

## Behavioral Assessment in Mentally Retarded People

Hossein Tabatabaei-Jafari\*

Department of Medical Sciences, Yonsei University, Seoul, Australia

### EDITORIAL

Mental retardation has possibly the longest history of any branch of psychology. Binet's studies, for instance, aimed to identify mentally impaired people from those who were not. The Binet and later the Stanford-Binet IQ tests were among the first steps in the development of psychometry as we know it today. Furthermore, the IQ test played a significant role in the separation of children's academic performance, and hence special education was closely associated with this movement. The IQ test was significantly responsible for categorizing people into ordinary and special groups.

People who are severely retarded, particularly those in residential facilities, typically do not dress themselves, are not fully toilet trained, and do not feed themselves. They have a wide range of social reactions to others. Some cling to grownups, others give them little attention, and yet others avoid contact with adults in their environment. Their social interactions and linguistic behavior are typically restricted. Some say a few isolated words and phrases, while many do not speak at all. Crying, yelling, crude pointing, and tugging at the individual like a tiny child are the most common ways they communicate with other people. Their reactions to other people's words are restricted, and many of them don't even respond to their own names. Children's or adult imitation is frequently restricted or non-existent. People who are severely retarded have a wide range of responses to physical objects in their environment. They may, for example, not respond to a toy, or they may mouth it, try to pull it apart, or hurl it. They spend a lot of time rocking, rolling their heads from side to side, and flicking their fingers in front of their eyes, masturbating, hand wringing, and thumb-sucking, among other things. The term "severe retardation" encompasses a wide range of behaviours; nonetheless, the behaviours listed above are

common among those classified as seriously retarded. Severely retarded people account for 3 to 4% of the mentally retarded population. Individuals with very retarded IQs range from 20 to 40. They may be able to grasp very basic self-care and communication abilities. A group home may accommodate a large number of severely impaired people.

Moderately retarded people can frequently dress themselves in part, take care of most of their own bathroom needs, and eat themselves without help. Moderately impaired children's social reactions to adults are more varied than those of severely retarded children, and they usually have a larger linguistic repertoire. They can commonly emulate a wide variety of adult or peer behaviors. They play with toys more like normal youngsters and engage in stereotyped activities less frequently. In a nutshell, they have a broader spectrum of appropriate (socially defined) behavior that is influenced by both physical and social inputs. Despite this, they fall short of community expectations. They rarely read and talk with stuttering syntax and articulation. Skills in arithmetic and writing are very lacking. They may dress themselves, but their attire is frequently inadequate or improper. Other sorts of behavioral deficiencies could be identified that are linked to the classifications of moderately and severely retarded. Moderately retarded people make up about 10% of the mentally retarded population. Individuals with a somewhat impaired IQ range from 35 to 55. With moderate supervision, they can perform work and self-care responsibilities. They usually learn to communicate as children and are able to live and function successfully in the community in a supervised setting like a group home. Mildly retarded people account for roughly 85% of the mentally retarded population. Their IQ ranges from 50 to 75, and they can usually learn academic skills up to sixth grade. With community and social support, they can become quite self-sufficient and, in some situations, live independently.

**Correspondence to:** Hossein Tabatabaei-Jafari, Department of Medical Sciences, Yonsei University, Seoul, Australia; E-mail: hossein.jafaribaei@anu.edu.au

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