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: The child/adolescent has an emotional and/or behavioral disability that has been diagnosed by a licensed psychiatrist, licensed psychologist, LISW, LMFT, or LPCC under the classification system in the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR). Please note: Although some Axis II and other disorders are excluded as primary diagnoses, all Axis II or other disorders should be documented and are likely to affect engagement and treatment planning. In addition, please note the following:
   - Diagnoses that are included are only those providing a primary reason for receiving public system behavioral health services. Diagnoses describing a static deficit are not included, unless a qualifying Axis I disorder is also present;
   - Most diagnoses marked NOS are excluded to ensure prompt and thorough assessment. The reasons for exceptions are noted where they appear.

Disorders usually first diagnosed in infancy, childhood, or adolescence

Axis II Disorders; i.e. Mental Retardation, as well as Learning Disorders, Motor Skills Disorder; Communication, and Pervasive Developmental Disorders are excluded. These disorders are primarily either static deficits or disorders for which mental health or substance use treatment is secondary to primary care or specialized non-behavioral health or developmental services.

- Attention-Deficit and Disruptive Behavior Disorders — All included (except NOS Disorder 312.9):
  - 314.00 and 314.01, 314.09, 312.81, 314.82, 314.89, 313.81
- Tic Disorders — All included (except NOS Disorder 307.20):
  - 307.23, 307.22, 307.21
- Elimination Disorders: 787.6, 307.7, 307.6
- Other Disorders of Infancy, Childhood or Adolescence — All included (except NOS Disorder 313.9):
  - 309.21, 313.23, 313.89, 307.3

Delirium, Dementia, and Amnestic and Other Cognitive Disorders and Mental Disorders Due to a General Medical Condition Not Elsewhere Classified (All excluded: Older age specific or, if chronic and disabling, treatment to be recommended is not behavioral health treatment or service.)

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Substance-Related Disorders
All included (except the following NOS disorders: 291.9, 292.9):
303.90, 305.00, 303.00, 291.81, 291.0, 291.2, 291.1, 291.5, 292.3, 291.89, 304.40, 305.70, 292.89, 292.0, 292.81,
292.11, 292.12, 292.84, 305.90, 304.30, 305.20, 304.20, 205.60, 292.0, 304.50, 305.30, 304.60, 305.90, 305.1, 304.00,
305.50, 304.10, 305.40, 304.80, 304.90

Other Diagnostic Categories

Schizophrenia and Other Psychotic Disorders (295.00 — all subtypes, 295.40, 295.70, 297.1, 298.8, 297.3,
293.81, 293.82, 298.9). Note that 298.9: Psychotic Disorder NOS is included as it indicates the presence
of significant and severe symptoms, but precise diagnosis may not occur until further evaluation and
treatment commences.

Mood Disorders — All included: 296.0x, 296.2x, 296.3x, 300.4, 311, 296.40, 296.4x, 296.6x, 296.5x, 296.7,
296.89, 301.13, 296.80, 296.90

Anxiety Disorders — All included: 300.0, 300.01, 300.21, 300.22, 300.29, 300.23, 300.3, 309.81, 308.3,
300.02, 293.84

Somatoform Disorders — All included (except NOS Disorders 300.82): 300.11, 300.81, 300.82, 300.80,
300.89, 300.7, 300.82

Factitious Disorders: 300.16 (NOS Disorder 300.19 is excluded)

Dissociative Disorders — All included (except NOS Disorder 300.15): 300.12, 300.13, 200.14, 200.6

Sexual and Gender Identity Disorders — Note that some codes not usually associated with children or
adolescents may be indicators of abuse or trauma. Gender Identity codes are excluded and likely to be
developmental rather than requiring behavioral health treatment. All other disorders in this category
are included (except NOS Disorder 302.70): 302.72, 302.79, 302.73, 302.74, 302.75, 302.76, 306.51, 625.8,
208.89, 607.84, 625.0, 608.89, 625.8, 608.89, 625.4, 302.4, 302.81, 302.89, 302.2, 302.83, 302.84, 302.3, 302.82,
302.9

Eating Disorders — All included (except NOS Disorder 307.50): 307.1, 307.51

Sleep Disorders in children and adolescents are excluded and if chronic and disabling call for treatment
that is not behavioral health treatment. Other primary diagnoses that do qualify for SED should be used if
appropriate.

Impulse-Control Disorders not elsewhere classified — All are included (except for NOS Disorder 312.30):
312.34, 312.32, 312.33, 312.31, 312.39

Personality Disorders — All are Axis II and excluded. An Axis I primary diagnosis must be included to
qualify for SED. However, Axis II diagnoses should be documented and affect engagement and treatment
planning.

Other Conditions That May Be a Focus of Clinical Attention are excluded and qualifying Axis I primary
diagnosis is required.

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3. **Functional Impairment:**

The child/adolescent must have **either:**

- a Functional Impairment in two of the listed capacities
- symptoms in one of the groups listed below.

- **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).

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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.

- **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 hypervigilant 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.