



Poor Executive Functions Can Limit Therapy Results

Is your client/student inattentive and disorganized? Does he have behavioral, emotional, AND cognitive problems?

If so, he may have an executive function disorder. Challenges in executive functions are often the result of injury or trauma in adults. Children may fail to develop executive functions as a result of a primary disorder, such as a learning disability, autism, a language disorder, or a medical syndrome. The common components of executive functions are:

Conscientious
speech-language
pathologists
recognize that
addressing executive
function skills
is necessary for
effective treatment.

- Recognizing the need to take some form of action
- Initiating relevant actions while inhibiting destructive actions
- Monitoring and modulating behavior to meet changes in circumstances

Children and adults with executive function disorder display an array of behaviors that collectively can result in any combination of the following:

- Difficulty with planning and organization
- Trouble identifying what needs to be done
- Problems determining the sequence of accomplishment
- Difficulty carrying out the steps in an orderly way
- Difficulty beginning tasks
- Problems maintaining attention
- Trouble evaluating how they are doing on a task
- Difficulty taking feedback or suggestions
- Poor behavioral transitions

Disruption in executive functions can limit generalization of therapy skills. On a greater scale, it can impact a large number of communication and social skills, which are critical components of life-adaptive success and learning.

Attention, inhibitions, and working memory are cognitive processes associated with and key to the effective development and use of executive functions. Table 1 presents a list of those skills involved in executive functions.

Most executive functions are mediated through verbal language. The ability to self-talk and use language as a self-guiding system is integral to the development of effective strategies and self-monitoring behaviors. Conscientious speech-language pathologists recognize that addressing executive function skills is necessary for effective treatment. If executive function skills are not addressed, therapy stops short of a successful conclusion.



Table 1: Executive Functions

Cognitive Processes

Attention

- Focuses, directs, sustains, and selectively attends to relevant stimuli
- Shifts attentional focus as required

Inhibition

- Prevents impulsive responses and behaviors
- Inhibits disruptive, unwanted, unintentional, irrelevant actions
- Delays desirable behaviors until required

Working Memory

- Holds and processes information long enough to execute desired behavior

Components

Goal Selection

- Anticipates consequences and predicts outcomes
- Chooses goal based on priority, relevance, experience, and knowledge of current expectation and limitations

Planning & Organizing

- Generates steps, sequences, materials required, and necessary information to execute task or behavior
- Creates relevant strategies to meet goal

Initiation & Persistence

- Initiates and maintains goal-directed behavior despite intrusions, distractions, or changes in task demands

Flexibility

- Demonstrates adaptability in strategic thinking and problem solving as goal or environment change
- Shifts attention and plans accordingly

Execution & Goal Attainment

- Successfully executes plan and strategies (original and revised) within constraints of environment or time

Self-Regulation

- Applies self-observation to monitor performance, self-judgment to evaluate performance, and self-reaction to change in order to achieve ultimate goal

For more practical, in-depth information on the assessment and treatment of executive functions, see *The Source® for Development of Executive Functions* and *The Source® for Executive Function Disorders*.

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