CareCertify LLC

245I Mental Health Training · CTSS Behavioral Aide Series

MHBA-08

Parent Teaming for MHBAs

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) (MHBA parent team training)

Partnering with parents to teach skills — and the commissioner-approved training this requires.

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

- Explain what parent teaming is and why MHBAs do it
- Know the commissioner-approved-curriculum requirement for parent team training
- Use core parent-teaming practices — engage, model, coach, feedback
- Coach parents only in the skills the professional taught and the plan targets
- Make parent teaming culturally responsive and boundaried
- Document parent teaming and coordinate with the team

Section 1: What parent teaming is

MHBAs partner with parents and caregivers to build the child's skills at home.

- **Teaming with parents.** Parent teaming is the structured way an MHBA works with a child's parents or caregivers as part of the treatment plan.
- **Skills into daily life.** You help caregivers learn and use the same skills the professional taught, so the child practices them across everyday moments.
- **A defined MHBA duty.** For mental health behavioral aides, parent team training is a required part of the role — not an optional add-on.
- **Still under the plan.** Everything you teach comes from the child's treatment plan and the professional — the usual anchors apply.

Section 2: Why parent teaming works

Parents are the constant in a child's life — that's the whole point.

- **The constant caregiver.** You visit for hours; parents are there all week. Skills stick when the people who are always there can coach them.
- **Generalization.** A skill practiced only with you may not transfer; practiced at home, it becomes part of the child's real life.
- **Lasting change.** When services end, the family carries on. Parent teaming builds capacity that outlasts your involvement.

Section 3: The commissioner-approved-curriculum requirement

MHBA parent team training must use a curriculum approved by the commissioner.

- **Approved curriculum required.** Under Minn. Stat. 245I.05, an MHBA's parent team training must use a curriculum approved by the commissioner (DHS).
- **What this course is.** This CareCertify module builds your understanding of parent teaming — it supports and orients you, but it does not by itself satisfy the commissioner-approved parent team training requirement.
- **What you must do.** Complete your program's DHS-approved parent team training curriculum before providing MHBA services. Confirm with your supervisor which approved curriculum your program uses.

Compliance flag: use this module alongside — never instead of — the commissioner-approved parent team training.

Section 4: Core parent-teaming practices

The same four moves make coaching effective.

- **Engage.** Build trust and partnership; ask about the family's goals and what they already do that works.
- **Model.** Show the skill in a real moment with the child, so the caregiver sees it done, not just described.
- **Coach.** Have the caregiver try it while you support; step back as their confidence grows.
- **Feedback.** Give specific, encouraging feedback — name what worked and one thing to try next.

Section 5: Coaching only what was taught

Parent teaming follows the same anchors as all your work.

- **From the plan.** Teach only the skills and strategies the professional taught and the treatment plan targets.
- **Not your own methods.** Don't improvise parenting advice or new techniques; if a family needs more, bring it to the team.
- **The professional leads.** The mental health professional designs the treatment; you coach the family in carrying it out.
- **Refer beyond your role.** Family needs outside the plan — housing, the parent's own health, legal — go to your supervisor and the right resource.

Section 6: Helping skills carry over

Coaching only helps if families can keep it up.

- **Real moments.** Practice in the situations where the skill is actually needed — mornings, homework, transitions.
- **Keep it doable.** Fit strategies to the family's routines, resources, and energy so they're realistic between visits.
- **Plan the follow-through.** Before you leave, agree on how and when they'll use it, and check in next visit.
- **Celebrate effort.** Notice and affirm what the caregiver tries; encouragement keeps families engaged and practicing.

Section 7: Culturally responsive parent teaming

Coach in a way that fits each family's culture and values.

- **Family as expert.** Respect that the family knows their own culture and child best; ask rather than assume.
- **Fit the values.** Connect the taught skills to values the family already holds; adapt the how, keep the goal.
- **Language access.** Use qualified interpreters when needed; never rely on the child to interpret for the family.
- **Respect roles.** Honor who leads in the family — including elders and extended family — when planning and coaching.
- **Check your bias.** Notice your assumptions about 'good parenting'; effective, safe parenting looks different across cultures.
- **Build on strengths.** Name and grow the family's existing strengths and traditions as part of the coaching.

Section 8: Boundaries and confidentiality

Partnership with parents still needs clear limits.

- **Stay in role.** Coach the child's skills; you're not the family's therapist, case manager, or friend.
- **Protect privacy.** Keep the child's and family's information confidential; follow consent rules and don't share between family members.
- **Consistent & fair.** Warmth with structure — reliable, professional, and free of favoritism keeps trust safe.

Good boundaries make the close, trusting partnership parent teaming needs actually safe.

Section 9: How a parent-teaming session flows

A simple, repeatable structure.

- Connect and review the target skill together
- Model the skill with the child in a real moment
- Coach the caregiver to try it
- Give specific, encouraging feedback
- Plan how they'll use it before next visit
- Document and report progress and needs

Leaving the caregiver a little more confident each visit is the goal of parent teaming.

Section 10: Working through common barriers

Meet families where they are — barriers are normal.

- **Stress & overwhelm.** A stressed caregiver can't take on much; start tiny, and connect them to support through the team.
- **Stigma & blame.** Reduce shame; frame teaming as building on strengths, not fixing a 'bad' parent.
- **Time & logistics.** Fit into real schedules; short, practical strategies beat elaborate plans that never happen.

- **Mistrust.** Earn trust with reliability and respect; some families have hard histories with systems — go slow and keep showing up.

Section 11: Documenting and coordinating

Parent teaming is team work — keep everyone connected.

- **Document it.** Record what you coached, how the family responded, and progress toward the plan — factually and on time.
- **Report to the team.** Share what's working and what the family needs so the professional can adjust the plan.
- **One coordinated message.** Coordinate so the family hears consistent guidance from you and the rest of the team, not mixed messages.

Apply It — Scenarios

A caregiver ready to try
A parent wants to help her son use a calming strategy the therapist taught, but says 'I don't think I'll do it right.'
The right response: → Engage and normalize — it's okay to feel unsure; you'll practice it together. → Model it — show the strategy with her son in a real moment so she can see it done. → Coach and encourage — have her try it while you support, and name what she did well. → Plan follow-through — agree on when she'll use it this week, and check in next visit.

A skill the family wants that isn't in the plan
A caregiver asks you to teach a discipline approach a relative recommended. It isn't part of the treatment plan, and you're not sure it's a good fit.
The right response: → Stay in the plan — you coach only the skills the professional taught and the plan targets. → Don't improvise — kindly explain you can't teach methods outside the plan, without dismissing her. → Bring it to the team — the professional can consider it and adjust the plan if appropriate. → Keep partnering — affirm her wish to help and continue coaching the plan's strategies.

Key Terms

Term	What it means
Parent teaming	The structured way an MHBA coaches parents/caregivers in the child's treatment skills.
Commissioner-approved curriculum	The DHS-approved parent team training an MHBA must complete for this requirement.
Generalization	A skill carrying over into everyday life across settings, especially home.
Model	Demonstrating a skill with the child so a caregiver can see it done.
Coach	Supporting the caregiver to practice the skill and giving feedback.
Within the plan	Teaching only the skills the professional taught and the plan targets.
Cultural humility	A curious, non-assuming stance that treats the

	family as expert on their culture.
Coordination	Keeping the family's guidance consistent across the whole team.

Check Your Understanding

1. Parent teaming is:

A. The structured way an MHBA coaches parents/caregivers in the child's treatment skills

B. A therapy the aide provides to parents

C. A meeting only for professionals

D. Optional and rarely done

Answer: A — Parent teaming coaches caregivers within the plan.

2. Parent teaming works largely because:

A. Aides visit constantly

B. Parents replace the professional

C. Skills don't need practice

D. Parents are the constant in a child's life, so skills generalize and last

Answer: D — Home practice makes skills part of real life.

3. Before providing MHBA services, you should confirm you completed:

A. Only this module

B. Nothing in particular

C. Any online video

D. Your program's DHS-approved parent team training curriculum

Answer: D — Confirm the approved curriculum with your supervisor.

4. In parent teaming you should coach:

A. Any technique you think is good

B. New methods you invent

C. A relative's discipline ideas

D. Only the skills the professional taught and the plan targets

Answer: D — Stay within the plan; the professional leads.

5. Checking your bias about 'good parenting' matters because:

A. Effective, safe parenting looks different across cultures

B. There is only one right way to parent

C. Bias helps coaching

D. Culture is irrelevant

Answer: A — Notice assumptions; respect cultural differences.

6. A stressed, overwhelmed caregiver is best helped by:

A. Assigning more tasks

B. Blaming them

C. Starting tiny and connecting them to support through the team

D. Ending services

Answer: C — Meet families where they are.

7. A caregiver asks you to teach a discipline method not in the plan. You should:

A. Teach it anyway

B. Refuse rudely

C. Add it to the plan yourself

D. Stay in the plan, don't improvise, and bring it to the team

Answer: D — Coach only plan skills; route new ideas to the team.

What You Learned

- Parent teaming is how MHBAs coach parents in the child's treatment skills
- It works because parents are the constant — skills generalize and last
- The parent team training requirement must use a commissioner-approved curriculum
- This module supports that training but does not by itself satisfy the requirement
- Engage, model, coach, and give feedback — only within the plan
- Make it culturally responsive, boundaried, and doable for the family
- Document, report, and coordinate so the family hears one consistent message

This completes the CTSS MHBA child-core series. Continue your program's full 30-hour training.

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.