

## EXECUTIVE SKILLS: THE HIDDEN CURRICULUM

The attached concise essay on executive skills recently published by the National Association of School Psychologists is one of the best I've ever seen and reflects what we have been developing at PLC. First, I'll set the stage.

In the world of biology, everything is held together somehow. People have internal skeletons. Turtles have shells. Take our skeleton away and there will be a pile of mush. Take the shell away from a turtle and there will be a pile of mush. People are held together on the inside, turtles are held together on the outside. The same is true of brains. Some brains are inherently organized; other brains require a structure of external organization.

Most of our students are not inherently organized. When one lacks internal organization one has to rely on an external structure for success. Children lacking inherent organization benefit from family structures that teach order, control, and compensation. But what about dysfunctional families with a lot of randomness, chaos, stress, impetuosity, etc.? Children who are inherently organized may experience stress within such a family structure but tend to be resilient and have better life chances as they inherently have control, order, an internalized locus of control, etc. The child who is inherently disorganized living in dysfunction has a dismal chance of learning compensatory strategies. Consequently, faces life with randomness, impetuosity, aggressiveness, and by chance.

Fundamentally, PLC provides a prosthetic environment. Elements of our environment are physical and psychological safety, order, predictability, supports, hope, clear requirements and expectations, etc. An analogy is a leg brace to someone who has difficulty walking. Put the brace on the leg and the person walks. We can also say that we provide an island of sanity in a sea of insanity.

What has been discussed so far is invaluable to our students but it does not stop here. We need to ask the question, "Are our students successful because of their responsiveness to our prosthetic environment or, are they acting responsibly on the basis of self-regulation?"

As we know, four feeder pathways (behavioral dyscontrol, learning inability/disability, social skill deficit, and mood/affect dysregulation) lead into one common pathway (failure of self-regulation) that brings students into PLC. Now, let's look at the role of executive skill.

Students with behavioral dysregulation need to be able to inhibit impulse. Students with learning inability/disability need to self-compensate and/or bypass. Students with social skill deficit need to self-effect an appropriate fit between the self-and the social environment. Students with mood/affect dysregulation need to modulate their mood and the expression of mod. The bedrock foundation for success in all domains: facilitative executive skill.

Through demystification we get past the smoke of "behavior" and go to the "fire" which is executive dysfunction. We are getting much better at coming to understand executive skills and executive dysfunction. Now, the challenge ahead is to get everyone onboard with the understanding and building of executive skills.

Behavior, Academics, Social Skill, and Mood/Affect Regulation are domains. Executive skill undergirds all of these domains. Under transdisciplinary practice we can no longer work in “an ice cube tray.” This means that while we are teachers, clinicians, related service providers, etc. with specific areas of responsibility, the common foundation is executive skill. We all need to become experts at understanding and building executive skills in our students.

One major area is in our curriculum. We are developing a Top-Down/Bottom-Up structure. Top down is *what* they are learning (such as history, algebra, and social skill). Bottom-up is *how* they are learning (such as organization, math, reading, problem solving).

Just as I was about to distribute this essay the June edition of the *Journal of the American Academy of Child and Adolescent Psychiatry* arrived on my desk. This edition contains an article on adolescent outcomes of ADHD. The authors note that students with uncompensated ADHD tend to have co-morbid oppositional-defiant behavior, anxiety, and depression (abstract attached). This is typical of a lot of our students. Although now being conditions unto themselves requiring treatment, O-D behavior, anxiety, and depression are the “smoke.” To properly address these conditions, the ADHD must be targeted for intervention. What’s at the core of ADHD? –Executive dysfunction.

Your comments are invited...

John

Read the article [here](#).