

## OCTH 6260-Spring- Assessment Rating Form

### I. General Information

**Title of the test:** Executive Function Performance Test (EFPT)

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**Publisher:** Program in Occupational Therapy at Washington University Medical School in St. Louis, MO.

**Time required to administer:**

Varied around 30-40 minutes, all 4 portions need to be completed.

**Cost of the Test:**

Free, email Carolyn Baum at baumc@wustl.edu to report for what reason you are using the assessment. You will have to purchase and set up your items for the tests.

You can download the training manual, labels, and template at:

<http://www.ot.wustl.edu/ot/otweb.nsf/5af541d3cfd036a986257260005bc07d/ecc9551f54901f1d8625791e0063d1a7!OpenDocument>

### II. Description of Test

**Type/Purpose of Test:**

Top-down assessment of identifying executive function skills to perform common daily occupations for independent living. 5 components of executive function (EF) are observed as test domains: (1) initiation/starting, (2) organization/setup, (3) sequencing/completing steps in proper order, (4) determining safety/judgment, (5) understanding task is complete. The level of assistance required in each of the 5 components of executive function is measured through a hierarchy of cueing: 0. No cues. 1. Indirect cues 2. Gestures or pointing. 3. Direct cues. 4. Physical Assistance 5. Do for the participant.

**Population:** Adult age range not specified in manual. AJOT 2008 Article population age range: 30-90 y/o. Variety of populations that are considered to have cognitive disabilities who can demonstrate performance of basic IADLs based on a determined level of assistance.

**Focus of measurement:**

Organic systems    Abilities    Participation/life habits    Environmental Factors

### III. Practical Administration

**Ease of Administration:** The EFPT has 4 subtest activities of IADLs for scoring of executive function and level of needed cueing. The first two IADLs are making oatmeal and looking up a grocery store phone # and calling to ask if they deliver groceries. The next two are taking proper dosage of correct medication and paying two bills. These 4 activities must be performed in the

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order that was described. The test can be administered in a Home environment or office setting properly equipped with a stove top. Environmental restrictions are not specified; however the manual states that conversations and positive/negative feedback to participant cannot be allowed during assessment. For that reason family, friends and offspring should not be involved to prevent this from occurring.

Complete pre-test checklist and have items prepared for assessment. Use script to describe assessment and then conduct pre-test questions. Have client next to box with all items inside and all other non-assessment items removed from area and have them begin. Provide assistance only after attempt has occurred; always start from lowest level of cueing throughout steps of every task. Be sure to also record in scoring sheet the time amount of each task in addition to levels of cueing.

Provides flexibility for motor deficits if client asks for help to physically complete part of the task but cannot do such, this is scored as 0 not 5 for cue hierarchy.

**Clarity of Directions:** Direct and easy to read; provides explanation of what can and cannot be done for this assessment. Manual provides a script; step by step instructions and an item list for each activity.

**Scoring Procedures:** The test results have three scores: The highest level of cueing needed for each of the 5 components of EF is recorded in each task scoring sheet; EF component score can range from 0-5. A higher number means they needed a higher level of cueing. Next total the levels of cueing for all five components, task score can range from 0-25. The last score is the total of all 4 task scores. Transfer recorded duration of time in minutes and these three types of scores onto the summary score sheet. On this sheet also record pretest scores, actual performance rating and check boxes of potential awareness section.

### Examiner Qualification & Training

There is not a formal training and certification for this assessment. Review of manual and practice in administering hierarchy of cues with participants is sufficient.

## IV. Technical Considerations

Standardization: \_\_\_ Norms \_\_\_♥\_\_\_ Criterion Referenced \_\_\_ Other

Reliability: (Good) Interrater reliability: (.79-.91) Internal consistency (.94)

Validity: Construct: <.001-<.05,

Criterion:

[poor] (-.21→-.49)- Digits forward, Digits backward, Trails A, Trails B, Animal Fluency, Short Blessed, FIM total.

[fair] (-.59 .68) Story Recall (Wechsler Memory Scale), FAM total.

Manual: \_\_\_ Excellent \_\_\_♥\_\_\_ Adequate \_\_\_ Poor

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**What is (are) the setting/s that you would anticipate using this assessment?**

Outpatient, Home Health, SNF.

**Summary of strengths and weaknesses:**

**Weakness:**

Currently does not provide standardized versions in different languages.

Does not provide adjustments for visual impairments or hearing limitations.

Does not have standardized equipment that has been tested with a variety of populations.

**Strength:**

Observes through a top-down approach what a person is capable of doing and how cognitive deficits based on the 5 components limit actual occupational performance.

EFPT is a dynamic assessment in which a client does not fail a portion or entirety of the assessment.

Test administrator is allowed to actively assess what type of assistance should be provided during the transaction in order for the participant to complete a task.