

2025-2026 Job Task Analysis for the Pediatric Primary Care Mental Health Specialist (PMHS®) Exam

WHAT IS IT, AND WHY DO IT?



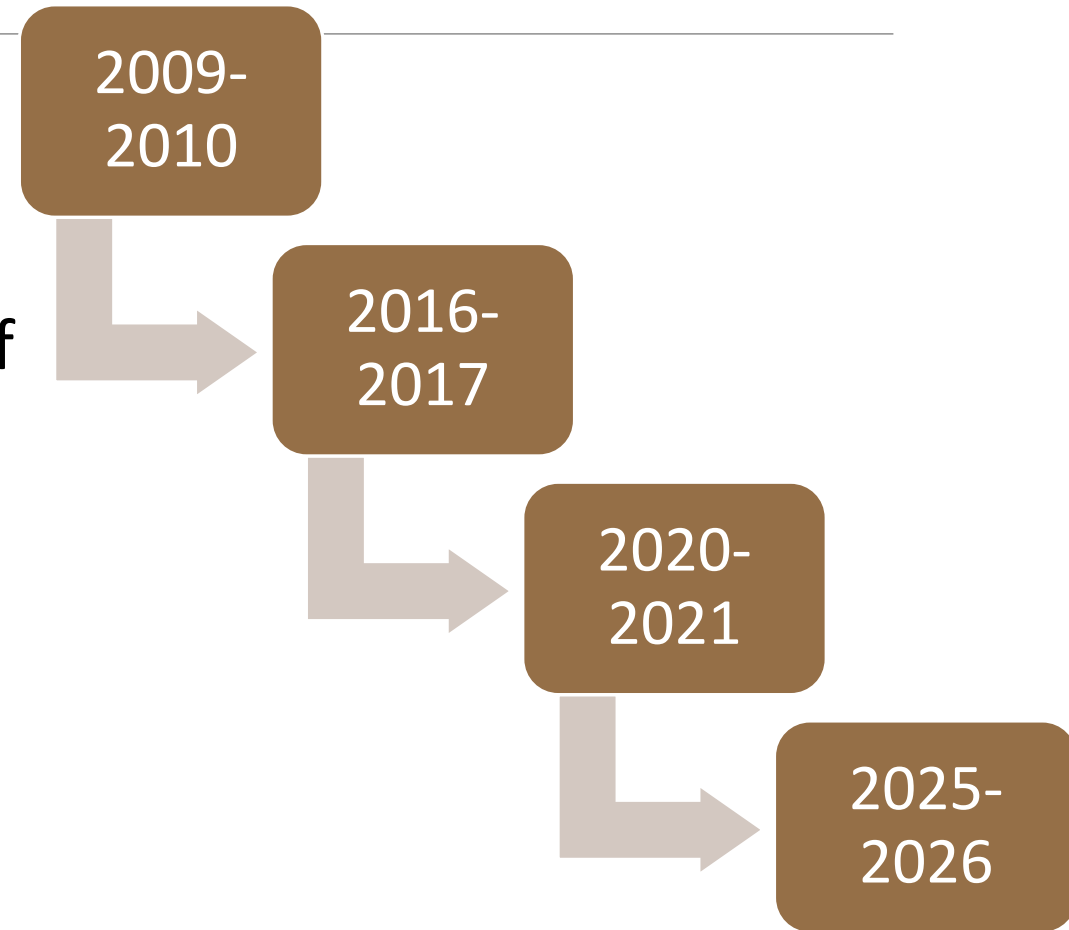
Purpose of the Study

- ✓ Update and validate the inventory of tasks performed by advanced practice nurses (APRNs) with specialty expertise who provide developmental, behavioral, and mental health (DBMH) services to children, adolescents, and young adults
- ✓ Update the existing inventory of diagnoses most often seen
- ✓ Update the existing inventory of pharmacologic agents recommended, prescribed, or monitored as well as the therapies and interventions performed or recommended/referred/prescribed
- ✓ Update the inventory of screening and assessment tools used by APRNs in the specialty
- ✓ Create and validate an inventory of knowledge areas used in practice
- ✓ Develop updated test specifications and a detailed content outline for the PMHS examination

History and Purpose

The inaugural role delineation of the Pediatric Primary Care Mental Health Specialist was performed in 2009-2010. Accrediting agencies require this type of periodic job task analysis to receive or maintain accreditation for an exam.

In keeping with best practices, PNCB conducts JTA studies for each of its exams every 4-7 years.



History and Purpose

In order to develop a content outline for the certification examination, the JTA study identifies tasks, knowledge, skills, or abilities deemed to be important to APRNs who provide developmental, behavioral, and mental health services to children, adolescents, and young adults.

A task appears on the updated content outline only if it has met research validation criteria.



What are the steps involved?

Over a period of several months between July 2025 and January 2026, the following occurred:

1. Development of the survey instrument with subject matter experts (SMEs) from around the country. This involved:
 - Reflecting on trends in practice since the last study
 - Commenting on the current outline
 - Providing feedback or suggestions related to the delineation of practice
2. Pilot testing of the instrument for clarity and comprehensiveness.

What are the steps involved?

Over a period of several months between July 2025 and January 2026, the following occurred:

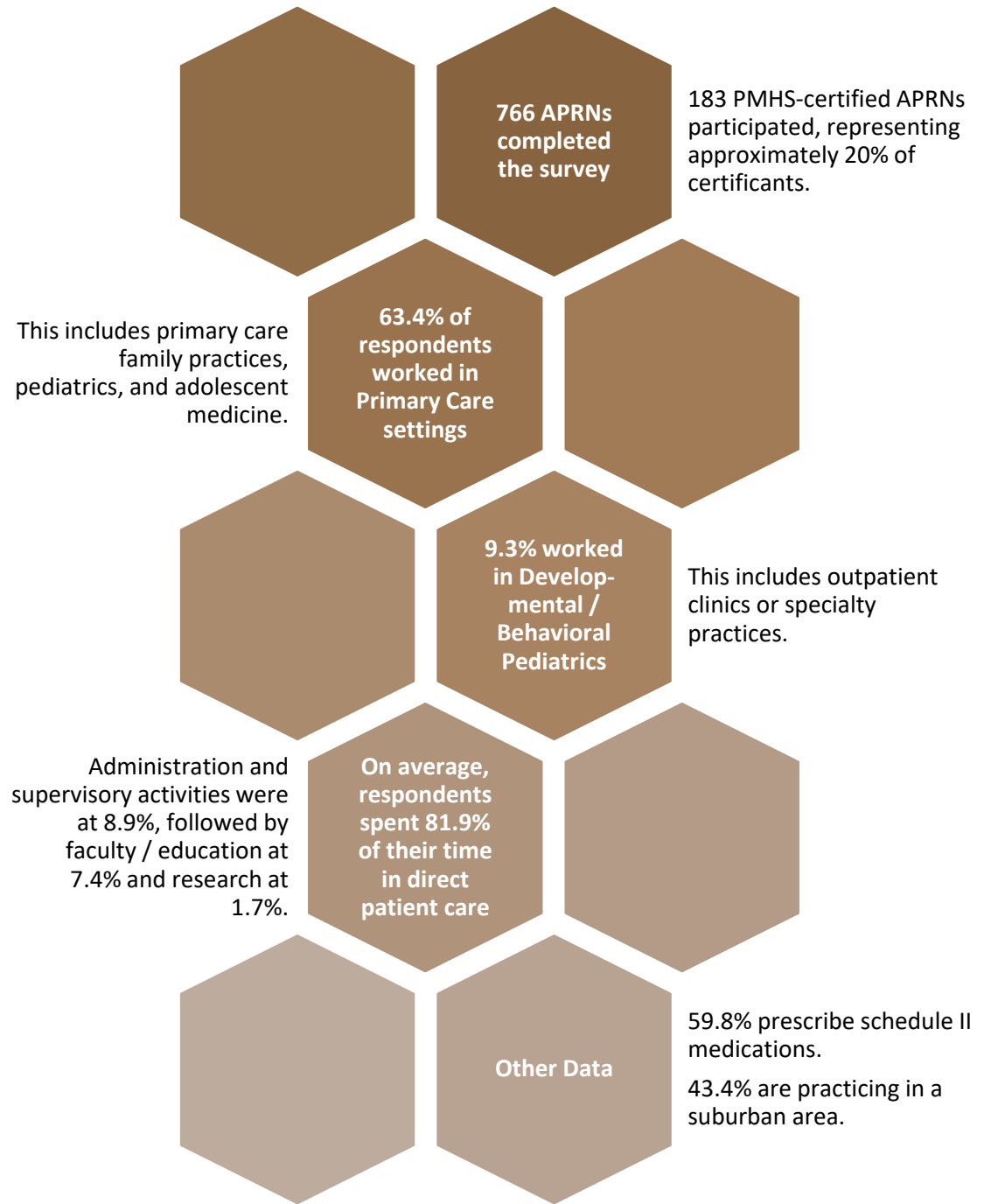
3. Dissemination of the survey to
 - all actively-certified PMHSs,
 - all PNCB-certified Primary Care Pediatric Nurse Practitioners (CPNP-PCs) who did not otherwise hold the credential, and
 - a volunteer sample of Family Nurse Practitioners (FNPs) certified by the American Academy of Nurse Practitioners Certification Board (AANPCB)
4. Analysis of survey data
5. With input from the SMEs, development of test specifications and the updated content outline based upon survey findings

The survey participants responded to these sections.

Survey Section	Rating
Screening	Yes/No
Tasks	Frequency and Importance
Domains	Percentage of Time and Importance & Percentage of PMHS Examination
Knowledge	Importance
Diagnoses	Percentage of Patients
Pharmacologic Agents	Actions Performed
Therapies and Interventions	Actions Performed
Screening and Assessment Tools	Used or interpreted
Survey Comprehensiveness	Completeness of survey
Demographic/Professional Questions	Various Formats
Eligibility Criteria Questions	Open ended question

Results at a glance.

Almost all (99%) of survey participants indicated the role of the APRN providing services to children, adolescents, and young adults with developmental, behavioral, or mental health (DBMH) concerns was well, very well, or completely covered.



Demographics of the PMHS Over Time...

	2020-2021	2025-2026
Practice Setting	<ul style="list-style-type: none"> • Primary Care Clinics ↑ 64.9% • Developmental/Behavioral Pediatrics Clinics ↓ 8.6% • Pediatric Outpatient Clinic or Specialty Practice ↓ 10.2% • Psychiatry Outpatient Clinic or Specialty Practice ↓ 4.6% 	<ul style="list-style-type: none"> • Primary Care Clinics ↓ 63.5% • Developmental/Behavioral Pediatrics Clinics ↑ 9.3% • Pediatric Outpatient Clinic or Specialty Practice ↓ 9.0% • Psychiatry Outpatient Clinic or Specialty Practice ↑ 6.7%
Location of Practice Testing	<ul style="list-style-type: none"> • Urban ↓ 38.5% • Suburban = 42% • Rural ↑ 19.5% 	<ul style="list-style-type: none"> • Urban ↓ 37.6% • Suburban ↑ 43.4% • Rural ↓ 19.0%
Top 5 Referrals to Other Services	<ul style="list-style-type: none"> • Counselor/Therapist ↑ 93% • Child/adolescent psychiatrist ↑ 86.9% • OT/PT/Speech ↑ 80% • Neurologist ↓ 65.5% • Pediatric psychologist ↓ 62.4% 	<ul style="list-style-type: none"> • Counselor/Therapist ↓ 90.6% • Child/adolescent psychiatrist ↓ 81.7% • OT/PT/Speech ↓ 78.6% • Developmental behavioral pediatrician ↑ 59.3% • Pediatric psychologist ↓ 58.3%
Top 5 States, by volume, where the Role is represented	<ol style="list-style-type: none"> 1. Texas 2. Ohio 3. California 4. New York 5. Pennsylvania 	<ol style="list-style-type: none"> 1. Texas 2. California 3. Massachusetts 4. Georgia 5. Ohio

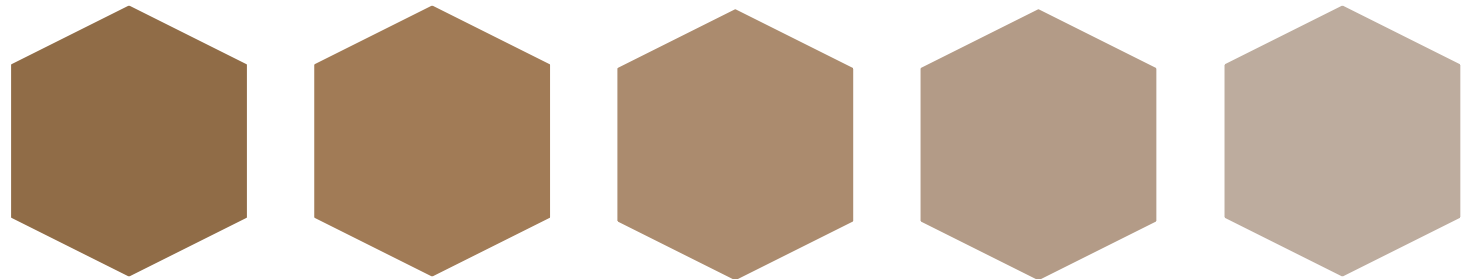
Content Outline Impact

OVERALL

The **description of the specialty** was first reviewed, and minor updates were made to reflect current terminology. Once updated, this description served as an anchor for all subsequent work.

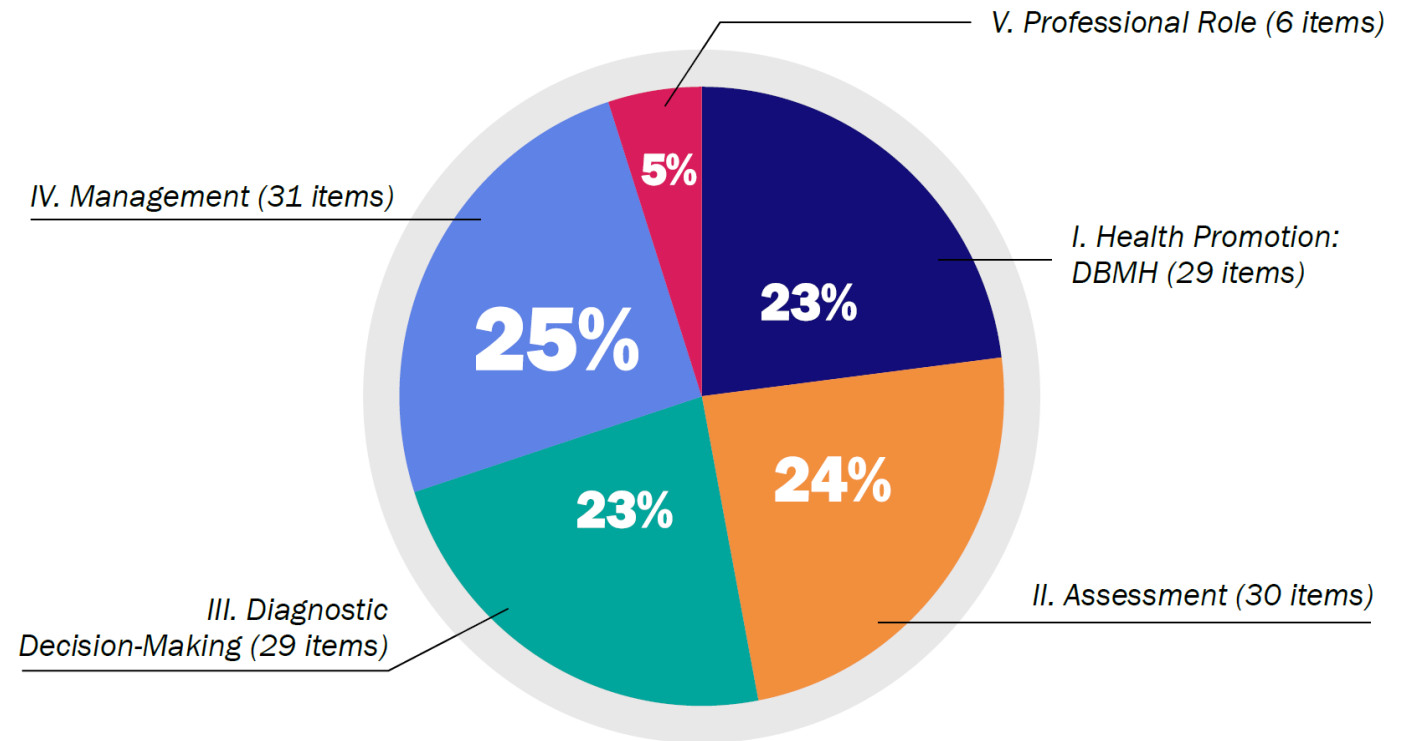
Sixty-three (63) of 66 tasks surveyed met thresholds and were validated; the three tasks with frequency ratings just below the threshold were retained based on other key factors. Thus, all tasks were included on the final content outline.

Additionally, listings of **diagnoses, pharmacology agents, therapies and interventions, as well as screening and assessment tools** were also surveyed for validation and inclusion.



Content Outline Impact DOMAINS

The domain structure – organized by *Health Promotion, Assessment, Diagnostic Decision-Making, Management, and Professional Role* – had a slight change in the name of Domain 2, while the allocation of content for each domain was revised slightly and subtle refinements made to the tasks.



Change from prior 2021-2025 study and blueprint:

- Domain 1 (previously 25%) increased by 2%
- Domain 2 (previously 24%) remained the same
- Domain 3 (previously 22%) increased by 7%
- Domain 4 (previously 23%) increased by 2%
- Domain 5 (previously 6%), decreased by 1%

Content Outline Impact

DIAGNOSES

**NEW additions
highlighted in yellow*

All twenty-nine (29) diagnoses surveyed were validated and grouped into three likelihood bands, More, Some, and Less, indicating how often they will appear on the exam.

Diagnosis	Represented	
Anxiety disorders	More	
Attention-deficit / hyperactivity disorder (ADHD)		
Autism spectrum disorder		
Communication disorders		
Conduct and impulse control disorders		
Depressive disorders		
Developmental delay		
Learning disorders		
Sensory processing difficulties		
Sleep disorders		
Trauma- and stress-related disorders (e.g., adjustment disorder, PTSD)		
Elimination disorders	Some	
Feeding disorders		
Intellectual disabilities		
Non-suicidal self-injury		
Obsessive-compulsive and related disorders		
Oppositional defiant disorder (ODD)		
Other mood disorders		
Other neurodevelopmental disorders		
Somatic symptoms and related disorders		
Suicidal ideation and behavior		
Abuse and neglect		Less
Body dysmorphic disorder		
Eating disorders		
Gaming disorder		
Gender dysphoria		
Genetic disorders		
Motor and tic disorders		
Substance-related and addictive disorders		

Most frequently seen in practice and tested MORE on the exam are:

- **ADHD**
- **Anxiety Disorders**
- **Depressive Disorders**
- **Developmental Delay**
- **Autism Spectrum Disorder**

The updated content outline introduces the following **NEW** diagnoses:

- **Body dysmorphic disorder**
- **Gaming disorder**
- **Gender dysphoria**

Content Outline Impact

PHARMACOLOGIC AGENTS

**NEW additions
highlighted in yellow*

Pharmacologic Agents:

Antidepressants were the most frequently prescribed medications (77%), followed by ADHD medications (74%) and other prescribed medications (52%).

Substance use disorder medications were used infrequently and did not meet validation criteria for inclusion on the exam.

The overall listing remains unchanged, with the addition of **Other prescribed medications below.**

- Antidepressant medications
- Antiepileptic medications
- Antipsychotic medications
- ADHD medications
- Anxiolytics
- Mood stabilizers
- **Other prescribed medications (e.g. hydroxyzine, naltrexone, propranolol)**
- Sleep medications
- Supplements and over-the-counter medications

Content Outline Impact

THERAPIES AND INTERVENTIONS

**NEW additions
highlighted in yellow*

Therapies and Interventions:

Eighteen of the 19 therapies and interventions surveyed met the 50% threshold for performance or monitoring. The therapies below are listed in alphabetized order.

- Applied Behavior Analysis (82%)
- Behavior modification strategies (81%)
- Cognitive Behavioral Therapeutic (CBT) Techniques (85%)
- Collaborative problem solving (58%)
- Dialectical behavior therapeutic (DBT) techniques (51%)
- Educational support services (86%)
- Mind-body approaches (75%)
- Motivational interviewing (75%)
- Nutritional approaches (77%) (previously diet and nutritional approaches)
- Organizational and executive functioning skills (72%)
- Parenting strategies (75%)
- Physical activity (78%)
- Psychoeducation (65%)
- Relationships and social connections (76%)
- Risk management techniques (69%)
- Sleep hygiene (79%) (previously sleep management)
- Stress management (78%)
- Technology/electronics management (64%)

Content Outline Impact

SCREENING AND ASSESSMENT TOOLS

Screening and Assessment Tools:

ACT recommended a validation threshold of at least 25% of respondents using or interpreting a screening or assessment tool in either the total sample or the PMHS subgroup.

In the 2025 study, 12 of 14 **universal screening** tools and 10 of 15 **risk-related screening** and assessment tools met the threshold, representing an increase from the previous study findings.

See more details on the next slides.

Content Outline Impact

SCREENING AND ASSESSMENT TOOLS

**NEW additions
highlighted in yellow*

Universal Screening Tools

- Adverse Childhood Experiences (ACEs) Questionnaire
- Ages & Stages Questionnaires®, Third Edition (ASQ®-3)
- Ages & Stages Questionnaires®: Social-Emotional, Second Edition (ASQ®:SE-2)
- **Ask Suicide: Screening Questions (ASQ)**
- CRAFFT Alcohol and Substance Screening Tool
- Home environment, Education and employment, Eating, peer-related Activities, Drugs, Sexuality, Suicide/depression, and Safety from injury and violence (HEEADSSS)
- Modified Checklist for Autism in Toddlers, Revised, with Follow-Up (M-CHAT-R/F)[™]
- Patient Health Questionnaire (PHQ, PHQ-9, PHQ-Brief, PHQ-SADS, PHQ-9- modified (A), PHQ-2)
- **Mood and Feelings Questionnaire**
- **Edinburgh Postnatal Depression Scale (EPDS)**
- Pediatric Symptom Checklist (PSC)
- **Survey of Well-being of Young Children (SWYC)[®]**

Content Outline Impact

SCREENING AND ASSESSMENT TOOLS

**NEW additions
highlighted in yellow*

Risk Related Screening Tools

- **ADHD Rating Scale IV -
Preschool Version**
- Vanderbilt Assessment
Scales
- **Screen for Adult Anxiety
Related Emotional Disorders
(SCAARED)**
- Screen for Child Anxiety
Related Emotional Disorders
(SCARED)
- Generalized Anxiety Disorder
7-item scale (GAD-7)
- **Autism Diagnostic
Observation Schedule,
Second Edition (ADOS®-2)**
- **Childhood Autism Rating
Scale, 2nd Edition (CARS2)**
- **Columbia Suicidality Severity
Rating Scale (C-SSRS)**
- Child Behavior Checklist
(CBCL)
- **Conners Comprehensive
Behavior Rating Scales™
(Conners CBRS®)**

Exam Details

- **There were no changes in the number of questions**
 - ✓ 125 scored items and 25 unscored (pretest) items
 - ✓ Candidates will not be able to distinguish between scored and non-scored questions.
- **There was no change in time allotment**
 - ✓ 2.5 hours

FAQs

- **Q: When does the updated exam launch?**

A: The new exam will launch with the testing window beginning November 1, 2026.

- **Q: Do I need to study differently with this updated outline?**

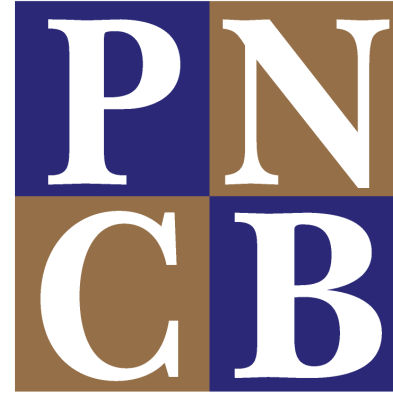
A: No, the reference list remains the same because the tasks listed on the new outline have not changed significantly from the previous one.

- **Q: Have the eligibility requirements changed as a result of this study?**

A: No, eligibility requirements remain the same.

- **Q: Where can I confirm my eligibility?**

A: Visit PNCB's website for more information: <https://www.pncb.org/pmhs-exam-eligibility>



**If you have questions, please visit:
www.pncb.org or email exam@pncb.org.
Our team will be glad to assist.**

We wish you much success on your upcoming exam!