

INNOVATIONS INSTITUTE

Serious Emotional Disturbance (SED) in Children, Youth, and Young Adults

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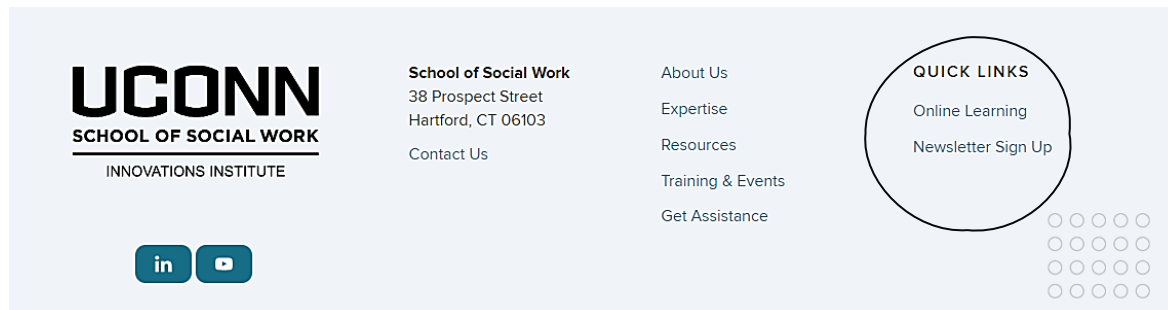
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Innovations Institute

Our Vision: We believe we can achieve a world where all families thrive in their communities, and the work of child-, youth-, and family-serving systems is grounded in research and implementation science, authentic partnerships, and meaningful representation of youth and families.

Our Expertise: Innovations Institute provides training, technical assistance, facilitation, analysis, consulting, implementation support, and research and evaluation to strengthen workforce development, systems design and financing, data-driven strategic planning, and quality improvement. Our work is grounded in research, experience and expertise from the field, adult and technology learning theories, and implementation science.



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A Brief History of SOC & SED

- **1960s:** The term *Serious Emotional Disturbance (SED)* began appearing in federal discussions (Stroul & Friedman, 1986)
- **1975:** First Codified through an amendment to the Individuals with Disabilities Education Act (IDEA) (Individuals with Disabilities Education Act Amendments of 1990, Pub. L. No. 101-476)
- **1980s:** Unclaimed Children and CASSP
- **1993:** SAMHSA adopted a working definition of SED to guide funding and service development (SAMHSA, 1993)

Why focus on youth mental health?

- Nearly 20% of the US population ages 3-17 have a mental, emotional, developmental, or behavioral disorder (AHRQ, 2022)
- Suicidal behaviors among high school students increased more than 40% in the decade before 2019 (AHRQ, 2022)
- Fewer than 1 in 5 youth with a mental health or substance misuse disorder access needed services (Luna et al., 2024)


Poll: How does your state make SED determinations?

- Diagnosis only
- Diagnosis + clinician indication of functional impairment
- Diagnosis + standardized assessment of functional impairment
- I don't know



Agenda

- Framing of SED
- Overview of Forthcoming Manuscript
- SED Considerations Across Diagnostic Categories
- Key Policy and Practice Recommendations



What is Serious Emotional Disturbance (SED)?

SED refers to diagnosable mental, behavioral, or emotional disorders in children and adolescents that significantly impair their ability to function effectively in family, school, or community settings. (SAMHSA, 2021)



Current State of SED Determination

- **Variation:** Each state retains discretion in operationalizing SED for Medicaid and educational eligibility (Friesen, Koroloff, Walker, & Briggs, 2003).
- **Prevalence:** An estimated 4 million to 5 million youth aged 9–17 meet criteria for SED (SAMHSA, 2023).
- **Disparities:** Poverty doubles the risk of SED, and rates vary by age, gender, and other demographic factors (Merikangas, et al., 2010).
- **Access Issues:** Only about 25% of youth meeting SED criteria receive adequate mental health services (CMS, 2019).

Overview of Forthcoming Manuscript

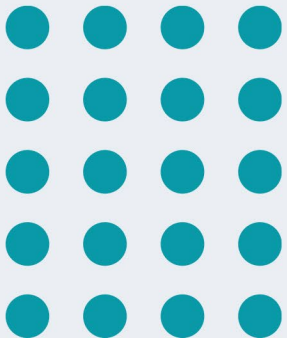
Serious Emotional Disturbance (SED) in Children, Youth, and Young Adults

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Manuscript Structure



Introduction and Overview



5 Clinical Briefs



Conclusion and
Recommendations



How to use this manuscript:

Systems and Payors

- Policy and Design Decision-making
 - Service Array
 - Eligibility and Access
 - Assessment Tools and Protocols

Practitioners

- Quick Guide to common childhood diagnoses
 - Presentation
 - Differential Dx
 - Evidence-based Interventions
- Connection between diagnoses and functioning impairment



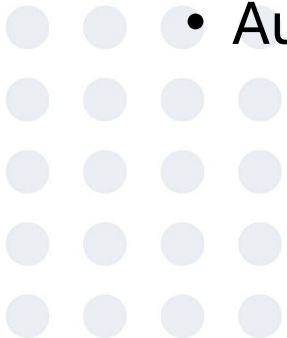
Introduction and Overview

- Abstract
- Introduction
 - How to Use this Document
 - Document Structure
- Executive Summary
 - Developmental Considerations
 - Prevalence, Risk Factors, and Co-occurring Problems
 - Assessment of Functional Impairment
 - System of Care



Clinical Briefs

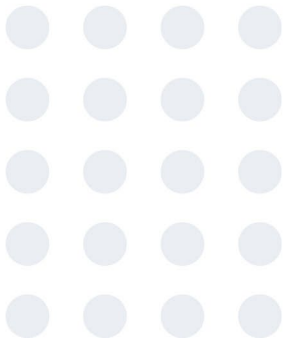
- Organized by DSM-5 Diagnostic Categories:
 - Trauma-Related Disorders
 - Neurodevelopmental Disorders
 - Anxiety Disorders
 - Depressive Disorders and Bipolar and Related Disorders
 - Disruptive, Impulse-Control, and Conduct Disorders
- Notable Exclusions
 - Eating Disorders
 - Psychotic Disorders
 - Autism Spectrum Disorder





Clinical Briefs

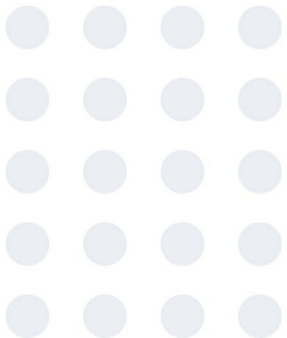
- Similar Structure for All Briefs
 - Clinical Presentation and Examples of Common Disorders
 - Prevalence
 - Risk Factors
 - Co-Occurring Disorders, Rule-Outs, and Differential Diagnosis
 - Evidence-Based Treatments and Promising Practices
 - Related Functional Impairment





Conclusions and Recommendations

- Very Brief Conclusion
- Recommendations
 - Intervention and Service Recommendations
 - Policy Recommendations



SED Considerations Across Diagnostic Categories



Risk Factors

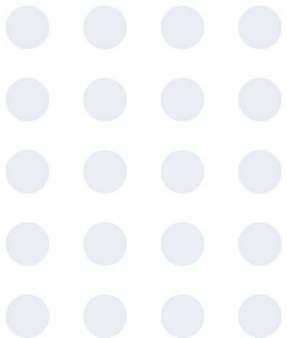
“Childhood adversities, including poverty, violence, parental mental illness, and neglect, are among the most powerful predictors of later mental health problems, regardless of the specific diagnosis.”

— *WHO World Mental Health Report (2022)*



Common Risk Factors

- Exposure to trauma, abuse, and neglect
- Low resourced environments
- Parental mental health
- Biological factors



Protective Factors

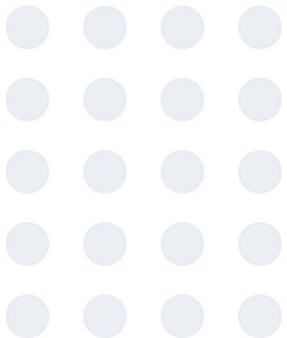
“Children exposed to significant risk factors who nevertheless demonstrated resilience often had at least one stable, caring nonparental adult or involvement in a community group—highlighting the power of relational support in buffering adversity.”

— CDC Morbidity and Mortality Weekly Report (May, 2, 2024)



Positive Childhood Experiences (PCEs)

- PCEs related to better mental health (Han et al., 2023)
- Mitigate impacts of adverse childhood experiences (Kallapiran et al., 2025)
- Types of PCEs
 - Supportive and nurturing relationships
 - Consistent caregiver responsiveness
 - Safe environments
 - Structured routines
 - School-based supports



Wellness Behaviors

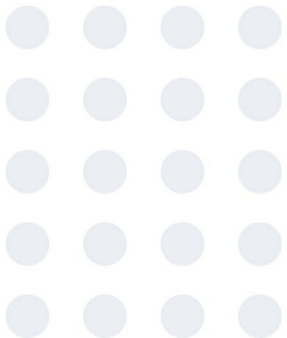
“Physical activity interventions significantly improved multiple dimensions of mental health, including anxiety, depression, stress, self-esteem, and social competence in typically developing children and adolescents”

- Fu et al., 2025



Wellness Behaviors

- Promoting wellness behaviors can foster positive mental health outcomes and be a protective factor for wellbeing in childhood and adolescence (Bromley et al., 2024)
 - Exercise
 - Nutrition
 - Sleep
 - Mindfulness
 - Social connectedness



A photograph of a young child standing in a dark room, looking out a large window. The child is silhouetted against the bright light coming from the window. The view outside the window is a bright, hazy landscape with mountains or hills in the distance. The child's hands are pressed against the glass of the window.

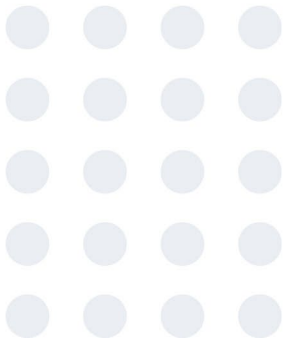
Impacts on Functional Impairment

“What matters for children’s mental health is not only whether symptoms are present, but whether they interfere with the child’s ability to function successfully in daily life.”

- Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities (2009)

Impacts on Functional Impairment

- All diagnoses, when severe enough, can be associated with the following problems:
 - Familial stress and conflict
 - Peer difficulties
 - School refusal and academic difficulties
 - Self-harm and Suicidality
 - Substance use



Interventions and Supports

- Services should be:
 - Evidence-based
 - Trauma-informed
 - Developmentally appropriate
 - Culturally and linguistically responsive
- Adopt a family systems approach that recognizes the interdependence of youth
- Coordinated, cross-system collaboration
- Recognize the need for ongoing services

Key Policy and Practice Recommendations

Intervention and Service Recommendations: Part 1

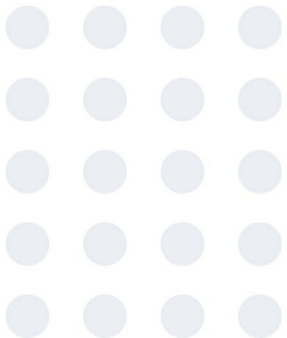
- **Continuum of Care:** Includes preventive interventions, early identification programs, outpatient therapies, school-based mental health supports, intensive home-based interventions, crisis stabilization services, residential treatment, and transitional-age supports.
- **Family System Approach:** Ensure that care planning and delivery address the needs of the entire family, not just the identified child.
- **Evidence-Based Practices (EBPs):** Prioritize practices such as MST, FFT, TF-CBT, and Wraparound care coordination.

Intervention and Service Recommendations: Part 2

- **Leverage Emerging Technologies:** Utilize telehealth, digital therapeutics, mobile apps, and AI-enabled tools to expand access to youth mental health services in the face of persistent workforce shortages and geographic disparities.
- **Family and Youth-Centered Approaches:** Actively involve youth and families in planning and implementing care to enhance engagement, adherence, and outcomes.
- **Cross-System Coordination:** Facilitate collaboration between mental health, educational, juvenile justice, and child welfare systems through joint planning, coordinated service delivery, and shared funding mechanisms.

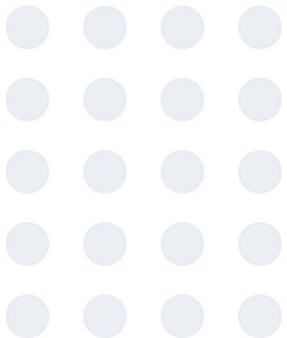
Policy Recommendations: Part 1

- **Reconceptualize Eligibility Criteria:** Emphasize functional impairment in eligibility criteria to ensure timely identification and early intervention.
- **Ensure Sustainability of Services:** Recognize SED as often chronic, advocating for continuous support services beyond short-term interventions.



Policy Recommendations: Part 2

- **Promote Access:** Use a data-informed approach to enhance service delivery to underserved populations, ensure affordability through comprehensive insurance coverage, and prioritize culturally competent practices to address disparities.¹⁴
- **Strengthen Workforce Development:** Address workforce shortages through targeted incentives, specialized training, and inclusion of non-traditional mental health roles like peer support specialists.



Questions

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