Severe Emotional Disturbance (SED) CRITERIA CHECKLIST



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, met criteria for a SED, and demonstrates a continued need for services. **Diagnoses:** Must meet A or B. A. The child/adolescent has an emotional and/or behavioral disorder that has been appropriately diagnosed through the classification system in the current American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders; The DC 0 to 5; or International Classification of Diseases by a licensed Mental Health Professional pursuant to an age appropriate diagnostic process. B. The child has complex trauma- a term which describes children's exposure to either multiple or prolonged traumatic events, often invasive and interpersonal in nature, or a single episode traumatic experience, that have a profound and prolonged impact on normal emotional, neurological, or behavioral development, such as witnessing the death of a caregiver; or physical, sexual, or emotional abuse or neglect resulting in the child's loss of a developmentally appropriate sense of a well-ordered and safe environment. The determination that a child is experiencing complex trauma may be made by a licensed behavioral health professional with specific training in the manifestations of traumatic sequelae in children and adolescents, and in developmental processes appropriate to the age of the child, even in the absence of a qualifying diagnosis as in A above.

Severe Emotional Disturbance (SED) determination is based on the age of the individual, diagnoses,

3.	Functional Impairment:
	The child/adolescent must have a Functional Impairment ,pursuant to the diagnostic formulation as noted above, 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. The determination of impairment in self care must reflect consideration of developmentally appropriate abilities.
	☐ Functioning in community: Inability to maintain safety without assistance; a consistent lack of age- appropriate behavioral controls, decision-making, judgment and value systems which impact placement stability, potentially leading to 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 verbal and/or physical aggression towards 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 impact placement stability), impaired relational connection between caregiver and child. 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 typical time frame (e.g., consistently failing grades, repeated truancy, expulsion, property damage or violence toward others); receiving an educational intervention such as an Individualized Education Program (IEP), Behavior Intervention Plan (BIP), or special intervention or accommodations; or the 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:
	 Trauma symptoms: Children and adolescents who have been exposed to a single traumatic event or series of discrete events experience a disruption in their age-expected range of emotional, social and cognitive capacities. Such children may exhibit:
	☐ Mood and anxiety symptoms
	The disturbance is excessive and causes clinically significant distress which substantially interferes with or limits the child's role or functioning in family, school, or community activities
	 □ 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. □ Psychotic symptoms: Symptoms are characterized by defective or lost contact with reality, often with
	hallucinations, delusions, disorganized thinking patterns and/or restricted or flattened affect.
5.	Duration:
	☐ The disability must be expected to persist for six months or longer.