

Severe Emotional Disturbance (SED) CRITERIA CHECKLIST



SED determination is based on the age of the individual, diagnoses, functional impairment or symptoms, and duration of the disorder. The child/adolescent must meet all of the following criteria:

1. **Age:**
- be a person under the age of 18;
- OR**
- be a person between the ages of 18 and 21, who received services prior to the 18th birthday, was diagnosed with a SED, and demonstrates a continued need for services.
2. **Diagnoses:**
Must meet A or B.
- A.** The child/adolescent has an emotional and/or behavioral disability that has been diagnosed through the classification system in the current *American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders* In addition, please note the following:
 - Diagnoses that are included are only those providing a primary reason for receiving public system behavioral health services.
 - Neurodevelopmental Disorders** – 299.00, 307.22, 307.23, 307.3, 307.9, 314.00, 314.01, 315.4, 315.35, 315.39, 315.8, 315.9, 319
 - Schizophrenia Spectrum and other Psychotic Disorders** – 293.81, 293.82, 295.40, 295.70, 295.90, 297.1, 298.8, 293.89, 298.8, 301.22,
 - Bipolar and Related Disorders** – 293.83, 296.40, 296.41, 296.42, 296.43, 296.44, 296.45, 296.46, 296.50, 296.51, 296.52, 296.53, 296.54, 296.55, 296.56, 296.89
 - Depressive Disorders** – 296.99, 293.83, 296.20, 296.21, 296.22, 296.23, 296.24, 296.25, 296.26, 296.30, 296.31, 296.32, 296.33, 296.34, 296.35, 296.36, 300.4, 31, 625.4
 - Anxiety Disorders** – 293.84, 300.00, 300.01, 300.02, 300.09, 300.22, 300.23, 300.29, 309.21, 300.23
 - Obsessive-Compulsive Related Disorders** – 294.8, 300.3, 300.7, 312.39, 698.4,
 - Trauma-and Stressor Related Disorders** – 308.3, 309.0, 309.24, 309.28, 309.3, 309.4, 309.81, 309.89, 309.9, 313.89
 - Dissociative Disorders** – 300.12, 300.13, 300.14, 300.15, 300.6
 - Somatic Symptom and Related Disorders** – 300.11, 300.19, 300.7, 300.82, 300.89,
 - Feeding and Eating Disorders** – 307.1, 307.50, 307.51, 307.52, 307.53, 307.59
 - Elimination Disorders** – 307.6, 307.7, 787.60, 788.30, 788.39
 - Disruptive, Impulse Control and Conduct Disorders** – 312.32, 312.33, 312.34, 312.81, 312.89, 312.9, 313.81
 - Substance-Related and Addictive Disorders** – 292.9, 303.90, 304.00, 304.20, 304.30, 304.40, 304.50, 304.60, 304.90

continued on next page

- B.** The term “complex trauma” describes children’s exposure to multiple or prolonged traumatic events, which are often invasive and interpersonal in nature. Complex trauma exposure involves the simultaneous or sequential occurrence of child maltreatment, including psychological maltreatment, neglect, exposure to violence and physical and sexual abuse. [Dear State Director letter, July 11, 2013, from CMS, SAMHSA, ACF.] In order to qualify as a complex trauma diagnosis the child must have experienced one of the following traumatic events:

- Abandoned or neglected;
- Sexually abused;
- Sexually exploited;
- Physically abused;
- Emotionally abused; or
- Repeated exposure to domestic violence.

In addition to one of the qualifying traumatic events above, there must also be an exparte order issued by the children’s court or the district court which includes a sworn written statement of facts showing probable cause exists to believe that the child is abused or neglected and that custody is necessary.

3. **Functional Impairment:**

The child/adolescent must have a Functional Impairment in two of the listed capacities:

- Functioning in self-care:*

Impairment in self-care is manifested by a person’s consistent inability to take care of personal grooming, hygiene, clothes, and meeting of nutritional needs.

- Functioning in community:*

Inability to maintain safety without assistance; a consistent lack of age-appropriate behavioral controls, decision-making, judgment and value systems which result in potential out-of-home placement.

- Functioning in social relationships:*

Impairment of social relationships is manifested by the consistent inability to develop and maintain satisfactory relationships with peers and adults. Children and adolescents exhibit constrictions in their capacities for shared attention, engagement, initiation of two-way effective communication, and shared social problem solving.

- Functioning in the family:*

Impairment in family function is manifested by a pattern of significantly disruptive behavior exemplified by repeated and/or unprovoked violence to siblings and/or parents and/or caretakers (e.g., foster parents), disregard for safety and welfare of self or others (e.g., fire setting, serious and chronic destructiveness, inability to conform to reasonable expectations that may result in removal from the family or its equivalent). Child-caregiver and family characteristics do not include developmentally based adaptive patterns that support social-emotional well-being. For early childhood functioning, major impairments undermine the fundamental foundation of healthy functioning exhibited by:

- rarely or minimally seeking comfort in distress
- limited positive affect and excessive levels of irritability, sadness or fear
- disruptions in feeding and sleeping patterns
- failure, even in unfamiliar settings, to check back with adult caregivers after venturing away
- willingness to go off with an unfamiliar adult with minimal or no hesitation
- regression of previously learned skills

- Functioning at school/work:*
Impairment in school/work function is manifested by an inability to pursue educational goals in a normal time frame (e.g., consistently failing grades, repeated truancy, expulsion, property damage or violence toward others); identification by an IEP team as having an Emotional/Behavioral Disability; or inability to be consistently employed at a self-sustaining level (e.g., inability to conform to work schedule, poor relationships with supervisor and other workers, hostile behavior on the job).

4. **Symptoms:**

Symptoms in one of the following groups:

- Psychotic symptoms:*
Symptoms are characterized by defective or lost contact with reality, often with hallucinations or delusions.
- Danger to self, others and property as a result of emotional disturbance:*
The individual is self-destructive, e.g., at risk for suicide, and/or at risk for causing injury to self, other persons, or significant damage to property.
- Mood and anxiety symptoms*
The disturbance is excessive and causes clinically significant distress and which substantially interferes with or limits the child's role or functioning in family, school, or community activities
- Trauma symptoms:*
Children experiencing or witnessing serious unexpected events that threaten them or others. Children and adolescents who have been exposed to a known single event or series of discrete events experience a disruption in their age-expected range of emotional and social developmental capacities. Such children may experience:
- a disruption in a number of basic capacities such as sleep, eating, elimination, attention, impulse control, and mood patterns
 - under-responsivity to sensations and become sensory seeking, physically very active, aggressive and/or antisocial
 - under-responsivity to sensations but not sensory seeking and may shut down further and become lethargic or depressed and difficult to arouse
 - over-responsivity to sensations and become hyper-vigilant or demonstrate fear and panic from being overwhelmed
 - episodes of recurrent flashbacks or dissociation that present as staring or freezing

5. **Duration:**

- The disability must be expected to persist for six months or longer.

continued on next page