographs, drawing pictures, or writing short stories or phrases. Participants were permitted to complete the project individually or as a member of a team of caregivers who were working in the same age-group setting in a center.

Child Stories. During the second class session, each participant (or participant team) selected a child with whom to complete the project. Specific instructions were provided: "Think of a child who has special needs or disabilities or for whom you have special concerns." Once a child had been identified, each participant or team was asked, "Write a brief story about the child and the child's needs" and was provided with a 1-page, lined paper entitled "A story about _____" on which to write their stories. The stories were collected by the instructor prior to providing the participants with verbal and written instructions about the project. At the final class session, prior to presenting their portfolio projects to the class, participants were again provided with the paper "A story about _____" and were asked to write a brief story about the child with whom they had completed the project.

Portfolio Project. Participants were provided with a written project module that included instructions, a suggested timetable for completion of each step (see Table 1), a set of four worksheets, a portfolio booklet, and a disposable camera. The instructor presented the project by verbally reviewing "Steps to Project Success" (see the Appendix), which was provided to participants as part of the written project module. Projects were completed over a 6-week period outside of class meetings.

The four worksheets were designed to assist participants in gathering and organizing information known about the child from both caregiver and parent perspectives. The "All About Me" worksheet included identical questions that were answered about the child at home (on one worksheet) and at the childcare center (on a second, parallel worksheet). Caregivers and parents provided information about (a) what makes the child happy; (b) what activities the child enjoys and where they occur; (c) what activities get (and keep) the child's attention; (d) who the child spends time with and what is done with that person; and (e) what the child is learning to do and wants to do. The worksheet "How We Promote Learning" allowed parents and caregivers to reflect on and summarize the ways each promoted the child's learning at home and at childcare. "Learning in Different Places" allowed parents and caregivers to list things that the child was trying in childcare, home, and community settings and to list ways in which the people in those settings supported the child's learning. Information from the work-

sheets provided a basis to which participants added photographs and other collected materials as part of the child's portfolio.

A portfolio booklet that was provided to each participant structured the project. The portfolios, entitled "All About _____," included a cover, seven structured pages, and additional pages to which participants could add more photographs and information. The pages were laid out like a photograph album and focused on the persons with whom children spent time, what children liked to do, what they were accomplishing, and what they were learning in home, community, and childcare settings. Specifically, the portfolio pages included (a) my favorite things, (b) my favorite people, (c) new things I am learning about, (d) new things I am trying, (e) things I do well, (f) things I try hard at, (g) things I do with my family, and (h) my accomplishments.

After completing the postproject stories about the child with whom the project had been completed, participants presented their completed projects in a poster format during the final class session and turned them in as part of the training program requirements. Two copies of each portfolio were made by the course instructors and returned to the participants so that participants could give one copy to the child's parent.

Scoring

Child Stories. A sample of the pre- and postproject stories about the children were read by each of the first two authors, each of whom identified statements reflecting either a strengths-based or deficit-based perspective. Each statement was further classified (and labeled) as corresponding to one of eight themes. These themes were discussed, and additional examples of statements included in the stories were identified for each of the themes. The eight themes were

1. disability
2. general descriptions about the child
3. objectivity
4. development
5. preferences, likes, and dislikes
6. context of behavior
7. family
8. changes in learning and performance (see Table 2)

The pre- and poststories were randomly assigned to two raters. Each story was read to determine the presence or absence of statements related to each theme. A summary score was calculated for each story by scoring a "1" for each instance that reflected a strengths-based perspective. Each rater also served as a secondary rater for a sample of 10 stories (25%). Rater reliability was

TABLE 1. Timetable to Project Completion

Week	Activity
1	Invite the parent of the infant or toddler you have selected to help you with this project.
	Visit #1: Meet with parent and give him or her the "All About Me" form.
	Complete the "All About Me" form. Take a picture of the child.
2	Visit #2: Meet with the parent and review the "All About Me" form.
	Talk with the parent and together complete the "How We Promote Learning" worksheet.
	Begin filling out the pages in your portfolio. Keep taking pictures!
5	Visit #3: Meet with the parent and together complete the "Learning in Different Places" worksheet.
	Finish your portfolio.
6	Present your story portfolio to your whole class during the final class session.
8–10	Share the story portfolio with the child's parent. Give him or her copy.

TABLE 2. Rating Categories for Pre- and Post-Stories

Theme	Deficit-based perspective	Strengths-based perspective
Disability	Focuses on disability and concerns; uses disability as an explanation for child behavior	Does not mention disability or places disability in a positive context
General descriptions	Describes child through negative statements about what the child cannot do or does not do	Describes the child through positive statements about what the child can do, has accomplished, etc.
Objectivity	Describes child subjectively (e.g., "he is cute")	Describes child in terms of observable behavior (e.g., "she chooses books in the book corner")
Development	Focuses predominantly on behavior or issues that are of concern or targets one area of development to the exclusion of others	Provides information about the child's developmental competence in more than one area
Preferences, likes, and dislikes	Does not mention any preferences for particular routines (e.g., "held when given bottle"), activities ("looks at books"), or people, foods, toys, etc.	Describes preferences for routines, activities, people, foods, toys, etc.
Context of behavior	Behavior is described without a context (e.g., "doesn't listen"; "hits the teachers")	Behavior is described in terms of a situational context ("cries when mother leaves but he is new to child care") or functional context ("has temper tantrums to communicate")
Family	Does not mention anything about the child's family/family members	Describes the child's family
Changes in learning and performance	Does not mention learning, developmental change, or progress	Describes observable changes in child's development, learning, or behavior

calculated using the total scores of these 20 stories by dividing agreements over disagreements plus agreements. The resulting reliability coefficient was .85.

Portfolio Project. Each project was scored independently by two raters in terms of the quality of the final product. Portfolios were scored using the following rating criteria:

1. *outstanding:* worksheets completed; photographs, pictures, or written information included for all categories;
2. *good:* worksheets completed; photographs, pictures, or written information included for most (but not all) categories;
3. *reasonable:* home and childcare perspectives represented, but worksheets not fully completed; limited photographs, pictures, or written information included; and
4. *less than reasonable:* worksheets not completed, very incomplete, or only worksheets representing the childcare (but not family) perspectives included; limited photographs, pictures, or written information included.

Each portfolio project was reviewed and assigned a rating by a primary rater. A second rater scored a random sample of 50% of the portfolio projects. Reliability was calculated by dividing the number of agreements by the number of agreements plus disagreements, with a resultant reliability coefficient of .83.

RESULTS

A total of 48 portfolio projects were completed by 65 participants. A majority of the projects (37; 71%) were completed by one participant; seven projects were completed by participant pairs (lead caregiver and caregiver assistant); two projects were completed by three-person teams, one project was completed by a four-person team, and one project was completed by a five-person team. Pre- and poststories were available for 38 of the 48 (79%) completed portfolios. In two instances, the participants decided to complete the portfolio with a different child after writing the prestories and eight participants missed either the prestory class session or the poststory class session, so two stories were not available for comparison. Therefore, this analysis includes data on the 38 projects for which both pre- and poststories were available.

Child Story and Portfolio Ratings

The average number of strengths-based themes was 3.13 ($SD = 2.02$; range = 0–7) for the prestories and 5.08 ($SD = 1.87$; range = 0–8) for the poststories. Fewer strengths-based themes were reflected on post- than on prestories for five projects, and no changes in the number of strengths-based themes were reflected in the pre-/poststories for six projects. The remaining 27 (71%) projects reflected an increased number of strengths-based themes on posttest. A t test for related measures showed significant differences between the total number of strengths-based themes included in the pre- and poststory scores ($t = 6.217$, $p = 0.00$).
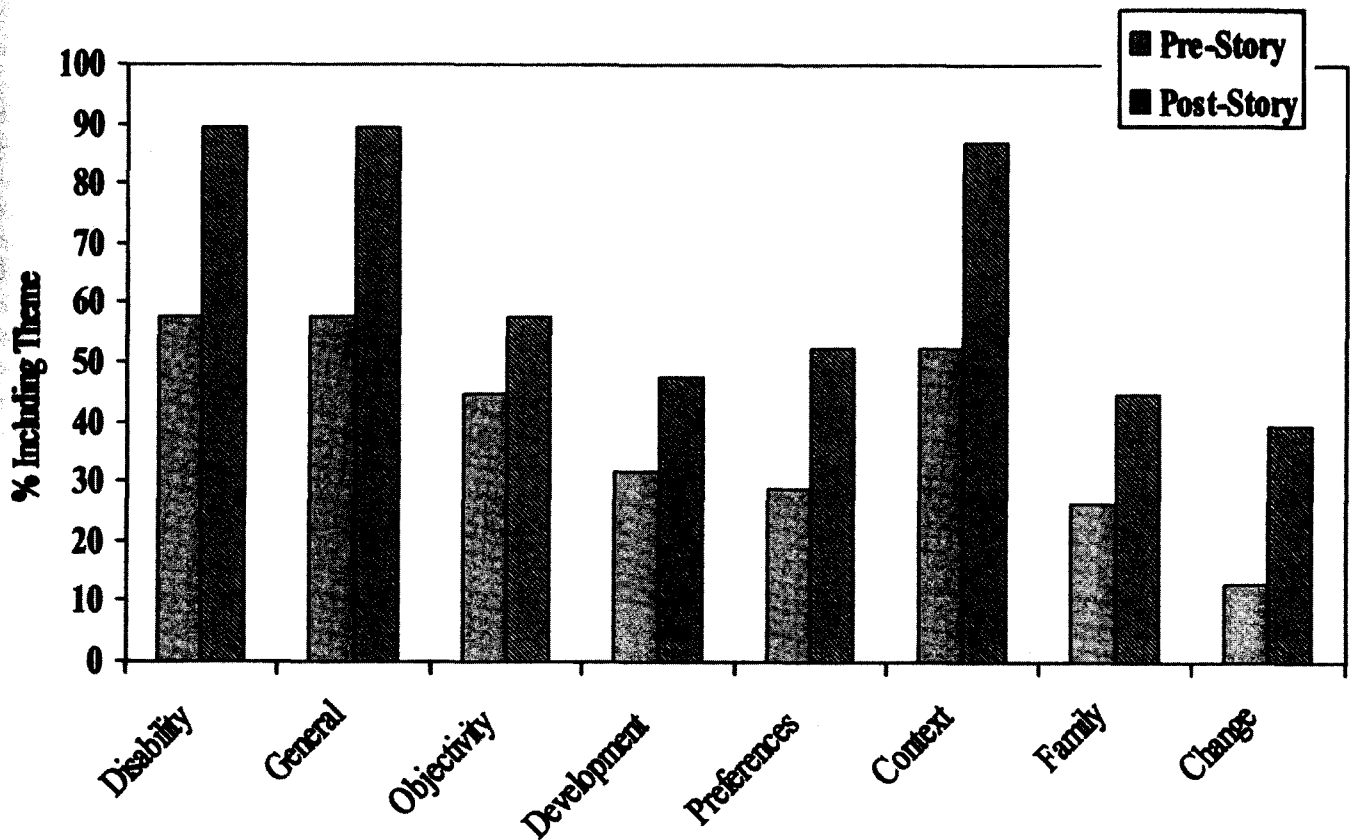
FIGURE 1. Percentage of strengths-based themes reflected in pre- and poststories.

TABLE 3. Differences Between Number of Strength-Based Themes in Pre- and Poststories

Theme	Prestory		Poststory		t score	p
	M	SD	M	SD		
Disability	.58	.50	.89	.31	4.132	.001
General description	.58	.50	.89	.31	4.132	.001
Objectivity	.45	.50	.58	.50	1.534	.133
Development	.32	.47	.53	.51	1.526	.136
Preferences	.29	.46	.53	.51	2.303	.027
Context	.53	.51	.87	.34	3.621	.001
Family	.26	.45	.45	.50	1.743	.090
Change	.13	.34	.39	.50	2.927	.006

Note. N = 34.

Figure 1 illustrates the extent to which the pre- and poststories reflected each of the eight themes representative of a strengths-based perspective. More than 40% of the stories reflected each of the eight strengths-based themes; 90% of the poststories did not focus on the child's disability or major area of concern and described the child in ways that emphasized what the child was able to do. Three themes—information about more than one area of a child's development (44%), information about the child's family (43%), and statements about a child's learning and progress (40%)—were included least frequently on the poststories. Changes in each of the eight theme areas were analyzed using t tests for related means. Significant changes were found for the themes of disability, general, preferences, context, and change (see Table 3).

Each portfolio project was assigned a quality rating of excellent, good, reasonable, or less than reasonable. Half of the 48 projects received ratings of less than reasonable; 14.6% were excellent, 20.8% were good, and 14.6% scored as reasonable. Correlations were used to examine relationships between (a) the assigned quality rating (on the 38 projects for which both pre- and poststories were available) and (b) the amount of change in the pre- and poststory scores and the poststory score. In both situations, correlations were very small ($r = .039$; $r = -.203$) and were not significant.

Qualitative Results

We were interested in the actual statements written by participants on the pre- and poststories and the ways in which children and their needs were represented. The ways in which individuals perceive and understand a particular situation would appear to be related to the ways in which they react or respond to that circumstance. Explaining a child in terms of disability or deficits may be related to inability to take any action. Qualitatively, many poststory statements reflected a greater sense of competence on the part of caregivers than the prestory statements. For example, one of the caregivers described a one year old infant:

> He has an acute case of asthma and is very sweet and likes to cuddle. But for some reason, he gets set off a lot. He'll be playing nicely with his classmates and he won't even acknowledge the children around him. Then he'll turn to them and start choking them. He does take asthma medicine for his condition. I was told there is steroids in them. Many of the teachers feel it could be the medicine.

On her poststory, the same teacher wrote that the child was "learning how to share with his friends. He is almost always handing food or toys to friends and teachers. He loves to talk. He uses babbly a lot and with expression, too. He says 'no, mimi, and dede.'" In reflecting about her experiences with the project, she wrote, "At first I thought he was very aggressive and unpredictable. But I have learned through this project that he has a big heart in a little body."

In another example, a caregiver wrote in her prestory: "Robert is a special needs child in the area of his social emotional needs. He is a pleasant person but have [sic] a hard time going from one activity to another. I noticed he likes to play under the table by himself and he is always the last person to get in line." Her description seemed to associate an acceptance of his behavior with his label of special needs. On her poststory, the child was described as "playing well with others and usually shares

his blocks and trucks when other children ask him to" and there was no mention of his being a child with special needs.

The ways caregivers seemed to perceive the special services received by children and the impact of those services was of interest to us. In writing about a child who had been born with a "swollen spleen," one child caregiver described the child as "a very bright child; however he has physical and mental disabilities, more physical than mental. . . . He has physical therapy once a week but in spite of this, he is still a delight to have in the class." On her poststory, the child's disabilities were not mentioned. Rather, she described him as loving "to dance and sing. His favorite toy at the center is a green and yellow bike that he loves to ride around the gym." She ended her poststory by writing, "To me, as his teacher, he tries very hard to be as good at things that his friends can do. To make a long story short, Noah is super!!!"

A number of the prestories represented children, often negatively, in terms of one aspect of their development or behavior without reflecting the "whole child." Caregivers seemed to focus on one aspect of a child's behavior that was problematic to them in caring for the child. The ways in which child caregivers understand (e.g., assign meaning to) children's development and behavior may structure the decisions they make about how to react to that behavior. A child caregiver wrote about a child that he "is energetic, aggressive, and alert. He does things to get attention: but the things for the most part are not pleasant. He just goes to another child who may be playing with a toy and he'll go over and snatch the toy looking for affect from the teacher." After completing the project, the caregiver described the child's behavior very differently: "He enjoys interacting with other children: playing with blocks, coloring, painting, running in the yard—sometimes he even tries to do karate. He is also a very bright child. He's curious and wants to learn more—he has an eagerness to learn. I love his energy. Justin is always good to work with." In this example, the child's behavior did not seem to change as much as the caregiver's perception of the behavior.

The projects structured caregivers' observations of children so that they needed to objectively observe behavior and development with a focus on areas such as children's preferences, accomplishments, and learning needs. For example, on the prestory one child was described as being "two and he has a problem when he is told to help clean up or when he is playing with other classmates. Angel doesn't like to share at times. He bites other classmates, pushes them down, etc. At times, Angel will bang his head on the wall or floor. He will also bite himself . . . . He needs help (early intervention)." The poststory described him as having made "a tremendous turn around. Angel is beginning to try new things and his verbal skills

have increased. He is pleasant in the morning time and he speaks to all of his teachers. . . . But, most of all, he enjoys playing with his caregiver Mr. L. He does everything with Mr. L. He reads stories, plays with trucks, puzzles, pegs, cutting, pasting, painting. I'm proud of him because he is talking more instead of using aggressive behavior."

The projects were designed so that caregivers needed to interact with children's families to gather information for worksheets. Few prestories mentioned children's families, but many of the poststories acknowledged children's families. In one prestory, a caregiver wrote that one child: "has a health problem and is always sick. She only had six teeth up until last week, her mother says she is cutting her back teeth all at the same time. She is a very picky eater and very small for her age." On the poststory, this same child was described as coming "from a loving family, her mother is very interested in her daughter's welfare and education. She is always willing to continue to review her activities at home. Sierra can do all the motions during circle time, she loves to dance, sing, and ride the bikes."

While many of the poststories represented children in terms of their abilities, few described children's progress, possibly because of the short time span in which the projects were completed. On the poststory, one caregiver wrote about a 3-year-old child's experiences in her childcare center: [Aamir] "has been attending the center since the age of 18 months. He was potty trained there, he was weaned from his bottle as well. Through the center he has learned to identify letters, shapes, his name, and how to write it by himself. The things that make him happy are when he's allowed to be independent at play time and especially if he is allowed to run . . . . Aamir has two older brothers and a loving mom and dad. One of his teachers describes him as being a people person. I enjoyed doing my project on Aamir." Clearly, this caregiver saw her center as having contributed positively to this child's growth and development.

DISCUSSION

To date, few studies have identified the perspectives that teachers and caregivers bring to their interactions with infants and toddlers with special needs. The small number of strengths-based statements included in the prestories of participants in this study suggests that child care givers are not likely to view children from a strengths-based perspective when children are known or believed to have special needs or when their behavior differs from caregiver expectations. Previous studies and reports have been pessimistic about using traditional inservice or preservice training methods as a way to help teachers and caregivers of young children to positively frame their at-

titudes and beliefs about children with special needs (Stoneman, 1993); however, training is often suggested by caregivers and others as necessary for inclusion to be successful for young children with special needs (Buysse et al., 1996; Marchant, 1995; Rose & Smith, 1993). Although teachers and caregivers express beliefs that young children can benefit from inclusive preschool or childcare settings, caregiver perceptions of an individual child's disability or needs may function as a barrier to or as a facilitator of successful inclusion. Deficit-rooted perspectives may influence adults' perceptions of their own competence in providing care and education for children with special needs and may provide a negative context for the adult's view of a particular child. When teachers view disability or "different" behavior as something that cannot be influenced, they are likely to see themselves as unable to support the child in the childcare setting.

Changes in perspectives were evidenced across the poststory ratings of caregivers in our study as well as in the poststory examples. Caregivers included a significantly higher total number of strengths-based themes in their poststories than in their prestories. Further analysis showed that participants did not write significantly more strengths-based statements in theme areas of objectivity, development, and family, although differences were significant between prestory and poststory scores in the other five theme areas. An analysis of the percentage of poststories that included strengths-based statements within each theme category showed that 80% to 90% of the poststories included statements that did not focus on disability and that described children's behavior and activities positively and in terms of context; these stories reflected three major features of strengths-based perspectives. Half the poststories described children's behavior objectively and addressed children's preferences, but fewer than half of the poststories mentioned children's families, provided examples across developmental areas, or reflected changes in development or learning that children were making.

The All About Me portfolio projects used in this study were designed to provide a context that could be used by the participants to construct strengths-based beliefs and perspectives about children with disabilities or special needs. The projects were one component of a professional development course in which participants also completed 15 hours of traditional group training sessions about infants and toddlers and where information about children with special needs was integrated into the five content sessions. We looked at the extent to which the project changed perspectives of children as presented in participant prestories and poststories but did not directly examine participants' understandings of a strengths-based construct of disability. Nor did we specifically identify ways in which participants may have translated their strengths-based perspectives into either

their relationships with or their actions toward these children.

Because the project was embedded into a training program, the changed perspectives demonstrated by project participants may have been influenced by their participation in the whole training program. However, given that previous studies have suggested that attitude changes are unlikely as a result of group training, it seems more likely that the structure of the project activity provided a context that allowed participants to change their views of the individual children with whom they completed the project. A significant limitation of this study is our lack of data about the extent to which participants actually changed their interactions and relationships with the individual children with whom the projects were completed; that is, we did not collect data regarding the translation of attitudes and beliefs into practice that, for example, the Lieber et. al (1998) study suggested are important.

For the most part, training programs designed for childcare providers or for early intervention personnel do not address the attitudes, beliefs, or perspectives that personnel bring to their interactions with children or that influence the decisions they make in performing their day-to-day roles and responsibilities. A caregiver who views a child's behavior as being related to medication, as did one caregiver in our study, is not likely to view him- or herself as able to affect the child's behavior. Likewise, the teacher in the Lieber et al. (1998) study who ignored the behavior of a child because the child was "being who he is" is equally unlikely to see herself in an empowered position or as able to take actions that can successfully support a child in an inclusive setting.

Recent studies and reports about young children's access to inclusive settings document an increase in opportunities for inclusion, but the extent to which children with disabilities receive quality interactions and practices while within those settings continues to be a concern (Bricker, 2000). Results from our study suggest that caregiver perspectives may change and that these changes may be facilitated through a training activity specially designed to provide a context for viewing children differently. This portfolio project allowed participants to focus on specific children for whom they had day-to-day caregiving responsibilities; another fact that may have contributed to the shift in their perspectives. That the children were specific individuals known to the caregivers (rather than "examples" unrelated to the caregivers' day-to-day responsibilities) and that they were selected by the participants for the projects also may have been related to the caregiver shift to a strengths-based perspective. Nonetheless, these results suggest that activities specifically designed to provide participants with opportunities to reframe their perspectives about children with disabilities may be a possible approach to take when training

individuals to address the needs of children with disabilities more effectively in childcare and other types of typical settings. ◆

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Appendix: Steps to Project Success

1. Invite the parent of the infant or toddler you have selected to participate with you in writing a story about his or her child. Ask the parent to meet with you three times during the next 5 weeks to discuss his or her child with you. These meetings can occur when the parent drops off or picks up the child from the childcare. Each meeting will take approximately 15 to 30 minutes.

2. Show the parent the Participant Project Materials so that she or he knows what the project is all about. Tell the parent that you will be taking pictures of the child. Make sure to get parent photo clearances if your center or program does not already have these on file. Talk with your director about the project and your center's procedures for photographs so that you are following your center's policies and procedures.

3. **Visit #1 with the Parent—Week 1:**
   Give the parent a copy of the All About Me worksheet to take home and complete about the child. Review the sheet with the parent. Ask him or her to fill it out at home and bring it back to you by the following week. (Tell the parent the exact date you would like the form to be returned and write the date on the form.)

   During this week, you (your team) will focus on the infant or toddler by observing the child so that you have the information to fill in your copy of the All About Me worksheet.

   When you see the child doing something that she or he seems to enjoy, take a picture of the child during that activity.

4. **Visit #2 with the Parent—Week 2:**
   Discuss the completed All About Me worksheet with the parent, emphasizing different information from different perspectives—yours as the caregiver/observer of the child away from home and the parent's view of the child in home and community places where the family spends time. Emphasize the

activities that the infant or toddler enjoys and the things that you and the parent want to reinforce.

Talk about the part that each of you (caregiver, parent) play in promoting the child's development and learning. Write out what you plan to do together on the How We Promote Learning worksheet.

5. **Visit #3 with the Parent—Week 5:**
   Talk with the parent about what has happened at home and at childcare during the past few weeks. Work together to fill in the Learning in Different Places worksheet. Discuss with the parent what each of you found helpful in supporting the child's learning and talk about what you plan to do in the future. Show the parent what the Story about _____ looks like so far.

   Use the information from your discussions with parents and the Learning in Different Places worksheet to finish your Story About _____ portfolio. Get your photographs developed (if you have not already done so) to include in your story.

6. **Presentation of Your Story—Final Class Session:**
   Review each of the pages in your Story About the child and make sure that each one is completed in words and/or pictures. You will be sharing your portfolio with class members during the final class meeting. The pages of your portfolio will be hung up so that everybody can walk around the room and look at all the stories.

7. **Sharing with the Infant or Toddler's Parent:**
   When you receive your copies of your Story About _____ portfolio by mail after your completion of the training program, meet with the parent when she or he brings in or picks up the infant or toddler from childcare and give the parent a copy of the Story About _____ portfolio. Thank the parent for helping you complete the project!