



Pediatric Primary Care Mental Health Specialist (PMHS®)

Detailed Certification Exam Content Outline



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DESCRIPTION OF THE SPECIALTY

The Pediatric Primary Care Mental Health Specialist (PMHS) role builds upon the Advanced Practice Registered Nurse (APRN) role to provide early access to evidence-based assessment, evaluation, diagnosis, and management of common developmental, behavioral, and mental health concerns in children, adolescents, and young adults. Practice settings are often in primary care, but may include school-based clinics, developmental behavioral pediatrics, foster care clinics, and other specialty services. The PMHS demonstrates added specialty knowledge regarding developmental, behavioral, and mental health screening and assessment tools, and offers education, psychopharmacologic therapies, cognitive behavioral interventions, and brief counseling. The expertise provided by the PMHS enhances the quality of behavioral health services for children, adolescents, young adults, and their families/caregivers through early recognition, intervention, active monitoring, care coordination, and initiation of referrals for more complex conditions.

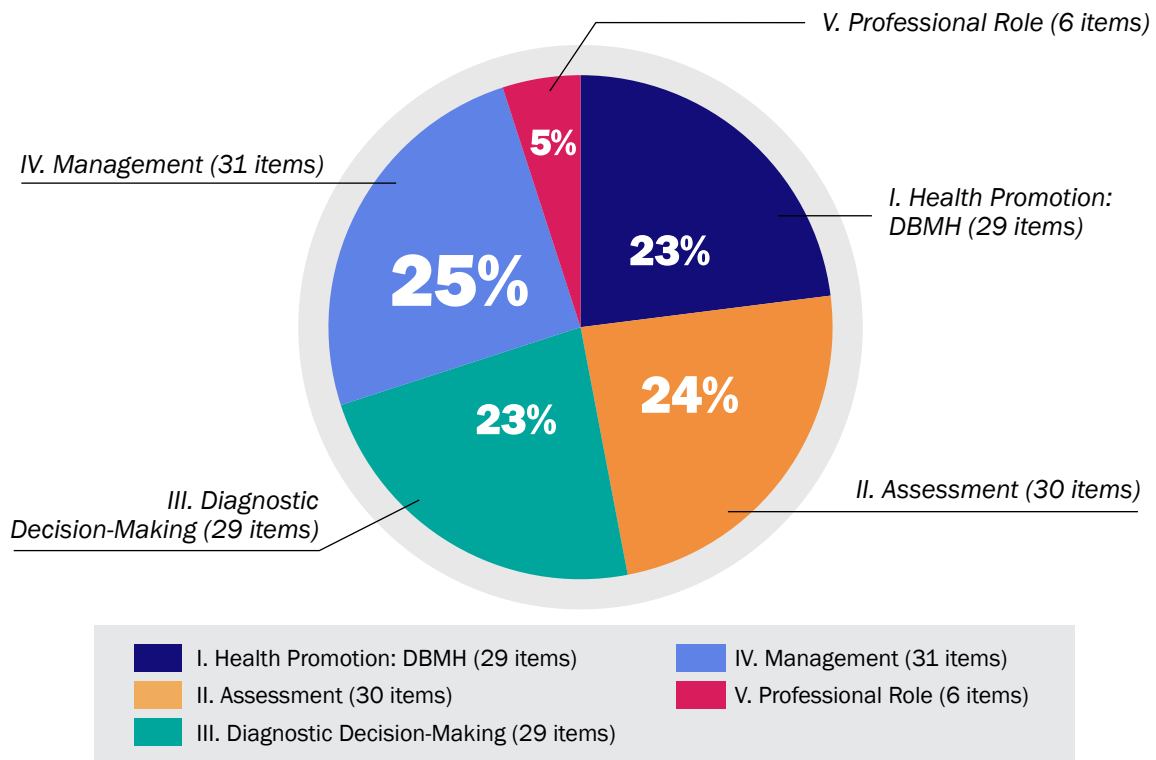
CREDENTIAL AND VALUE OF CERTIFICATION

Candidates successfully passing this exam will earn the certification Pediatric Primary Care Mental Health Specialist (PMHS®). In 2021, the American Academy of Pediatrics (AAP), the American Academy of Child & Adolescent Psychiatry (AACAP), and the Children’s Hospital Association (CHA) [declared a national state of emergency in children’s mental health](#) and published a call to action, which addressed the rising pandemic-era crises, including surges in depression, anxiety, and emergency department visits. Despite the rising number of children being diagnosed with developmental, behavioral, or mental health (DBMH) conditions, only about 20% receive care from specialized mental health care providers. Nearly two-thirds get little or no assistance. Unfortunately, a shortage exists of mental health providers skilled in working with children and of primary care providers experienced in screening and diagnosing these conditions. The PMHS® certification credential presents a viable solution to addressing the gaps in care.

EXAM DETAILS

This exam is based on U.S. standards of practice. Visit the PNCB website to review the [PMHS eligibility requirements](#). The exam has 125 scored and 25 unscored items (included to determine statistical performance). The 125 scored items are distributed among five content areas, as shown in **Figure 1**.

Figure 1: PMHS® Percentage of Exam Content Areas



HOW TO USE THIS CONTENT OUTLINE

The PMHS® exam content outline (also known as a test blueprint) is an essential tool as you study for your exam. It describes the exam’s subject areas covered and the number of questions per category. PNCB certification exams are comprehensive exams, so you should study all areas of the content outline, including unfamiliar areas. This exam tests your ability to apply knowledge and use critical thinking skills to determine one best answer among answer choices.

I. Health Promotion: Development, Behavioral, and Mental Health (DBMH) 23%; 29 items

A. Health Promotion and Psychoeducation Specific to DBMH Conditions

1. Educate about positive and safe relationship dynamics and attachments
2. Provide guidance regarding the impact of individual temperament on development and behavior
3. Provide guidance about typical developmental progression and deviations that warrant intervention
4. Provide guidance about variations in development that affect behavior, emotional regulation, and social, academic, and family functioning
5. Educate patients and caregivers about the impact of social determinants of health and wellbeing
6. Provide guidance regarding healthy lifestyle, resiliency, and coping skills
7. Educate patients and caregivers about risk avoidance and harm reduction

B. Early Identification and Screening for DBMH Conditions

1. Provide surveillance to identify children, adolescents, and young adults at risk
2. Use and interpret evidence-based universal screening tools
3. Use and interpret evidence-based risk-related screening tools

II. Assessment 24%; 30 items

A. Obtain a comprehensive developmental, behavioral, environmental, and health history

B. Elicit a comprehensive multigenerational family history

C. Evaluate health disparities and social determinants of health

D. Obtain and review data from previous assessments, academic evaluations, and collateral resources

E. Administer evidence-based developmental, behavioral, and mental health assessment tools

F. Perform a physical exam, and observe the patient's behavior and interactions with caregiver(s)

G. Order relevant diagnostic evaluations and laboratory tests

III. Diagnostic Decision-Making 23%; 29 items

A. Interpret assessment and diagnostic findings

B. Recognize and differentiate:

1. typical developmental stages/milestones vs. developmental or behavioral disorders
2. genetic influences and conditions
3. the impact of psychosocial and environmental conditions/factors
4. medical, behavioral, and/or psychiatric co-morbidities

C. Synthesize the information/data to generate differential diagnoses, taking into consideration:

1. psychiatric, neurologic, and/or behavioral manifestations of medical disorders
2. typical vs. atypical presentation of psychiatric disorders
3. early signs and symptoms of complex developmental, behavioral, and psychiatric disorders

D. Use current version of Diagnostic and Statistical Manual (DSM) of Mental Disorders criteria and taxonomy in diagnostic decision-making

E. Engage child/adolescent and caregivers in discussions regarding diagnostic impression(s)

F. Initiate referral(s) and/or consultation(s) to aid in the diagnosis of developmental, behavioral, and mental health conditions when indicated

IV. Management 25%; 31 items

A. Initial Management

1. Incorporate psychoeducation in the discussion of:
 - a. etiology of condition(s)

- b. diagnosis and treatment options
 - c. indications, benefits, and risks of pharmacologic agents
 - d. indications, benefits, and risks of therapies and interventions
 - e. benefits and risks of complementary and alternative therapies
 - f. appropriate safety and crisis management planning
2. Establish treatment goals and objectives through shared decision-making with the patient, caregivers, and other team members
 3. Obtain and document informed consent and assent for treatment
 4. Prescribe, perform, or recommend evidence-based treatments for developmental, behavioral, and mental health conditions using:
 - a. therapies and interventions
 - b. pharmacologic agents
 5. Initiate referrals to specialty and therapeutic service providers as appropriate
 6. Consult and collaborate with multidisciplinary team regarding treatment and management
 7. Initiate treatment while awaiting specialty services if indicated
 8. Direct patients and caregivers to community and school resources
 9. Collaborate with schools in the provision of educational and rehabilitative services
 10. Refer patients requiring higher levels of care to appropriate provider(s)

B. Ongoing Management

1. Provide active support, monitoring, and counseling to maximize functioning by:
 - a. identifying environmental conditions/factors
 - b. assessing for high-risk behaviors and escalating level of care when indicated
 - c. facilitating family interactions
 - d. promoting social and academic functioning
 - e. encouraging self-monitoring and self-regulation
 - f. monitoring for adverse effects to decrease the risk of complications related to medications
 - g. enhancing adherence with treatment plan
2. Evaluate treatment outcomes related to therapies and interventions and adjust treatment plan as indicated
3. Evaluate treatment outcomes related to pharmacologic agents and adjust as indicated
4. Identify and manage new diagnoses and/or comorbidities
5. Facilitate interprofessional communication, collaboration, and care coordination
6. Advocate for the child and family
7. Support transition of services to adult care or other appropriate providers

V. Professional Role 5%; 6 items

A. Incorporate inclusivity, cultural awareness, and sensitivity into all aspects of professional practice

B. Maintain confidentiality and privacy according to current regulations and policies

C. Maintain up-to-date knowledge of the following related to developmental, behavioral, and mental health care:

1. Laws and regulations
2. Ethical considerations
3. Practice standards and guidelines
4. Quality indicators

D. Promote integrated and collaborative care models

E. Provide and increase access to care using innovative methods of healthcare delivery (e.g., telehealth, value-based care models, patient-centered care model, school-based health clinics)

F. Document findings and plans of care to assure quality of care and support reimbursement

MEDICATION NAMES

Many medication brand names, while still discussed commonly in practice, are no longer available in brand name form. PNCB strives to only include brand names of medications that are fully available. When medication names are needed or cited in an examination question, PNCB will typically list both generic and brand names when appropriate. All brand and generic names referenced are correct and available to the best of our knowledge at the time of the exam publication. Each question included in PNCB examinations is [reviewed multiple times](#), with different subject matter expert (SME) groups, who assess and validate content for accuracy, including medication names. This process precedes, and is in addition to, rigorous, routine statistical analysis on every scored item. Exam-takers should know common, generic medication names applicable to the PMHS® role.

DIAGNOSES

The diagnoses in **Table 1** were validated in the 2025–2026 PMHS Job Task Analysis survey. The top diagnoses are likely to be seen MORE within the content of the exam, where the middle will have SOME representation, and the last have LESS than the other groupings.

Table 1: Representation of Diagnoses

DIAGNOSIS	REPRESENTED
<ul style="list-style-type: none"> • Anxiety disorders • 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) 	More
<ul style="list-style-type: none"> • Elimination disorders • 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 	Some
<ul style="list-style-type: none"> • Abuse and neglect • Body dysmorphic disorder • Eating disorders • Gaming disorder • Gender dysphoria • Genetic disorders • Motor and tic disorders • Substance-related and addictive disorders 	Less

PHARMACOLOGIC AND NON-PHARMACOLOGIC MANAGEMENT

Table 2: Pharmacologic Agents

Exam content will include a focus on this alphabetized list of pharmacological agents:

Antidepressants
Antiepileptics
Antipsychotics
Anxiolytics
Attention-deficit / hyperactivity disorder medications
Mood stabilizers
Other prescribed medications (e.g., hydroxyzine, naltrexone, propranolol)
Sleep medications
Supplements and over-the-counter medications

Table 3: Therapies and Interventions

Exam content will include a focus on this alphabetized list of therapies and interventions:

Applied behavioral analysis (ABA)
Behavior modification strategies
Cognitive behavioral therapeutic (CBT) techniques
Collaborative problem solving
Dialectical behavior therapeutic (DBT) techniques
Educational support services
Lifestyle modification
Nutritional approaches
Physical activity
Relationships and social connections
Risk management techniques
Sleep hygiene
Stress management
Mind-body approaches (including mindfulness and relaxation therapy)
Motivational interviewing
Organizational and executive functioning skills (including but not limited to time management, limit setting, routines)
Parenting strategies
Psychoeducation
Technology / electronics management

SCREENING AND ASSESSMENT TOOLS

Exam content will include, but not be limited to, a focus on the alphabetized list of tools in Tables 4 and 5, both Universal Screening and Risk-Related categories.

Table 4: 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)®

Table 5: Risk-Related Tools – Behavioral and Mental Health

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 CONTENT: KNOWLEDGE AREAS

These overarching knowledge areas below represent foundational information, or “themes” upon which any item appearing on the exam form can be based. Be familiar with these knowledge areas as you develop and implement your study plan.

Table 6: Knowledge Areas for the PMHS Exam

<p>Health Promotion</p> <ul style="list-style-type: none"> • Health disparities and social determinants of health (SDOHs) • Early identification and screening techniques • Resiliency and coping techniques • Self-monitoring and self-regulation 	<p>Clinical Decision Making</p> <ul style="list-style-type: none"> • Clinical practice guidelines • Evidence-based practice • Clinical reasoning • Signs and symptoms of DBMH disorders • Screening and assessment tools for DBMH conditions • Diagnostic testing and screening • Psychosocial and environmental impacts on DBMH • Medical, behavioral, and/or psychiatric co-morbidities • Genetic influences on DBMH • Diagnostic and Statistical Manual of Mental Disorders (DMS) criteria and taxonomy
<p>Patient Care</p> <ul style="list-style-type: none"> • Shared decision-making • Diversity and inclusion considerations that may impact provision of care and clinical outcomes • Trauma-informed techniques • Strength-based approaches 	
<p>Professional Role</p> <ul style="list-style-type: none"> • Diversity, equity, inclusion, and belonging • Quality improvement • Laws and regulations • Ethics • Practice standards and guidelines • Scopes of practice • Health care delivery methods • Billing and coding 	<p>Management</p> <ul style="list-style-type: none"> • Treatment and interventions for DBMH conditions • Pharmacology related to DBMH • Psychoeducation techniques for patients, caregivers, schools, and community groups • Communication techniques (e.g., motivational interviewing, therapeutic communication) • Counseling techniques • School-based interventions to support students (504s, IEPs); educational disability categories for eligibility; referrals to OT, PT, SLT • Impact of digital media usage on mental health

EXAM ETHICS

As a PNCB exam candidate, you agree not to share information about test questions and answers in any way, including oral and written communications, or via digital communication platforms.

[Learn about PNCB's Ethics in Testing.](#)



Examples of acceptable and prohibited (unethical) discussions/behaviors are shown in **Table 7**. Because PNCB offers multiple certification exam types (CPN, CPNP-AC, CPNP-PC, PMHS), the content topic areas below may not represent each exam.

Table 7: Examples of Acceptable and Unethical Exam Information Sharing

Acceptable	Unethical
<i>“Make sure you brush up on growth and development since you work in a hospital now.”</i>	<i>“Make sure you remember when a baby starts pointing at objects.”</i>
<i>“Expect a lot of respiratory content. It’s the number 1 clinical problem on the exam content outline.”</i>	<i>“What kinds of respiratory issues were on your exam?”</i>
<i>“Renal issues are a clinical problem listed on the content outline. Be prepared for those since we don’t see that on our unit.”</i>	<i>“I had a question about acute renal failure, potassium levels, and arrhythmias. Make sure you look that up.”</i>
<i>“I forgot skin, wounds, and/or burns would be on the exam.”</i>	<i>“I didn’t expect a burn question asking about fluid replacement. I think the right answer had to do with capillary refill.”</i>

If in doubt, don’t discuss!

Discussing exam questions can lead to serious consequences such as:

- Prohibiting future exam attempts for the people involved
- Stopping an in-progress exam
- Suspending an exam for all testers
- Delaying release of score results beyond advertised timeframe
- Invalidating exam scores
- Suspending or revoke certification
- Taking legal action against individuals

Learn more from [PNCB's Ethics in Testing: A Personal Responsibility Toolkit](#)

PMHS RESOURCES FOR EXAMINEES

[PMHS Exam Readiness Checklist](#)

[PNCB Exam Candidate Handbook](#)

[Study Resources](#)