

How can occupational therapy be beneficial to people with Executive Functioning Issues as a result of Neurodevelopmental and Psychiatric Disorders, and why might Traditional Mental Health Care not be the right fit?

Occupational therapy **helps executive-function difficulties** by improving **daily functioning and self-regulation**, while symptom-only care often misses real-world demands.

Executive-function problems cut across neurodevelopmental and psychiatric diagnoses, so the key issues are **what OT improves, how OT works differently, and why traditional mental health care can miss the target** (Sadozai et al., 2024; Zelazo, 2020; Carvalho, 2026).

Functional Benefits

Occupational therapy is beneficial because executive dysfunction is closely tied to difficulties in everyday participation, not just test performance or psychiatric symptoms (Akyurek et al., 2023; Koene et al., 2022; M et al., 2025). Across neurodevelopmental disorders, executive-function training shows **far-transfer** benefits to daily life functioning and clinical symptoms, which is especially relevant when the goal is better organization, independence, and participation (Bombonato et al., 2023).

- OT targets **ADLs and IADLs** as well as cognition, with gains reported in daily life skills, participation, and autonomy (Stratou et al., 2025; Vlotinou et al., 2023).
- In autism, adding EF strategies to regular OT produced greater gains in daily life skills and sensory processing than OT alone in a pilot RCT (Yousef et al., 2024).
- In ADHD, OT-based programs improved BRIEF executive scores and occupational performance, including metacognition, initiation, monitoring, and COPM outcomes (Gilboa & Helmer, 2020; Erarslan et al., 2026).

OT Approach

Occupational therapy differs from many clinic-based cognitive or psychotherapeutic approaches because it works in the context where executive failures actually happen: messy, meaningful, multi-step daily tasks (Koene et al., 2022; Heaps, 2025). Evidence across diagnoses suggests EF interventions work better when they are scaffolded, contextualized, and paired with metacognitive strategy use rather than isolated drill practice (Zelazo, 2020; Carvalho, 2026).

- OT assessment should combine executive skills with **occupational performance**, because EF difficulties and functional problems vary by diagnosis and by person (Akyurek et al., 2023; Dajani et al., 2016).
- Strategy-based OT models such as **CO-OP** improved all BRIEF components more than conventional OT in children with learning disability (Sharma & Jaywant, 2025).
- In psychiatric populations, cognitive or functional remediation improved occupational functioning in most bipolar-disorder studies, sometimes partly through EF improvement (Koene et al., 2022).

Limits of Traditional Care

Traditional mental health care may not be the right fit when it is organized mainly around diagnostic labels or symptom reduction, because executive dysfunction is **transdiagnostic** and strongly shapes functioning, treatment engagement, and skill use between sessions (Carvalho, 2026). Many standard therapies implicitly require intact planning, working memory, self-monitoring, and cognitive flexibility, so patients with executive dysfunction can understand therapy yet struggle to carry it into daily life (Carvalho, 2026).

- Symptom improvement alone often does **not restore functioning**, and sequential diagnosis-based care can leave everyday disability unchanged (Carvalho, 2026; Koene et al., 2022).
- Standardized or one-off assessments often lack **ecological validity** and can miss how people perform in real environments with competing demands (Heaps, 2025).
- Evidence is still developing in some groups and ages, including emerging adults with ASD and several OT mental-health applications, so fit should be individualized rather than assumed (Lavin, 2018; Stratou et al., 2025).

Occupational therapy appears most useful when executive-function problems are disrupting **real-world participation**, because it targets self-regulation, strategy use, and meaningful daily tasks directly. Traditional mental health care can still help, but it is often a poorer fit when it treats symptoms without addressing the executive processes needed to function day to day.

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