Severe Emotional Disturbance (SED) Definition/ Criteria Checklist
At-Risk Severe Emotional Disturbance (SED) Definition/ Criteria Checklist

CASC Feedback to BHPC

SED DEFINITION/ CRITERIA CHECKLIST

SED determination is based on the age of the individual, functional impairment or symptoms, diagnoses and duration of the disorder. The child/adolescent must meet all of the following four 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 18\(^{th}\) birthday, was diagnosed with a SED, and demonstrates a continued need for services

2. **Functional Impairment or Symptoms**

   Functional Impairment in two of the following capacities (compared with expected developmental level):

   - **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** - Impairment in community function is manifested by a consistent lack of age-appropriate behavioral controls, decision-making, judgment and value systems which result in potential involvement or involvement in the juvenile justice system: 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. Infants and very young children exhibit constrictions in their capacities for shared attention, engagement, initiation of two-way affective communication, and shared social problem solving. Relationships have characteristics such as:
     - marked unavailability of caregiver
     - angry/hostile caregiving
     - multiple changes in caregiving
     - neglect
   - **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). For infants and very young children, child-caregiver and family characteristics do not include developmentally-based adaptive patterns that support social-emotional well-being. 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 any **one** of the following:

- The 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
- 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)

The following criteria are suggested by NM-AACAP as an alternate approach to the definition of functional impairment within the context of the SED designation. See attachment.

- Inability to maintain safety without assistance
- Inability to maintain developmentally appropriate self care without significant environmental support
- Ongoing inability to complete those developmentally appropriate tasks that are considered essential for eventual establishment of independent functioning.

**Symptoms** - the child/adolescent must have one of the following:

- *Psychotic symptoms* - serious mental illness (e.g. schizophrenia) 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, runaway, promiscuity, 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, such as accidents, animal attacks, fires, war, natural disasters, or overwhelmingly frightening interpersonal events such as abuse, domestic violence or a parent being killed, are some examples. Infants and young children who have been exposed to a known single event or series of discrete events experience a disruption in the 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

3. 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) or from the DC-0-3R for Diagnoses for Infants and Young Children from the following list:

**Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)**
Include it in its entirety and without restrictions (NM AACAP – see attachment).

**Adult diagnostic categories appropriate for children and adolescents**

- Substance Dependence Disorders (303.90 – 304.90) (Deletes all inhalant, opiate, phencyclidine, sedative, hypnotic and anxiolytic disorders)
- Schizophrenia and Other Psychotic Disorders (293.81, 293.82, 295.10 – 295.90, 297.1, 297.3, 298.9)
- Mood Disorders (293.83, 296.00 – 296.90, 300.4, 301.13, 311)
- Anxiety Disorders (293.89, 300.00 – 300.02, 300.16 – 300.3, 300.7, 308.3, 309.81) (leaves out all the dissociative disorders); add Dissociative Disorders
- Somatoform Disorders (300.11, 300.81) (picks out singly somatization disorder and conversion disorder and leaves out the others) (leaves out all the factitious disorders)
- Sexual and Gender Identity Disorders (302.2 – 302.6, 302.85, 302.89, 302.9) (decides to include pedophilia and frotteurism but arbitrarily excludes sexual masochism and sadism!!); add Voyeurism, Sadism and Masochism;
- Impulse Control Disorders (312.30, 312.33, 312.34) (includes pyromania, intermittent explosive disorder and NOS, but arbitrarily excludes the others); add Trichotillomania and Kleptomania;

**Disorders usually first diagnosed in infancy, childhood, or adolescence**

- Attention-Deficit and Disruptive Behavior Disorders (312.8, 314.00 – 314.9) (includes conduct disorder but excludes ODD and a few others); add 313.81 Oppositional-Defiant Disorder.
Reactive Attachment Disorder of Infancy or Early Childhood (313.89)  

CONSIDER ADDING: Encopresis; Sleep Disorders; Adjustment Disorders; Dissociative Acute Stress Disorder; Brain Injury; and Personality Disorders

DC-0-3R Diagnoses for Infants and Young Children
- Post Traumatic Stress Disorder
- Deprivation/Maltreatment Disorder
- Disorders of Affect
- Prolonged Bereavement/Grief Reaction
- Anxiety Disorders of Infancy and Early Childhood
- Depression of Infancy and Early Childhood
- Mixed Disorder of Emotional Expressiveness
- Adjustment Disorder
- Regulation Disorders of Sensory Processing
  - Hypersensitive
  - Hyposensitive
- Sensory Stimulation Seeking/Impulsive
- Sleep Behavior Disorder
- Feeding Behavior Disorder
- Disorders of Relating and Communicating
- Multisystem Developmental Disorder
- Other Disorders

4. Duration:
- has an emotional disability that has persisted for at least six months; AND
- the same disability must be expected to persist for at least six months or longer.

5. Severity

NM-AACAP recommends that some measure of severity be included alongside that for chronicity. See attachment.
AT-RISK SED DEFINITION/CRITERIA CHECKLIST

At-risk SED determination is based on the age of the individual, involvement in children’s service systems, and psychological stressors. The child/adolescent who is eight (8) years or older must meet all three of the following criteria. Children younger than 8 years must meet two of the following criteria.

☐ 1. **Age:** Child/adolescent must be a child under the age of 21; **and**

☐ 2. **System Involvement:** Child/adolescent must be involved with or at high-risk for juvenile justice probation, aftercare, or transition services or involved in or at high-risk for out-of-home placement; involvement with CYFD Protective Services (PS) and/or Juvenile Justice Services (JJS) and/or Tribal Social Services; **and**

☐ 3. **Psychosocial Stressors:** Child/adolescent must be experiencing *at least two one* of the following specific circumstances:

☐ Significant behavioral, emotional, or mental health issues *(including prodromal symptoms)* that do not meet all of Severe Emotional Disturbance (SED) criteria
☐ Suicide attempt within the past year
☐ Suicide attempt by parent/guardian, sibling, or extended family member of child/adolescent within the past year
☐ Substance abusing behaviors by child/adolescent
☐ Substance abusing behaviors by parent/guardian
☐ Multiple delinquent acts and/or involvement with law enforcement within the past year
☐ Multiple school problems, including such as suspension or expulsion from school and lack of functional literacy, within the past year
☐ Currently precariously housed/at-risk of homelessness, homeless and/or runaway
☐ Incarcerated parent(s)/guardian; parent criminality
☐ Physical, sexual, emotional abuse or neglect of child/adolescent - current or known history
☐ Multi-generational history of familial maltreatment, neglect or abuse
☐ Current teen parent, involvement in a teen pregnancy, or an infant/young child of teen parent within the past year
☐ Current experience of cultural, sexual and/or gender identity issues
☐ Witness to or participant in violence and/or trauma in the home, school or community
☐ Disruptions in primary attachments including multiple out of home placements
☐ Exposure to/or experiencing trauma
☐ Psychiatric illness in parent that affects caregiving including maternal depression
☐ Referrals to Child Protective Services
ATTACHMENT

NM-AACAP

The New Mexico chapter of the American Academy of Child and Adolescent Psychiatry has debated the proposed state definition for SED (Serious Emotional Disturbance) in a number of venues. The entire membership has received the current definition, and all members have had the opportunity to respond and contribute to the last proposed version. The child psychiatrists have been asked specifically for an opinion regarding the particular diagnoses that might lead to the designation of SED, when combined with the criteria of functional disability and some measure of chronicity. After this first question is addressed, the membership of NM-AACAP has other related comments that also have bearing on the SED designation. Nevertheless, since the assignment to NM-AACAP was to make a contribution regarding the use of the DSM-IV specified diagnoses toward the determination of SED designation, we will first address that topic. The consensus of the membership confirms the position that the only legitimate and logical use of the DSM-IV is to include it in its entirety and without restrictions. This would mean that every one of the DSM-IV diagnoses should be included as a sufficient basis for the designation of SED. The reasons for this opinion are as follows:

1. Any diagnosis in the DSM-IV might potentially lead to substantial functional disability. Although there are certainly particular diagnoses that are more clearly related to functional disability than others, it is undeniable that any of the DSM-IV diagnoses might possibly lead to disabling symptoms that prevent the patient from achieving age appropriate developmental norms, age related social or academic milestones or behaviors, or might cause a patient to be functionally disabled in one sense or another.

2. It is most logical for the SED definition to be constructed in such a manner that the presence and degree of functional disability be the limiting factor for the determination rather than the DSM-IV diagnosis per se. Diagnosis itself should not be used as the limiting criterion.

3. Any restriction that limits the SED determination to particular designated diagnoses might subject the designation to questions of legitimacy and fairness. Since there is no rational basis for the limitation based upon diagnosis, any diagnostic restriction will always be subject to challenges of bias and logic.

4. Diagnosis is variable. Although the basic criteria for the neuropsychiatric diagnoses are defined by the DSM IV, many clinicians have never had direct or extensive clinical experience with serious neuropsychiatric conditions, and have never practiced in a hospital or chronic care setting. The diagnoses which many practitioners offer are oftentimes based upon limited training and clinical experience, and consequently may not be accurate or legitimate. No defensible SED designation can be based upon inaccurate diagnoses, and there is no way to certify the accuracy of any particular psychiatric diagnosis. Diagnoses which are inaccurate are continuously subject to challenge.

Regarding other topics unrelated to strict diagnostic issues but still pertinent to the SED definition, NM-AACAP has two other recommendations. First, regarding the definition of functional disability, the child psychiatrists agree that this criterion is the logical center of the SED designation. The current SED definition describes functional disability in terms of particular examples of behavioral, developmental or functional limitations, which may leave it open to
questions of bias or limitation. Instead of concrete descriptive criteria, functional disability might be better defined by more general and categorical criteria which are more defensible. The following criteria are suggested as an alternate approach to the definition of functional impairment within the context of the SED designation:

1. Inability to maintain safety without assistance
2. Inability to maintain developmentally appropriate self care without significant environmental support
3. Ongoing inability to complete those developmentally appropriate tasks that are considered essential for eventual establishment of independent functioning.

The second additional recommendation from the child psychiatrists is that some measure of severity itself be included alongside that for chronicity. The reason for this lies in the fact that eligibility for services needs to be prioritized by greatest need, and sometimes the severity of a condition might indicate the need for intensive services before the measure of duration is met. Moreover, although the SED definition might be primarily utilized to determine the need for long term intervention for chronic conditions, it might also be used to direct services toward the individuals of greatest need. Although the measure of functional impairment indirectly contributes to the definition of severity, generally functional impairment is established only over a longer period of time, and is usually the eventual result of a severe condition that takes place with duration.

In summary, the consensus of the membership has consistently expressed the opinion that these three categories of criteria should not be considered in isolation from one another, and that the three criteria of psychiatric diagnosis, functional disability and chronicity are interlocked in a way where the misinterpretation of any one of the three might jeopardize the accuracy of the final determination.