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245I Mental Health Training · CTSS Behavioral Aide Series

MHBA-03

Recovery, Resiliency & Child Development

Participant Guide

Mental Health Behavioral Aides (CTSS) · Part of the 30-Hour Pre-Service Training

Updated July 2026 — Minn. Stat. 245I.05, subd. 3(c)(2) & 3(d)

Building on strengths and meeting children where they are developmentally.

Learning Objectives — by the end of this module you will be able to:

- Explain recovery and resiliency in children's mental health
- Use a strengths-based, hope-centered approach
- Identify protective factors that build resilience
- Describe developmental milestones across childhood
- Set developmentally appropriate expectations and support
- Apply the power of a caring, consistent relationship

Section 1: Recovery in children's mental health

Recovery means growth and a meaningful life — not just 'no symptoms.'

- **A journey.** Recovery is the process of building skills, relationships, and hope so a child can thrive — it isn't a single endpoint.
- **Hope leads.** Believing a child can grow is itself part of treatment; children live up or down to the expectations around them.
- **Child-defined.** Meaningful goals fit the child's and family's values — school, friendships, calm mornings, doing what other kids do.
- **Setbacks are normal.** Progress isn't a straight line. A hard week isn't failure; it's information for the team.

Section 2: What resiliency is

The capacity to cope, adapt, and bounce back — and it can be grown.

- **Not 'toughness'.** Resilience isn't being unbothered; it's having supports and skills to get through hard things and recover.
- **It's built.** Resilience grows through relationships, practice, and experiences of success — exactly what CTSS provides.

- **Everyone has some.** Every child has strengths to build on. Your job is to find them, name them, and grow them.

Section 3: A strengths-based, hopeful stance

Look for what's strong, not only what's wrong.

- **Spot strengths.** Notice what the child does well — humor, loyalty, creativity, effort — and say it out loud.
- **Name growth.** Point to specific progress: 'You took three deep breaths before you answered — that's the skill working.'
- **Carry hope.** When a child or family loses hope, you hold it for them until they can carry it again.

Strengths-based isn't ignoring problems — it's the most effective route through them.

Section 4: Protective factors that build resilience

Resilience grows when protective factors are strong.

- **A caring adult.** At least one stable, caring relationship is the single biggest protector for a child.
- **Skills & self-regulation.** The ability to calm, problem-solve, and communicate helps a child handle stress — and these can be taught.
- **Belonging.** Feeling connected at home, school, or in a group buffers against adversity.
- **Routine & safety.** Predictable routines and physical and emotional safety give a child a base to grow from.

Section 5: Development: your map for expectations

Every skill you coach is read against where the child is developmentally.

- **Four domains.** Development happens in physical, cognitive (thinking), language, and social-emotional domains, all at once.
- **Sequence, not a race.** Children move through stages in order but at their own pace; comparison to a calendar age can mislead.
- **Uneven is normal.** A child may be ahead in one domain and behind in another — especially with mental illness or a disability.
- **Meet them there.** Set expectations for the child's developmental level, not just their birthday.

Section 6: What to expect, roughly, by age

A general guide — every child varies.

- **Early childhood (3–5).** Big feelings, little regulation; learns through play; needs adult co-regulation and simple, concrete language.
- **School age (6–11).** Develops friendships, rules, and self-esteem; can learn coping skills and follow multi-step routines.
- **Early teen (12–14).** Identity forms; peers matter most; big emotions and testing limits; can reflect but still needs support.

- **Teen (15–17).** Independence, future-thinking, and risk; can practice adult-like skills but the brain is still maturing.

Section 7: Developmentally appropriate support

Match your approach to the child's stage.

- **Language.** Use words and examples the child can grasp; younger children need shorter, concrete, playful instructions.
- **Expectations.** Ask for what's reachable now — a small step the child can succeed at builds the next step.
- **Co-regulate first.** Younger and dysregulated children borrow your calm before they can self-regulate; you go first.
- **Play & practice.** For children, play is serious work — skills are learned and rehearsed through games, roles, and doing.
- **Pacing & patience.** Give extra time and repetition; a stressed or younger child processes and responds more slowly.
- **Repair & reconnect.** After a hard moment, reconnect warmly — repair teaches that relationships hold, and resets learning.

Section 8: The caring-adult effect

Relationship is the vehicle for every skill you teach.

- **Safety first.** A child learns only when they feel safe; your steady, warm presence creates that safety.
- **Be consistent.** Show up, follow through, and stay calm under stress — reliability itself is healing.
- **Believe in them.** Your genuine belief in a child's growth becomes part of how they see themselves.

You may be the stable, caring adult that research shows matters most. Take that seriously.

Section 9: Building resilience in daily moments

Small, repeated actions grow big capacities.

- Notice and name strengths out loud
- Coach one coping skill at a time
- Let the child experience earned success
- Keep routines predictable and calm
- Repair warmly after hard moments
- Involve family so gains carry home

Resilience is built in ordinary repetitions, not one big intervention.

Section 10: Goals a child can actually reach

Within the plan, aim for the next reachable step.

- **Small and specific.** A goal the child can picture and hit soon — 'ask for a break with words' — beats a vague, distant one.
- **Build in success.** Early wins fuel motivation; stack small successes toward the plan's larger goals.

- **Developmentally tuned.** The step must fit the child's stage — reachable stretch, not frustration.
- **Celebrate progress.** Name every step forward; recognition is part of what makes the skill stick.

Section 11: Resilience grows in family and culture

A child's strengths are rooted in their people and traditions.

- **Family strengths.** Every family has strengths — love, effort, resourcefulness. Build on them rather than only naming deficits.
- **Culture as a resource.** Cultural identity, community, and faith can be powerful protective factors; respect and draw on them.
- **Partner, don't replace.** You support and coach the family's own strengths so resilience continues long after services end.

Apply It — Scenarios

Finding the strength
A 9-year-old with a lot of behavior referrals is described by staff only in terms of problems. The team asks you, who sees him most, for input.
The right response: → Bring strengths — name what he does well: he's protective of younger kids, he loves drawing, he tries again after mistakes. → Tie strengths to goals — his drawing could be a calming tool; his loyalty could anchor a social skill. → Reframe with the team — a strengths-based picture opens options a deficit-only view misses. → Carry hope — describe his progress, however small, so the plan builds on momentum.

Matching the step to the stage
A treatment goal asks a 5-year-old to 'independently use coping strategies when upset.' In the moment, she can't do it alone and gets more upset.
The right response: → Recognize the gap — independent self-regulation is a big ask for a 5-year-old; she needs co-regulation first. → Scale the step — practice one strategy WITH her, borrowing your calm, before expecting her to do it alone. → Share with the team — the goal may need a developmentally tuned interim step. → Celebrate the attempt — reward using the strategy with help, building toward independence over time.

Key Terms

Term	What it means
Recovery	The ongoing process of building skills, relationships, and hope for a meaningful life.
Resiliency	The capacity to cope with and recover from hardship — and it can be grown.
Protective factor	Something that buffers a child against adversity, like a caring adult or routine.
Strengths-based	Building on what a child does well rather than focusing only on problems.
Developmental domain	An area of growth — physical, cognitive, language, or social-emotional.
Milestone	A skill most children reach around a certain stage; a

	general guide, not a rule.
Co-regulation	A calm adult helping a child settle before they can self-regulate.
Developmentally appropriate	Matched to the child's stage, not only their calendar age.

Check Your Understanding

1. Recovery in children's mental health is best described as:

A. Building skills, relationships, and hope for a meaningful life

B. Only the complete absence of symptoms

C. A single fixed endpoint

D. Something only medication provides

Answer: A — Recovery is a growth process, not just fewer symptoms.

2. Resiliency is:

A. A fixed trait you're born with

B. Being unbothered by everything

C. Only for adults

D. The capacity to cope and bounce back — and it can be grown

Answer: D — Resilience is built through relationships, practice, and success.

3. What is the single biggest protective factor for a child?

A. A high family income

B. A quiet neighborhood

C. A large number of toys

D. At least one stable, caring adult relationship

Answer: D — A caring, consistent adult is the top protective factor.

4. Expectations for a child should be set based on:

A. Their birthday only

B. The average adult

C. The loudest staff opinion

D. The child's developmental level, not just their calendar age

Answer: D — Match expectations to developmental stage.

5. A 4-year-old melts down at a 3-step instruction. The best read is:

A. She likely can't hold three steps yet — break it into one step at a time

B. She is being defiant and should be punished

C. She will never follow directions

D. She needs a longer instruction

Answer: A — Match the demand to developmental capacity.

6. Early wins matter because:

A. They make the child overconfident

B. They are irrelevant

C. Success fuels motivation and stacks toward larger goals

D. They replace the plan

Answer: C — Stacked small successes drive progress.

7. Asked for input on a child described only by problems, you should:

A. Agree that he's just a problem

B. Refuse to comment

C. List only his deficits

D. Bring his strengths and tie them to goals

Answer: D — A strengths-based picture opens options.

What You Learned

- Recovery is building skills, relationships, and hope — not just fewer symptoms
- Resiliency can be grown through relationships, practice, and success
- A strengths-based, hopeful stance is the most effective route through problems
- Protective factors — a caring adult, skills, belonging, routine — build resilience
- Read every expectation against the child's developmental stage, not just age
- Co-regulate, use reachable steps, and let children earn success
- A stable, caring adult is the biggest protective factor — that can be you

Next: Childhood Trauma & ACEs (MHBA-04).

Legal & Training Basis

Content built to Minn. Stat. 245I.04 (mental health behavioral aide qualifications and scope) and 245I.05 (required training), for mental health behavioral aides in Children's Therapeutic Services and Supports (CTSS). This module is one hour of the 30-hour pre-service MHBA training. NOTE: the MHBA parent team training required by 245I.05 must use a curriculum approved by the commissioner (DHS) — this series supports, but does not replace, that approved curriculum. Recognition-level content; diagnosis and treatment belong to the qualified professional. Current as of July 2026.