

MEISRTM

Manual



Measure of Engagement,
Independence, and Social Relationships

RESEARCH EDITION

R.A. McWilliam and Naomi Younggren

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Measure of Engagement, Independence, and Social Relationships (MEISR™) Manual

Research Edition

by

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The University of Alabama

and

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With invited contributors

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Preface: The Need for the MEISR

The Measure of Engagement, Independence, and Social Relationships, or MEISR™, is a uniquely designed tool organized by family routines. As such, it fills the functional assessment void found in the field of early intervention. Current conventional assessment tests, such as the Battelle Developmental Inventory (Newborg, 2005) and the Bayley Scales (Bayley, 1993), are primarily organized around developmental domains and consist of contrived tasks. Those tasks work to produce a summated score that differentiates children along a norm-referenced scale. Items that work well for that purpose are not necessarily skills children need to participate meaningfully in their everyday routines. Therefore, teams have to infer that if a child is able to do something on the test, he or she can probably transfer that ability to a functional setting, and if the child is not able to do a test item, he or she is probably not able to apply the underlying function of that skill to a meaningful routine. Yet we know this is not always the case. When we have to rely on inference about a child's abilities, we compromise the objective understanding of a child's functioning that is critical for making many decisions in early intervention. Because the MEISR is focused on a child's functioning within the context of common family routines, we can eliminate the need for teams to presume or even guess about a child's functioning capacity.

The MEISR is structured around 14 everyday home routines and designed to be used with children from birth to 36 months of age. Items reflect the functional skills infants and toddlers typically display in each routine; for each item, a typical starting age is listed. To complete the MEISR, parents or other caregivers rate each item with a 3 (if the child does the skill often or has progressed beyond it), a 2 (if the child does it sometimes), or a 1 (if the child does not yet do it). If an item is rated 3, the child is considered to have mastered the skill. The intervention professional uses the caregiver's ratings to determine the percentage of items mastered for each routine and then to complete a scoring summary. In this way, the MEISR provides a profile of child functioning in everyday life. This profile helps caregivers monitor progress and identify areas to work on.

The MEISR provides different types of information about a child's functioning, depending upon the team's assessment purpose. It can generate a profile of the child's functioning organized around routines and by age. Items are also crosswalked to McWilliam's (2008) foundations of learning (engagement, independence, and social relationships), to developmental domains, and to the three national child outcomes, thereby providing additional information about the child's functioning.

The MEISR is organized around children's functional abilities—that is, what the child does to participate within the context of common family routines—rather than the five domains of development, which inadvertently align with specific early intervention team disciplines. That is, the communication domain aligns with speech-language pathology; the gross motor domain aligns with physical therapy; adaptive and fine motor domains often align

with occupational therapy; the cognitive domain is most aligned with early childhood special education; and the social domain is also frequently aligned with education, social work, or other mental health professions represented on an early intervention team. The challenge this often presents is that when a child demonstrates a particular delay in one or more of the five developmental domains, the team tends to think that the child's area(s) of delay requires services from the discipline frequently aligned with the delayed domain(s). This can happen too when a child has a diagnosed condition and service decisions are made based on the child's diagnosis. For example, a child with a diagnosis of autism requires services from speech and occupational therapy, at least; a child with a diagnosis of Down syndrome, with the potential for global developmental delays, requires services from all disciplines.

But early intervention is not a "got a need, get a service" program. Early intervention is designed to address the needs Congress defined in the Individuals with Disabilities Education Act (IDEA) Part C (2004, PL 108-446), which are as follows:

(1) to enhance the development of infants and toddlers with disabilities, to minimize their potential for developmental delay, and to recognize the significant brain development that occurs during a child's first 3 years of life; (2) to reduce the educational costs to our society, including our Nation's schools, by minimizing the need for special education and related services after infants and toddlers with disabilities reach school age; (3) to maximize the potential for individuals with disabilities to live independently in society; (4) to enhance the capacity of families to meet the special needs of their infants and toddlers with disabilities; and (5) to enhance the capacity of State and local agencies and service providers to identify, evaluate, and meet the needs of all children, particularly minority, low-income, inner city, and rural children, and infants and toddlers in foster care. [(IDEA Title I, Part C, SEC 631, (a) (1-5)]

To effectively accomplish these defined needs, the holistic nature of the child in the context of the family must be regarded and respected.

Teams need information about a child's performance in five domains of development to help determine the child's eligibility for these services. Beyond that, the team needs information about a child's functioning that cuts across the five domains of development and occurs within the context of the child and family day-to-day routines and activities. This information helps the family identify their true priorities for their child and family.

The MEISR assesses a child's engagement in common family routines. It is designed to develop a profile of the functioning of a young child (birth to 3 years of age) and to monitor progress within that profile. As opposed to traditional assessments, the MEISR combines important perspectives: It is family centered, because families (not professionals alone) rate their children's functioning; it is ecological, because the profile is organized by everyday routines; it is functional, because the skills assessed are those commonly needed for successful participation in daily routines; and it is developmental, because the items are organized according to the ages at which the skills usually begin (Boavida, Aguiar, & McWilliam, 2014). Furthermore, each item is coded according to:

- The corresponding functional area (engagement, independence, and social relationships)
- The five developmental domains (cognitive, communication, motor, adaptive, and social)
- The national child outcomes (have positive social relationships, acquire and use knowledge and skills, and take appropriate action to meet needs)

These characteristics make the MEISR an ideal tool to help professionals shift to a functional way of viewing children and using the family's knowledge of their child to complete the assessment.

THE ROUTINES-BASED MODEL AND DOCUMENTATION OF CHILD PROGRESS

Routines-Based Early Intervention (McWilliam, 2010) describes a model for providing early intervention in natural environments. This model was previously termed Routines-Based

Early Intervention (RBEI); however, its use is not limited to children ages birth–3 years. For this reason, the model is now known as the Routines-Based Model for Early Intervention Birth–Five, or more simply, the Routines-Based Model or RBM. The MEISR provides the most salient method for measuring child progress for professionals using the RBM, because the three child constructs, engagement, independence, and social relationships, are central to the RBM and formative in the MEISR. Chapters 2 and 3 of this manual describe in detail the relationship between the MEISR, the RBM, and the RBM component most aligned with the MEISR, the Routines-Based Interview (RBI). In brief:

- The MEISR dovetails with the five components of the RBM—understanding the family ecology; developing a functional, family-centered plan (RBI); integration of services; support-based home visits; and collaborative consultation to child care—as discussed in Chapter 2.
- Both the RBI and the MEISR are methods for assessing child functioning, in the context of routines.
- The MEISR can be used as a tool for helping conduct an RBI and to help with other aspects of quality early intervention, as discussed in Chapter 3.

INFLUENCE OF ROUTINES-BASED INTERVIEWS

Where did the items on the MEISR come from? Most came from listening to families talk about their daily lives as we conducted RBIs. One of us (McWilliam) estimates he has conducted over 300 RBIs, which amounts to listening to families, only in the context of an RBI, for over 600 hours. We sought input from others who nominated skills to include, and we included them only if they were typical skills children used to participate meaningfully in the routine. Weird, “therapeutic,” or “educational” activities, designed by professionals, that abnormalized the routine were excluded. One category of such activities includes those designed to prime the pump for function, such as oral-motor exercises before eating (or talking). Such warm-up activities are not normal in routines and, in the case of nonspeech oral-motor exercises, have a poor evidence base. These two problems would double-eliminate the activity.

ORGANIZATION OF THE MANUAL

This manual is organized in three sections comprising nine chapters. The first section, “Context and Conceptual Framework,” presents the fundamentals needed to understand and implement the MEISR in early intervention. Chapter 1 provides an overview of assessment in early intervention. Chapter 2 lays out the MEISR’s conceptual framework: engagement theory, functioning and participation, and the RBM. The MEISR is a different way of looking at a family’s needs, so some explanation is probably needed. Chapter 3 presents the rationale for the RBI and explains how to conduct it and integrate it with the MEISR.

The title of Section II, “Ways to Use the MEISR,” is self-explanatory. In this section, Chapter 4 describes the MEISR’s purpose and states how to use the MEISR. It has various uses—most related to assessment of needs. This chapter also provides an overview of the MEISR’s organization and identifies potential misuses of the tool. Chapter 5 describes how the MEISR can inform federal child outcome reporting.

The third section, “Implementation, Scoring, and Working With Data,” presents more detailed guidance on how to implement the MEISR when developing an intervention plan and how to interpret and use MEISR results. An effective intervention plan is based on a functional needs assessment. The MEISR obtains the family’s ratings of child functioning in routines, so it satisfies the need to get information the family can use to choose meaningful goals. Chapter 6 explains how to introduce the MEISR to families and work with them throughout the intervention process. Chapter 7 describes the scoring of the MEISR in detail. Chapter 8

explains other ways MEISR results can be interpreted and analyzed, and Chapter 9 describes how to use the MEISR for program evaluation. Finally, the book's appendix discusses the MEISR's psychometric properties.

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“Early interventionists will find this tool invaluable for all steps—from IFSP development to progress monitoring to program evaluation. Dr. McWilliam has provided us with another invaluable, evidence-based approach that will work with infants, toddlers, and their families.”

—Jane Squires, Ph.D., Professor, Early Intervention/Special Education, University of Oregon

“It’s wonderful to see a book on assessment that focuses on the things most important to families of very young children—the routines and activities that comprise their days. This tool will enable interventionists to help families and children enjoy routines and activities that matter most to them.”

—Laurie A. Dinnebeil, Ph.D., Distinguished Professor and Daso Herb Chair, University of Toledo;
Editor, *Journal of Early Intervention*

Young children grow and learn when they participate fully in everyday routines and activities. Assess this critical dimension of child development with the **MEISR™**, an easy-to-use tool for creating a snapshot of the functional behaviors of children from birth to 3 years of age.

A rich learning opportunity for both families and professionals—and an ideal starting point for talking to parents about their child’s functioning—the MEISR helps build an understanding of a child’s **engagement, independence, and social relationships** within the context of 14 common family routines (see sidebar). Completed by caregivers during home visits, the MEISR helps paint a picture of the child’s functioning and highlights future learning opportunities.

In this comprehensive MEISR manual, you’ll discover how to

- Introduce the MEISR to families
- Implement and score the MEISR
- Interpret results accurately
- Review the MEISR with families and develop individualized intervention priorities
- Integrate the Routines-Based Interview (RBI) with the MEISR
- Use results of the MEISR to inform federal child outcome reporting
- Monitor your program’s effectiveness with the help of data from the MEISR

Make the MEISR a part of your early intervention program, and you’ll have a powerful tool that helps families enhance natural learning opportunities and support their child’s engagement.

Assess a child’s functioning within 14 routines:

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Toileting/Diapering
Meal Times
Dressing Time
Hangout – TV – Books
Play With Others
Nap Time
Outside Time
Play by Him- or Herself
Bath Time
Bedtime
Going Out
Grocery Shopping
Transition Time

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