CareCertify LLC

245I Mental Health Training · CTSS Behavioral Aide Series

MHBA-05

Family-Centered & Culturally Responsive Care

Participant Guide

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

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

Partnering with families and honoring culture so skills last beyond your visit.

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

- Explain family-centered, family-driven care
- Engage families as partners and experts on their child
- Use family-systems thinking in your daily support
- Practice cultural humility and culturally responsive care
- Recognize co-occurring needs within a family system
- Keep boundaries and confidentiality while coaching families

Section 1: What family-centered care means

The family — not just the child — is the unit of support and the key to lasting change.

- **Family-driven.** Families help set goals and shape services; care is done with families, not to them.
- **Skills that last.** A child spends far more time with family than with you, so skills stick when families carry them on.
- **Strengths of the whole family.** Every family has strengths to build on; support grows those rather than only naming deficits.
- **Your role.** Within the plan, you coach and support families in the skills the professional taught — you don't run the family.

Section 2: Families are experts on their child

The best picture comes from your observations plus their knowledge.

- **They know best.** Parents and caregivers know the child's history, patterns, and what works — respect that expertise.
- **Two-way learning.** Share what you see; learn what they see; together you and the family give the team the fullest picture.
- **Reduce blame.** Families often carry guilt and stigma; a blame-free, respectful stance keeps them engaged in treatment.

Section 3: Family-systems thinking

A child lives inside a family system — everything connects.

- **See the whole.** The child's behavior makes more sense in the context of the whole family — routines, stresses, roles, and relationships.
- **Ripple effects.** A change in one part of the family ripples to the others; supporting the parent often helps the child.
- **Build on strengths.** Family routines, culture, and bonds are resources you can strengthen to support the child's goals.

You're not the family's therapist — but seeing the system helps you support the child within it.

Section 4: Engaging families well

Trust is what makes coaching possible.

- **Meet them where they are.** Fit into the family's real life — schedules, home, language, and readiness — rather than expecting them to fit you.
- **Be reliable.** Show up, follow through, and communicate; consistency earns the trust that lets families take your coaching.
- **Listen first.** Ask about the family's goals and worries before offering strategies; people engage when they feel heard.
- **Respect the parent's role.** Support the parent's authority; you strengthen their parenting, you don't replace or undermine it.

Section 5: Coaching families in the taught skills

Helping families use the same strategies is how skills generalize.

- **Within the plan.** Coach only the skills the professional taught and the plan targets — the same anchors as all your work.
- **Show, then support.** Model a strategy, then coach the parent to try it, offering encouragement and specific feedback.
- **Make it doable.** Fit strategies to the family's routines and resources so they can actually keep them up between visits.
- **Parent teaming.** This connects to the required parent team training — the structured way MHBAs partner with families (see MHBA-08).

Section 6: Cultural humility and responsiveness

Every family is the expert on their own culture — approach with curiosity, not assumptions.

- **Learn, don't assume.** Culture is more than ethnicity — it's language, faith, family structure, values, and history. Ask; don't guess.
- **Check your bias.** Everyone carries assumptions; notice yours so they don't shape how you read a family's behavior.

- **Adapt respectfully.** Adjust how you communicate and coach to fit the family's culture, within the treatment plan.
- **Culture is a strength.** Identity, community, and tradition are protective factors — draw on them, don't work around them.

Section 7: Culturally responsive moves

Small, respectful practices that build trust.

- **Language access.** Use qualified interpreters when needed; never rely on the child to interpret for the family.
- **Beliefs about mental health.** Ask how the family understands the child's struggles; meet their framework with respect.
- **Family structure & roles.** Learn who's who — extended family and elders may be central decision-makers.
- **Traditions & faith.** Respect food, holidays, dress, and faith practices; they're part of the child's identity and coping.
- **History & safety.** Be sensitive to experiences with systems, immigration, or discrimination that shape a family's trust.
- **Ask, don't assume.** When unsure, respectfully ask the family what works for them — curiosity is culturally responsive.

Section 8: Co-occurring needs in the family

A child's world includes the adults' struggles too.

- **Notice.** A parent's mental illness, substance use, or stress can affect the child; notice patterns without judging.
- **Report, don't treat.** Bring concerns to your supervisor and the team; you support the child, you don't treat the parent.
- **Safety & reporting.** If a child's safety is at risk, follow mandated reporting and your program's safety procedures immediately.

Supporting the family's connections to help — within your role — often does the most for the child.

Section 9: How a family-centered visit flows

The same respectful rhythm, in the family's real setting.

- Check in with the family and the child
- Review the plan's target skills together
- Model and practice a skill in a real moment
- Coach the caregiver to try it and give feedback
- Plan how they'll use it before your next visit
- Document and report progress and needs

Leaving the family a little more capable each visit is the goal of family-centered work.

Section 10: Boundaries and confidentiality with families

Close partnership still needs clear lines.

- **Stay in role.** Coach the child's skills; refer other family needs to your supervisor or the right resource, not yourself.
- **Protect privacy.** Keep the child's and family's information confidential; share only with the team and only as allowed.
- **Careful with information.** Don't share one family member's private information with another; follow your program's consent rules.
- **Consistent and fair.** Warmth with structure — reliable, professional, and free of favoritism keeps trust safe.

Section 11: When family and plan need alignment

Keep the child at the center and the team in the loop.

- **Don't take sides.** In family disagreements, stay neutral and child-focused; you're not there to referee the adults.
- **Bring it to the team.** When the family's wishes and the plan don't line up, raise it with your supervisor — the professional adjusts the plan.
- **The child comes first.** Every decision comes back to what serves the child's treatment goals and safety.

Apply It — Scenarios

Meeting a family's framework
A family understands their child's anxiety mainly through their faith and community, not clinical terms. You worry they won't 'buy in' to the plan.
The right response: → Respect their framework — meet the family where they are rather than correcting how they see it. → Find the overlap — connect the plan's coping skills to values they already hold, like calm, family, and faith. → Draw on strengths — their community and faith can be protective factors that support the child. → Bring it to the team so the plan can be described and delivered in a way that fits the family.

A parent who is struggling
During visits you notice a parent seems overwhelmed and may be struggling with their own mental health, which is affecting the child's routine.
The right response: → Notice without judging — the parent's struggle is affecting the child, and that's relevant to the child's care. → Stay in role — support the child and the parenting skills in the plan; you don't treat the parent. → Report to the team — tell your supervisor so the family can be connected to the right help. → Watch safety — if the child's safety is at risk, follow mandated reporting and safety procedures now.

Key Terms

Term	What it means
Family-centered care	Support built around the whole family as partners in the child's treatment.

Family-driven	Families help set goals and shape services; care is done with them.
Family systems	The idea that a child's behavior is shaped by, and affects, the whole family.
Cultural humility	A lifelong, curious, non-assuming stance that treats the family as expert on their culture.
Culturally responsive	Adapting communication and support to fit a family's culture and values.
Co-occurring needs	Struggles in the family (like parent mental illness or SUD) that affect the child.
Interpreter	A qualified language professional — never rely on the child to interpret.
Generalization	A skill carrying over into everyday life across settings, including home.

Check Your Understanding

1. Family-centered care means:

A. Care is done with families as partners, not just around the child

B. Care ignores the family

C. Only the child matters

D. Families are kept out of decisions

Answer: A — Family-driven, partnership-based support.

2. Families should be treated as:

A. Obstacles to treatment

B. People to be corrected

C. Irrelevant to care

D. Experts on their own child

Answer: D — Parents know the child's history and what works.

3. To engage families well, you should:

A. Expect them to fit your schedule

B. Skip listening to their goals

C. Undermine the parent's authority

D. Meet them where they are and be reliable

Answer: D — Fit the family's life; consistency earns trust.

4. Cultural humility means:

A. Assuming culture from appearance

B. Ignoring culture entirely

C. Correcting the family's culture

D. Treating each family as the expert on their own culture, without assumptions

Answer: D — Approach with curiosity, not assumptions.

5. Extended family and elders in some cultures:

A. May be central decision-makers to include respectfully

B. Should be excluded

C. Never matter

D. Are always irrelevant

Answer: A — Learn who's who in the family structure.

6. With family information, you must:

A. Share freely among relatives

B. Post updates publicly

C. Keep it confidential and not share one member's private info with another

D. Discuss it with other families

Answer: C — Follow consent rules and protect privacy.

7. A family understands anxiety through faith, not clinical terms. You should:

A. Correct their understanding

B. Refuse to work with them

C. Report non-compliance

D. Meet their framework and connect coping skills to their values

Answer: D — Find overlap; work with their worldview.

What You Learned

- Family-centered care works with families as partners, not just around the child
- Families are experts on their child; your observations plus theirs give the full picture
- Family-systems thinking helps you support the child within their world
- Coach families in the taught skills so gains generalize to home
- Practice cultural humility — learn, check bias, adapt, and treat culture as a strength
- Notice co-occurring family needs; report, don't treat, and act on safety
- Keep boundaries and confidentiality, and keep the child at the center

Next: De-escalation & Crisis Response with Children (MHBA-06).

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.