CareCertify LLC

245I Mental Health Training · CTSS Behavioral Aide Series

MHBA-07

Psychotropic Medications & Co-occurring in Youth

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)(4) & 3(c)(5), subd. 5

Observing, supporting, and reporting — including tardive dyskinesia — and recognizing co-occurring substance use.

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

- State the MHBA's role with medication — observe, support, report
- Recognize common classes of children's psychotropic medications
- Watch for common and serious side effects, including tardive dyskinesia
- Observe and report medication changes accurately
- Understand co-occurring mental illness and substance use in youth
- Recognize and respond to signs of youth substance use

Section 1: The MHBA's role with medication

You are eyes and support — not a prescriber or, usually, an administrator.

- **Don't prescribe or adjust.** Only prescribers decide medications and doses; never change, skip, or advise changing a child's medication.
- **Administer only if authorized.** Give medication only if it's within your role, you're trained, and your program's policy and orders allow it.
- **Support adherence.** Within the plan, help the child and family keep the routine the prescriber set — reminders, structure, encouragement.
- **Observe and report.** Your daily observations of how a child is doing on medication are vital information for the prescriber and team.

Section 2: Why a child may take psychotropic medication

Medication is one part of treatment — often paired with the skill-building you do.

- **Part of a plan.** A prescriber may use medication to reduce symptoms enough that a child can engage in therapy and skill-building.
- **Not a moral issue.** Needing medication isn't a weakness or a failure — treat it matter-of-factly and stigma-free.

- **Watch the response.** Both benefits and side effects can take time to show; steady observation helps the prescriber fine-tune.

Section 3: Common classes you may hear about

Know them at a recognition level — you don't need to be a pharmacist.

- **Stimulants.** Often used for ADHD to improve attention and reduce impulsivity; watch appetite, sleep, and mood changes.
- **Antidepressants.** Used for depression and anxiety; can take weeks to help and carry a youth suicide-risk warning to monitor.
- **Antipsychotics & mood stabilizers.** Used for serious mood, thought, or behavior symptoms; watch for movement, metabolic, and sedation effects.

You don't manage medications — you notice how the child is doing and report it. Recognition, not expertise.

Section 4: Common side effects to notice

Report changes; the prescriber decides what they mean.

- **Body.** Appetite or weight change, sleep changes, upset stomach, headaches, dizziness, or fatigue.
- **Mood & behavior.** New irritability, agitation, flatness, or — importantly — any increase in sadness or hopelessness.
- **Function.** Changes in energy, focus, or ability to do usual activities, in either direction.
- **New or worse.** Anything new or worse after a medication starts or changes is worth noting and reporting.

Section 5: Tardive dyskinesia and serious effects

Some effects need same-day reporting, and one has a name to know.

- **Tardive dyskinesia (TD).** Involuntary, repetitive movements — lip smacking, tongue or jaw movements, grimacing, finger or limb movements — linked to some antipsychotic medications. Report any you notice right away.
- **Increased suicidal thoughts.** Antidepressants carry a warning of increased suicidal thinking in youth — any such talk is an emergency to report immediately.
- **Severe reactions.** High fever, stiffness, rash, trouble breathing, or a sudden serious change — treat as a medical emergency and get help now.
- **Metabolic effects.** Some medications affect weight, blood sugar, and cholesterol over time; note changes for the prescriber.

Section 6: Observing and reporting changes

Your notes connect the child's daily reality to their medical care.

- **Describe, don't interpret.** Record what you actually see — 'blinking and lip movements he wasn't doing last week' — not a diagnosis.
- **Timely.** Report serious effects (like TD or self-harm talk) immediately; note routine changes per your program's process.

- **To the right people.** Tell your supervisor and follow your program's channel to the nurse or prescriber; you're the early-warning system.
- **Track patterns.** Note timing — after a dose, a change, or at certain times of day — which helps the prescriber a great deal.

Section 7: Medication safety practices

Follow policy exactly — medication safety protects children.

- **Storage & access.** Keep medications secured and accessible only as your program's policy requires; never leave them where a child could reach them.
- **Never adjust doses.** Don't change, split, skip, or 'make up' doses; only the prescriber changes a medication order.
- **Give only if authorized.** Administer medication only if trained, permitted, and following a valid order and your program's procedure.
- **Document per policy.** Record administration and observations exactly as your program requires; accuracy is a safety issue.
- **Report issues.** Report missed doses, refusals, errors, and side effects promptly through the right channel.
- **Protect privacy.** A child's medications are confidential health information — share only with the team, only as allowed.

Section 8: Co-occurring mental illness and substance use

In youth, mental illness and substance use often travel together.

- **Two at once.** A young person can have a mental illness and be using alcohol or other drugs; each affects the other.
- **Self-medication.** Teens sometimes use substances to cope with anxiety, depression, or trauma — which worsens symptoms over time.
- **Integrated care.** Both conditions need attention together; the professional and team address them — you observe and support.

You don't diagnose or treat substance use — you notice, support, and report, and act on safety.

Section 9: Supporting a child on medication

Your everyday support, within the plan.

- Keep routines predictable around medication times
- Encourage without pressuring or shaming
- Coach the coping skills the plan pairs with meds
- Observe benefits and side effects daily
- Report changes through the right channel
- Keep the child's medication information private

Medication and skill-building work best together — your coaching helps the whole plan succeed.

Section 10: Recognizing and responding to youth substance use

Notice, support, report — don't investigate or confront.

- **Possible signs.** New secrecy, changed friends, drops in functioning, physical signs, or finding substances or paraphernalia.
- **Don't confront or interrogate.** You're not the investigator; confrontation can push a youth away or be unsafe.
- **Report to the team.** Bring concerns to your supervisor and the team so the professional can address it with the youth and family.
- **Act on safety.** Overdose signs or immediate danger are emergencies — call 911 and follow your program's safety procedures now.

Section 11: Working with the team and family

Around medication and co-occurring needs, everyone stays in their lane.

- **You are the observer.** You see the child in daily life; your accurate, timely reports are uniquely valuable to the prescriber and team.
- **Support the family.** Within the plan, help families keep medication routines and reduce stigma; refer their questions to the prescriber or nurse.
- **The team decides.** Decisions about medication and co-occurring treatment belong to the professionals; you carry out and report, not decide.

Apply It — Scenarios

A side effect appears
A child recently started a new medication and now seems very sleepy during activities and has lost his appetite. A parent asks you if she should just cut the dose in half.
The right response: → Don't advise a change — only the prescriber adjusts a dose; never suggest cutting or skipping. → Document the specific changes — sleepiness and appetite loss since the medication started. → Report promptly to your supervisor and through your program's channel to the nurse or prescriber. → Reassure the parent kindly — encourage her to contact the prescriber, and pass the concern along yourself too.

Signs of substance use
A teen you work with is suddenly secretive, has new friends, is skipping activities she used to enjoy, and you catch the smell of alcohol.
The right response: → Notice the pattern — changes plus a physical sign are worth reporting, without jumping to conclusions. → Don't confront or interrogate her — that's not your role and could be unsafe or push her away. → Report to your supervisor and team so the professional can address co-occurring needs with her and the family. → Act on safety — if she's in immediate danger or shows overdose signs, call 911 and follow safety procedures.

Key Terms

Term	What it means
Psychotropic medication	Medication that affects mood, thinking, or behavior,

	prescribed as part of treatment.
Stimulant	A medication class often used for ADHD to improve attention and reduce impulsivity.
Antidepressant	Used for depression/anxiety; carries a youth suicide-risk warning to monitor.
Antipsychotic	Used for serious symptoms; can cause movement and metabolic side effects.
Tardive dyskinesia	Involuntary, repetitive movements linked to some antipsychotics; report immediately.
Side effect	An unintended effect of a medication — observe and report; the prescriber decides.
Co-occurring	Having a mental illness and a substance use disorder at the same time.
Adherence	Taking medication as prescribed; you support the routine, you don't enforce or adjust it.

Check Your Understanding

1. An MHBA's role with medication is to:

A. Observe, support adherence, and report — never prescribe or adjust

B. Decide the child's medications

C. Change doses as needed

D. Diagnose conditions for meds

Answer: A — Observe and report; prescribers decide.

2. Needing psychotropic medication is:

A. A sign the child is bad

B. Always avoidable

C. A reason for shame

D. One part of treatment — not a weakness or moral failure

Answer: D — Treat medication matter-of-factly and stigma-free.

3. How well must an MHBA know medication classes?

A. At a pharmacist's level

B. Not at all

C. Enough to prescribe

D. At a recognition level — enough to notice and report, not to manage them

Answer: D — Recognition, not expertise.

4. If you notice possible tardive dyskinesia, you should:

A. Wait a month to see if it stops

B. Adjust the medication

C. Ignore it

D. Report it right away and describe exactly what you see

Answer: D — Early recognition can change the child's care.

5. A core medication-safety rule is:

A. Never change, split, skip, or make up doses

B. Adjust doses when needed

C. Store meds anywhere

D. Share meds between children

Answer: A — Only the prescriber changes an order.

6. An MHBA's role with youth substance use is to:

A. Run a treatment group

B. Prescribe medication

C. Notice, support, and report — not diagnose or treat

D. Investigate and confront

Answer: C — Notice, support, report, and act on safety.

7. Decisions about medication and co-occurring treatment belong to:

A. The MHBA

B. The child

C. Whoever is present

D. The professionals and prescriber — you carry out and report

Answer: D — Stay in your lane; the team decides.

What You Learned

- Your role with medication is observe, support, and report — never prescribe or adjust
- Know common classes at a recognition level: stimulants, antidepressants, antipsychotics
- Watch for common side effects and report new or worsening changes
- Tardive dyskinesia — involuntary repetitive movements — must be reported immediately
- Antidepressants carry a youth suicide-risk warning; any self-harm talk is an emergency
- Follow medication safety exactly; never adjust doses and protect privacy
- Co-occurring mental illness and substance use is common in youth — notice, support, report, act on safety

Next: Parent Teaming for MHBAs (MHBA-08).

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.