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Borderline Cognitive Functioning: A Review Study

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Abstract: Borderline cognitive functioning is an important and often unrecognized condition associated with the diagnosis and treatment of all mental disorders. In DSM-IV-TR, it is defined as an IQ between 71-84. In the DSM-

5, IQ is not part of the borderline classification, leaving the concept without a clear definition. This revision is one of the most significant changes in DSM5. In this article we will describe the history of the division of labor at the Cognitive frontier. We provide information on this topic and the importance of placing it in its proper context and place in future versions of the DSM and other classifications such as the International Classification of Diseases.

Index Terms – Borderline cognitive functioning, parenting

INTRODUCTION

One of the most important changes in DSM5 is the change in the classification of borderline cognitive disorders. Unlike previous versions of the DSM, the IQ threshold is not part of the classification, leaving the concept without a clear definition. IQ scores can best be described as normally distributed over a wide range. The term borderline Cognitive functioning describes a group of people who fall somewhere between Cognitive and non-Cognitive functioning; The mean of his intelligence curve is 1 to 2 standard deviations below, and his estimated IQ is between 70 and 85. According to the original curve, 13.6% of the population falls into this group. Borderline Cognitive functioning has always been an elusive concept. It has different names, different boundaries, and has been carried over into earlier versions of the DSM, starting with Depression in DSM-I and ending with code V in DSM-5. Its classification in DSM-5 follows a similar path to that in ICD. Although ICD-11 is not due until 2017, it will share the same views as DSM-5.

In the DSM-

5, similar to the new classification of Cognitive disability, IQ test scores are removed from the diagnostic definition of cognitive functioning. This is a disaster for the concept because it is the only model left. The importance of IQ scores in the classification of mentally retarded people is well explained even in DSM-5. According to the V code, borderline Cognitive functioning is ultimately defined by IQ alone, but by removing the IQ criteria, the DSM-5 provides no criteria for borderline intelligence: Intelligent functioning. ICD-11 may do the same, or it may not include the classification of borderline cognitive functioning at all. Although this is a very important and often neglected disease that is relevant to the diagnosis and treatment of all mental disorders. Here we will describe and inform the Cognitive frontier history of the division of labor and the importance of placing it in its proper context and place for future versions of other classifications such as the DSM and ICD.

BORDERLINE COGNITIVE FUNCTIONING

Before the DSM-

I, the IQ limit was used for what is now called Cognitive disability or autism. Cognitive disability therefore involves what we

now call borderline Cognitive functioning. In the DSM-I, borderline Cognitive functioning is called mild mental illness and is listed under the "Cognitive Disability" section. 5 This classification is used when the IQ is a approximately 1 to 2 standard deviations below the mean (equivalent to an IQ of 70 to 70). 85) and poor performance. DSM-

I called for a classification based on more than standard IQ tests. In addition to school, work and relationship s, cultural, physical and emotional aspects also need to be taken into account, he said.

In DSM-

II, borderline mental functioning is called borderline mental retardation. It has a place in the "Mental Disability" section. 6 Thresholds for borderline mental illness (IQ 68–

83) differ slightly from mild mental disorders in DSM-I, but other criteria remain the same. In the DSM-III, the location of the limit of Cognitive functioning has changed a lot⁷ and is not part of what is called Cognitive disability. While mental disorders are now generally included in the section for diseases that first appear in infancy, childhood, or adolescence, cognitive function now ranges from code V, girls” to “code V for conditions not related to mental illness” –

In this section, these conditions are included at the end of the DSM is “diagnostic or clinical.” The V code for borderline Cognitive functioning is used when the focus of attention or treatment relates to Cognitive functioning (for example, IQ in the range of 71 to

85. It is accepted and explained that IQ should not be the only measure in classifying mental disorders, diagnosing mental illnesses or measuring their severity, and in the V code Borderline Cognitive Functioning, IQ is now the only measure.

< Intelligent functioning has a similar history in ICD. exists and was separated from the psychiatry department around the same time as the DSM. 2,3 This change apparently resulted in a decreased likelihood of cognitive impairment. The argument in DSM-

III is that the vast majority of individuals with Cognitive disabilities do not have behavioral disorders. 7 The classification of borderline Cognitive functioning has not changed in more than 30 years; DSM-III, DSM-IV, and DSM-IV-

TR all use V codes to assign them. Meanwhile, in ICD, borderline cognitive function is transferred to the rest of R41.8; this is a non-specific provision referring to “other work- and information-related symptoms and signs of cognitive impairment.” 4

Currently, DSM-

5 has reintroduced the definition of borderline cognitive functioning. V codes are listed under “Other conditions in personal history” under “Other conditions that may cause significant medical concern.” It does not provide an explanation of the intelligence function at the border.

LITERATURE REVIEW

I. Rachel M. Fenning; Jason K. Baker; Bruce L. Baker; Keith A. Crnic William E. MacLean, Jr. [2007]

To make a comparison between families of children with borderline intelligence and families with normally developing and

slowgrowing children. Parental information was obtained from home observation at age 5 years. Mothers of children with borderline intelligence were found to have poorer and less disruptive parenting behaviors than other mothers and were least likely to cooperate and participate. Children with borderline intelligence did not appear to have more behavior problems than other children; However, their mothers experienced more symptoms than the children's mothers. The findings highlight the importance of mothers' explanatory patterns for children's problems and suggest that it is only children with borderline intelligence who are at risk for poor parenting.

II. Marlowe, M., Herrera, J., & Jacobs, J. (1983).

The relationship between subtoxic metals and mild mental disorders and intellectual borderline has been examined. Iron content in hair was compared with 135 children aged 4-16 years with mild mental retardation or borderline intellectual disability (IQ 55-84) and 71 matched controls aged 4-25 years. Lead and cadmium concentrations were higher in Ss in the stunted/borderline group. Sources of exposure to lead and cadmium are discussed. Although there is no causal relationship, the findings suggest that lead and cadmium poisoning should be reexamined because levels of these metals were not previously thought to be a risk associated with mental retardation and cognitive impairment.

III. Grzegorz Szumski, Anna Firkowska-Mankiewicz, Izabela Lebuda, Maciej Karwowski [2018]

This longitudinal study examines personal factors (intelligence and health), health services (family health, SES), specific aspects of early childhood education, and students' disabilities. Being labeled as predicted academic success and goal attainment 23 years later in life. Materials and methods The sample consisted of 49 people with intellectual disability (BIF), 21 of whom attended special schools and were registered as having special education; the remaining 28 attended regular schools and did not have a tag.

IV. M. Van Nieuwenhuijzen, B. Orobio de Castro, M.A.G. Van Aken, W. Matthys [2009]

There is increasing interest in the mechanisms involved in borderline (MID/BI) behavior problems in children with mild and intellectual disabilities. It has been shown that one of the explanations for the violence seen in these children is difficulty coping with social problems. However, recently, differences have been observed between automatic reactions and reactions to social situations. We hypothesized that dysregulation and social coping strategies together may explain mechanisms of aggression in children with MID/BI.

DISCUSSION

Parents of normal children have to make a lot of adjustments in raising their children, bringing them into the educational and social stream. At the same time, in order for the children to have good habits and their behavior, it is necessary for the parents to give the right advice and culture to the children at the right age. Then life satisfaction does not meet as it should be said at such times. This happened to the parents of normal children, if there is a special child, then the parents are even more excited. Even in day to day life, children face problems like how to brush, how to wear clothes, it starts from here. Educational and social progress remained far away. Then the parents of special children do not get life satisfaction, and adjustments have to be made in very small things. Besides, there is a stigma of the society that being called a special child means that the acceptance of the society is not as good as it should be. A lot of work has been done on special children till date in Ph.D. But how many adjustments parents have to make to take care of these children and life satisfaction is not getting as much due to all these conditions. Children with MILD INTELLECTUAL DISABILITY are accepted in the society. But it is important to understand how much the society accepts them. If the children of MID are taught and practiced the things to be done in day to day life, they can survive well in the society. We need to teach them some skills to make them self-reliant and if we give them knowledge about daily life, they can try to move in the society, we just need to support them. In each research we will measure the adjustment and life satisfaction of parents of M.I.D and B.I.D. Do M.I.D parents have to make more adjustments? Or, do parents of B.I.D. have to make more adjustments? We will see this in the next research and we will also see how much life satisfaction is related to

VULNERABILITY AND MENTAL HEALTH –

It's important to approach discussions about vulnerabilities and mental health with sensitivity and respect. Mental health conditions, including borderline Cognitive functioning, are complex and varied. People with borderline Cognitive functioning may face challenges in areas such as learning, problem-solving, and adaptive functioning. Some common vulnerabilities that individuals with borderline Cognitive functioning may experience include:

1. **Educational Challenges:** Difficulty in acquiring and applying knowledge, which can impact academic achievement and educational progress.
2. **Social Isolation:** Challenges in forming and maintaining relationships due to difficulties in social communication and understanding social cues.
3. **Employment Difficulties:** Limited job opportunities and challenges in securing and maintaining employment due to cognitive limitations.
4. **Financial Struggles:** Difficulty managing finances and making informed decisions related to money matters.
5. **Dependence on Support Systems:** Increased reliance on family, caregivers, or support services for assistance with daily activities and decision-making.
6. **Mental Health Issues:** Higher susceptibility to mental health issues such as anxiety and depression, often associated with the challenges they face in various aspects of life.
7. **Stigma and Discrimination:** The potential for experiencing societal stigma and discrimination, which can contribute to feelings of low self-esteem and exclusion.

It's crucial to note that individuals with borderline Cognitive functioning, like anyone else, have unique strengths, capabilities, and potential for growth. Supportive environments, education, and understanding can significantly contribute to their well-being and overall quality of life. If you or someone you know is dealing with mental health challenges, seeking professional help from a psychologist, psychiatrist, or other mental health professionals is recommended. They can provide tailored support and guidance based on individual needs and circumstances.

CHALLENGES ASSOCIATED WITH BORDERLINE COGNITIVE FUNCTIONING

Addressing the challenges associated with borderline Cognitive functioning involves a comprehensive and individualized approach. Here are some potential solutions and strategies:

1. **Early Intervention:**
 - Identify and address developmental delays as early as possible.
 - Access early intervention services, including speech therapy, occupational therapy, and educational support.
2. **Educational Support:**
 - **Individualized Education Program (IEP):** Work with educators to develop and implement an IEP tailored to the individual's needs, providing appropriate accommodations and modifications.
 - **Special Education Services:** Access specialized educational services and programs that cater to cognitive strengths and weaknesses.
3. **Counseling and Behavioral Support:**
 - **Behavioral Therapy:** Engage in behavioral interventions to address specific challenges and promote positive behavior.
 - **Counseling:** Provide emotional and social support through counseling to address any mental health issues and enhance coping skills.
4. **Skill Training:**
 - **Life Skills Training:** Focus on developing practical life skills, such as self-care, communication, and problem-solving.
 - **Vocational Training:** Offer vocational training and job placement services to enhance employability.

5. Social Support:

- Social Skills Training: Provide targeted interventions to improve social communication and interaction skills.
- Peer Support: Facilitate positive social interactions and friendships with peers through support groups or social skills training.

6. Assistive Technology:

- Utilize assistive technology tools and devices to enhance learning and communication skills.
- Explore adaptive aids that can facilitate independent living and employment.

7. Family Involvement:

- Involve families in the planning and implementation of support strategies.
- Provide education and resources to families to better understand and support their loved one.

8. Community Resources:

- Access community-based services and resources, including day programs, support groups, and recreational activities tailored to individual needs.

9. Legal Protections:

- Be aware of legal protections and rights, such as the Americans with Disabilities Act (ADA), that may provide accommodations and support in various settings.

10. Ongoing Assessment:

- Regularly assess progress and adjust interventions as needed.
- Collaborate with a multidisciplinary team, including educators, psychologists, and healthcare professionals.

It's essential to recognize the unique strengths and abilities of individuals with borderline Cognitive functioning and focus on empowering them to reach their full potential. Customizing interventions based on individual needs and providing ongoing support can significantly enhance their quality of life.

CONCLUSION

We recommend a renewed regard to the concept of borderline Cognitive functioning and its place in the DSM and other classification systems such as the ICD. A clear classification could improve the visibility of patients with cognitive abilities in mental health services, thus blurring the gap between the most likely and the least experienced. Recognition and acceptance of patients with borderline Cognitive functioning and attention to their specific mental health care needs can improve the quality of mental health care for this population, which often lies at the end of the spectrum.

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