



## Applications of Cognitive Deficits

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### DESCRIPTION

Children with cognitive abnormalities can have moderate impairments in certain functions or severe intellectual impairments with inadequate functioning. Some fundamental problems with measuring cognitive function must be recognized in order to comprehend the concept of cognitive deficiency.

A person's disability in the mental processes that enable the acquisition of information and knowledge and influence how they perceive and interact with the outside world is referred to as having a cognitive deficiency. The domains of cognitive functioning include the following areas:

- Attention
- Decision making
- General fund of knowledge
- Judgment
- Language
- Memory
- Perception
- Planning
- Reasoning
- Visuospatial
- Intellectual disability

The current diagnostic category in the Diagnostic and Statistical Manual of Mental Disorders DSM-5, intellectual impairment (formerly known as mental retardation), reflects the beginning of combined intellectual and adaptive functioning deficiencies during the formative period. The developmental period, as used in the US, is the period of time before the age of 18. While milder levels may not be recognized until a child reaches school age, children with this condition may show delayed developmental milestones. Although intellectual impairment is not progressive and is often lifelong, it can occasionally cause periods of cognitive decline when it coexists with certain hereditary illnesses.

Clinical evaluation and standardized IQ testing can confirm intellectual functioning deficits. The poorest two percent of people their age and in a very low range of functioning are those with IQ scores below 70. When assessing the validity of IQ

scores, experts like psychologists who are involved in the assessment of intellectual functioning should also take language diversity and cultural variations into account.

A person's capacity to perform in one or more daily activities across several situations is restricted by deficiencies in adaptive functioning, which include conceptual, practical, and social skills. A systematic interview or caregiver report measure, such as the following, may be used to evaluate adaptive functioning:

- Third Edition of the Adaptive Behavior Assessment System (ABAS-III)
- Revised Scales of Independent Behavior (SIB-R)
- Second Edition of the Vineland Adaptive Behavior Scales (Vineland-II)

Mild, Moderate, Severe, and Profound are the four new severity specifiers in the DSM-5 that can be used to diagnose an intellectual disability. Rather than IQ, severity is determined by the degree of adaptive functioning.

IQ scores between 55 and 70 are considered mild. It is necessary to provide some assistance with difficult daily duties, legal and medical decisions, and occupational training. In order to meet age-related expectations, it is also evident that the student struggles to gain academic skills and has immature social development and social judgment.

Previously, the term "moderate" referred to IQ ranges between 40 and 55. Before someone may become independent, they may need more time to learn how to take care of their fundamental personal needs. Along with the requirement for occupational help, ongoing assistance with household chores is expected. Social and linguistic skills may be considerably less developed in children than in their peers, and social judgment is often low. Language and pre-academic skills may develop slowly, and academic skill learning progresses much more slowly than that of peers.

In the past, severe referred to IQ ranges of 25 to 40. All daily living activities require assistance, and constant supervision is required. Given the potential limitations of spoken language, it may be necessary to augment it via technology or other methods.

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Conceptual skill attainment is quite limited when it comes to written language, numbers, quantity, or time.

Previously, the term "profound" applied to IQs below 25. Every facet of the person's everyday life is reliant on others. It is usual to have very little grasped of symbolic communication, and demands might be stated nonverbally. Goal-directed object use allows for the development of visuospatial abilities like sorting and matching. Functioning may be hampered by concurrent motor and sensory deficits.

When determining the severity of an intellectual deficit using currently known processes or testing is thought to be impracticable for a variety of reasons, the term "unspecified

intellectual disability" may be used to describe how an individual functions.

### Differential diagnosis

The DSM-5 separates intellectual disability from neurocognitive disorders, communication disorders, particular learning disorders, autism spectrum disorders, and global developmental delay and classifies it as a neurodevelopmental disease. It is not recommended to assume an intellectual impairment diagnosis based on a particular genetic or medical disease, but rather to mark it as a concurrent diagnosis pending proper investigation.