

NH MTSS-B Student Scenarios



The scenarios below offer a snapshot of how a strong Multi-Tiered System of Supports for Behavioral Health and Wellness (MTSS-B) framework can support students with social-emotional and behavioral needs.

How Tier 2 can support a student exhibiting social isolation and school refusal



Jessie is a fourth-grade student who moved to the district shortly after the start of the school year. She has been performing well academically and is above grade level in both reading and math. She often plays alone at recess or watches on as the other children play in groups. Her mother reports that mornings have been difficult; Jessie will refuse to get dressed, brush her teeth, and go to school many days. Much of their morning routine is spent arguing and as a result, Jessie has been tardy or absent at least once a week. When her mom asks her what is wrong, Jessie shrugs her shoulders. Jessie's teacher reaches out to her mother to discuss Jessie's isolation; they agree that Jessie may be struggling to make friends. Together they complete a request for assistance to the school's Advanced Tier team.



The Advanced Tier team lead, who handles incoming requests for assistance, reviews the information on the form and discusses what Tier 1 universal supports are already in place with the school counselor and Jessie's teacher. The school utilizes a Tier 1 social-emotional learning curriculum in which the school counselor models relationship building and other social skills in each classroom. Jessie's teacher notes that while she is polite and respectful, Jessie is withdrawn during group work and interactive class time. The school counselor and Advanced Tier team lead, using decision rules for "entry" into the advanced tiers, determine that Jessie could benefit from targeted social skills instruction. The school counselor contacts Jessie's mother and lets her know about a weekly group that she facilitates that uses an evidence-based social skills training approach. Jessie's mom agrees this is a promising idea and provides written consent for Jessie to join the group.



After 8 weeks in the group, the school counselor and Jessie's teacher meet to review her progress. Jessie's attendance has improved, with only two days absent in the past 8 weeks. The counselor notes that Jessie has been initiating conversation with other group members with greater frequency. The teacher has also observed her joining in games with peers at recess on three separate occasions. A discussion with Jessie's mom reveals that mornings have vastly improved. She reported fewer arguments and that Jessie is getting up and dressed more quickly. She noted that someday she even seems to look forward to going to school.



The school counselor decides to discontinue group participation for now, shares the decision with the Advanced Tier team lead, and monitors Jessie's progress through check-ins with her teacher and mother every 2 weeks, as well as her attendance. After 2 months, Jessie has been maintaining her gains well and she is officially "exited" from Advanced Tier supports.

How Tier 3 services can support a student with mood and behavior shifts after family conflict



Ryan is an eighth-grade student who is typically outgoing and talkative. Since winter break, he has become very withdrawn. Ryan's clothing style often includes hooded sweatshirts, but recently he has been keeping the hood up throughout the day and often appears to be sleeping in class. His teachers frequently remind Ryan to remove his earbuds and pay attention. Ryan's grades are starting to slip and he has several missing assignments across subjects. Ryan's advisory teacher is approached by two of his other teachers, sharing similar concerns. The advisory teacher emails Ryan's dad to let him know of the concerns. He learns that Ryan's parents have recently separated and Ryan's mother has moved out. The teacher shares that he would like to speak with the school counselor and possibly refer Ryan to the Advanced Tier team for support. Ryan's father agrees.



The Advanced Tier team includes the school counselor, who calls home to get more detail. During their conversation, Ryan's father notes similar behaviors at home. Ryan has been spending all of his time in his bedroom and sleeping much more than usual. Ryan's father mentions he was considering taking Ryan to counseling, but he has been working long hours and hasn't been able to find the time. The team considers the marked changes in Ryan's behavior across settings and agrees that Tier 3 services would be most appropriate given possible mental health implications. They decide on a referral to the co-located community mental health clinician who sees students with more intensive concerns on school grounds. Ryan's father agrees to the referral.



The co-located clinician contacts Ryan's father and they arrange a time to meet at school. During the meeting, the clinician reviews informed consent and confidentiality. They discuss the nature and goals of therapy, the school's role, and which staff members will be included in updates about Ryan's progress in therapy. Ryan's father signs consent forms which include a release of information for the clinician to speak with the Advanced Tier team and relevant school staff.



The co-located clinician meets with Ryan, who agrees to work with her after some initial resistance. As he gets to know her better, he agrees to meet weekly for 45-minute therapy sessions at school to explore his needs, build coping skills, and manage depressive symptoms.



The Advanced Tier team convenes an individualized student support team to support Ryan and monitor his progress. The team includes the school counselor, Ryan's father, the co-located clinician, Ryan's advisory teacher, and Ryan, who will attend team meetings to report in on how he is doing as he is willing. The support team will monitor Ryan's attendance, work completion, and behavior and meet every 2 weeks to discuss Ryan's progress in therapy. If after 6-8 weeks they are not seeing improvement on the goals that were identified, they will re-assess which services might be needed next, including possible referral to family therapy and/or psychiatric consult at the co-located clinician's community mental health clinic.