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## Pediatric Primary Care Mental Health Specialist Certification Exam



### Detailed Content Outline

#### Description of the Specialty

The Pediatric Primary Care Mental Health Specialist (PMHS) builds upon the Advanced Practice Registered Nurse (APRN) or Clinical Nurse Specialist (CNS) role to provide advanced assessment, evaluation, diagnosis, treatment and management of common developmental, behavioral, and mental health concerns in children, adolescents, and young adults. Practice settings may include pediatric primary care, school-based clinics, developmental behavioral pediatric programs, and other specialty services. Therapeutic services include early recognition, intervention, and active monitoring as well as appropriate referral for complex disorders. Services provided by the PMHS are evidence-based and include the use of developmental, behavioral, and mental health screening tools, as well as psychotherapeutic, educational, and psychopharmacological therapies and interventions. The PMHS coordinates care and collaborates with other professionals to enhance quality of behavioral health services for children, adolescents, young adults, and their families/caregivers.

#### Credential & Value of Certification

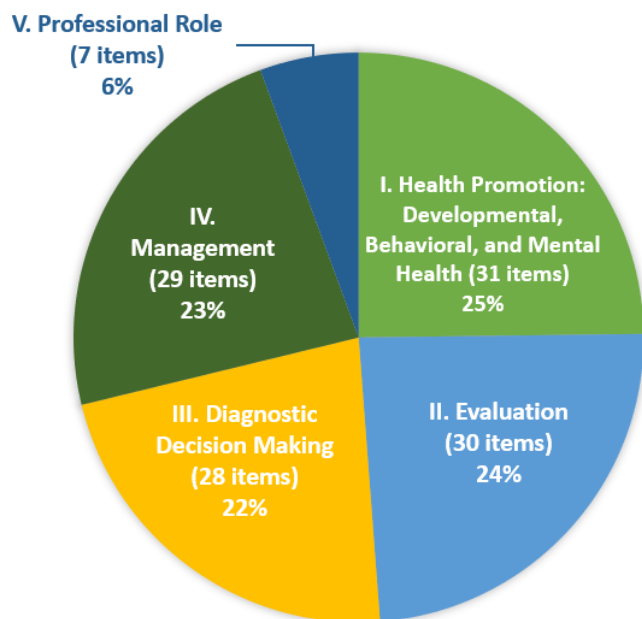
Candidates successfully passing this exam will earn the certification credential Pediatric Primary Care Mental Health Specialist (PMHS). Despite the rising numbers of children being diagnosed with developmental, behavioral, or mental health conditions, only about 20% receive care from specialized mental health care providers.<sup>1</sup> 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. PMHSs present a viable solution to addressing the gaps in care.

#### Exam Details

This exam is based on US standards of practice. See [www.pncb.org](http://www.pncb.org) for eligibility requirements. The exam has a 125 scored and 25 unscored items (included to determine statistical performance). The 125 scored items are distributed among 5 content areas (see chart).

#### 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 all the subject areas covered by the exam and the number of questions per category. PNCB certification exams are comprehensive exams, so be sure to study all areas of the content outline, including areas with which you may not be familiar. This exam tests your ability to apply knowledge and use critical thinking skills to determine one best answer among answer choices.



<b>I. Health Promotion: Developmental, Behavioral, and Mental Health</b>	<b>25%</b>	<b>31 items</b>
<ul style="list-style-type: none"> <li>A. Health Promotion and Anticipatory Guidance               <ul style="list-style-type: none"> <li>1. Foster positive parenting and attachment</li> <li>2. Stimulate optimal developmental progression</li> <li>3. Provide guidance regarding the impact of individual temperament on development and behavior</li> <li>4. Promote behavioral, social, emotional, and academic functioning</li> <li>5. Educate patients and caregivers about lifestyle modification and risk avoidance or reduction</li> <li>6. Educate patients and caregivers about the connection between physical and social determinants of health</li> <li>7. Provide guidance regarding resiliency and healthy coping</li> </ul> </li> <li>B. Early Identification and Screening for DBMH Conditions               <ul style="list-style-type: none"> <li>1. Provide surveillance to identify children and adolescents at risk</li> <li>2. Use and interpret evidence-based universal screening tools</li> <li>3. Use and interpret evidence-based risk-related screening tools</li> </ul> </li> </ul>		
<b>II. Evaluation</b>	<b>24%</b>	<b>30 items</b>
<ul style="list-style-type: none"> <li>A. Obtain a comprehensive developmental, behavioral, environmental, and health history, including caregivers' perception of the concern</li> <li>B. Elicit a comprehensive multigenerational family history</li> <li>C. Consider health disparities and social determinants of health in the evaluation process</li> <li>D. Obtain and review information/data from previous assessments, academic evaluations, and collateral resources</li> <li>E. Administer evidence-based developmental, behavioral, and mental health assessment tools</li> <li>F. Perform a physical exam, observe interactions between patient and caregiver(s), and evaluate behavior</li> <li>G. Order relevant diagnostic and laboratory tests</li> </ul>		
<b>III. Diagnostic Decision Making</b>	<b>22%</b>	<b>28 items</b>
<ul style="list-style-type: none"> <li>A. Interpret assessment and diagnostic findings</li> <li>B. Recognize and differentiate:               <ul style="list-style-type: none"> <li>1. typical developmental stages/milestones vs. developmental or behavioral disorders</li> <li>2. genetic influences and conditions</li> <li>3. the impact of psychosocial and environmental conditions/factors</li> <li>4. medical, behavioral, and/or psychiatric co-morbidities</li> </ul> </li> <li>C. Synthesize the information/data to generate differential diagnoses, taking into consideration:               <ul style="list-style-type: none"> <li>1. psychiatric, neurologic, and/or behavioral manifestations of medical disorders</li> <li>2. typical vs. atypical presentation of psychiatric disorders</li> <li>3. early signs and symptoms of complex developmental, behavioral, and psychiatric disorders</li> </ul> </li> <li>D. Use Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria and taxonomy in diagnostic decision making</li> <li>E. Engage child/adolescent and caregivers in discussions regarding diagnostic impression</li> <li>F. Initiate referral(s) and/or consultation(s) in the diagnosis of developmental, behavioral, and mental health conditions as indicated</li> </ul>		
<b>IV. Management</b>	<b>23%</b>	<b>29 items</b>
<ul style="list-style-type: none"> <li>A. Initial Management               <ul style="list-style-type: none"> <li>1. Incorporate psychoeducation in the discussion of:                   <ul style="list-style-type: none"> <li>a. etiology of condition(s)</li> <li>b. diagnosis and treatment options</li> <li>c. indications, benefits and risks of pharmacologic agents</li> <li>d. indications, benefits and risks of therapies and interventions</li> <li>e. benefits and risks of complementary and alternative therapies</li> </ul> </li> </ul> </li> </ul>		

- f. appropriate safety and crisis management planning
  2. Establish treatment goals and objectives through collaborative problem solving with the child/adolescent, caregivers, and other team members
  3. Obtain and document informed consent and assent for treatment
  4. Provide counseling about evidence-based strategies and techniques (e.g. behavioral and cognitive strategies, symptom self-monitoring, coping skills, parenting techniques, environmental accommodations and adaptations)
  5. Prescribe evidence-based treatments for developmental, behavioral, and mental health conditions using:
    - a. pharmacologic agents
    - b. therapies and interventions
  6. Initiate referrals to specialty service providers as appropriate
  7. Initiate treatment while awaiting specialty services if indicated
  8. Direct patients and caregivers to community resources
  9. Collaborate with schools in the provision of care to optimize function
  10. Refer patients with complex disorders to appropriate provider(s)
  11. Consult and collaborate with multidisciplinary team regarding treatment and management
- 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
    - c. enhancing family interactions
    - d. promoting social and academic functioning
    - e. encouraging self-monitoring and self-regulation
    - f. decreasing the risk of complications related to medications
    - g. enhancing adherence with treatment plan
  2. Evaluate treatment outcomes related to pharmacologic agents
  3. Evaluate treatment outcomes related to therapies and interventions
  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
  8. Conclude services appropriately

**V. Professional Role**

**6% 7 items**

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- A. Incorporate knowledge of diversity and culture in the provision of care
  - B. Maintain confidentiality and privacy according to current regulations and policies
  - C. Maintain current knowledge of the following related to developmental, behavioral, and mental health care:
    1. Federal and state laws
    2. Ethical considerations
    3. Practice standards and guidelines
    4. Quality indicators
  - D. Promote integrated care models
  - E. Provide and increase access to care using innovative methods of healthcare delivery (for example, 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

<sup>1</sup>Martini R, Hilt R, Marx L, et al. Best principles for integration of child psychiatry into the pediatric health home. American Academy of Child and Adolescent Psychiatry. 2012. [https://www.aacap.org/App\\_Themes/AACAP/docs/clinical\\_practice\\_center/systems\\_of\\_care/best\\_principles\\_for\\_integration\\_of\\_child\\_psychiatry\\_into\\_the\\_pediatric\\_health\\_home\\_2012.pdf](https://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/systems_of_care/best_principles_for_integration_of_child_psychiatry_into_the_pediatric_health_home_2012.pdf)  
Accessed March 27, 2021.

**DIAGNOSES**

The below diagnoses were validated in the 2020 national [PMHS Job Task Analysis survey](#). The top 10 diagnoses are likely to be seen MORE within the content of the exam, where the middle 10 will have SOME representation, and the last 9 LESS than the groupings above it.

<b>Diagnosis</b>	<b>Represented</b>
Attention-deficit / hyperactivity disorder (ADHD)	<b>More</b>
Anxiety disorders	
Autism spectrum disorders	
Communication disorders	
Depressive disorders	
Developmental delay	
Disruptive, impulse-control, and conduct disorders	
Learning disorders	
Sleep disorders	
Trauma- and stressor-related disorders (e.g., posttraumatic stress disorders, reactive attachment disorders)	
Abuse and neglect	<b>Some</b>
Bi-polar and related disorders	
Elimination disorders (encopresis and enuresis)	
Feeding and eating disorders	
Intellectual disability	
Mental and developmental disorders related to medical conditions (e.g., traumatic brain injury (TBI), concussion, obesity, diabetes)	
Motor disorders	
Seizure disorders	
Sensory processing issues	
Somatic symptoms and related disorders	
Body dysmorphic disorder	<b>Less</b>
Gender dysphoria	
Genetic disorders	
Neonatal abstinence syndrome (NAS)	
Neurosensory impairments	
Obsessive-compulsive and related disorders	
Other neurodevelopmental disorders (e.g., cerebral palsy, spina bifida)	
Substance use and addictive disorders	
Tic disorders	

## PHARMACOLOGIC AND NON-PHARMACOLOGIC MANAGEMENT

Exam content will include a focus on the following pharmacologic agents, shown below in priority order.

Pharmacologic Agents
Antidepressant medications
Anti-anxiety medications
Attention-deficit / hyperactivity disorder medications
Over-the-counter medications
Sleep medications
Supplements (non-prescription)
Mood stabilizers
Antipsychotic medications
Antiepileptic medications
Antidepressant medications

Treatments and Interventions
Diet and nutritional approaches
Time management and limit setting
Technology/electronics management
Counseling for lifestyle management
Motivational interviewing
Educational support services, including counseling about accommodations
Physical activity
Sleep management
Collaborative problem solving
Mind-body approaches, including mindfulness and relaxation therapy
Behavioral interventions
Cognitive behavioral techniques
Psychoeducation

## SCREENING AND ASSESSMENT TOOLS

Exam content will include, but not be limited to, a focus on the following tools, sorted in priority order in both Universal Screening and Risk-Related categories.

Universal Screening Tools
Patient Health Questionnaire (PHQ, PHQ-9, PHQ-Brief, PHQ-SADS, PHQ-9- modified (A), PHQ-2)
Modified Checklist for Autism in Toddlers, Revised, with Follow-Up (M-CHAT-R/F) <sup>™</sup>
Ages & Stages Questionnaire (ASQ)
Home environment, Education and employment, Eating, peer-related Activities, Drugs, Sexuality, Suicide/depression, and Safety from injury and violence (HEEADSSS)
CRAFFT Alcohol and Substance Screening Tool
Pediatric Symptom Checklist (PSC)
Ages & Stages Questionnaire: Social-Emotional (ASQ-SE)
Adverse Childhood Experience (ACE) Questionnaire
Parent Evaluation of Developmental Status (PEDS)

Risk-Related Tools - Behavioral and Mental Health
Vanderbilt Assessment Scales
Generalized Anxiety Disorder 7-item scale (GAD-7)
Screen for Child Anxiety Related Emotional Disorders (SCARED)
Beck Depression Inventory (BDI)
Conners Comprehensive Behavior Rating Scales (CBRS)
Child Behavior Checklist (CBCL)



**As an exam candidate, you agree not to share information about test questions and answers in any way.**

**[Learn about PNCB’s Ethics in Testing](#)**

Below are examples of acceptable and prohibited (unethical) discussions/behaviors. Because PNCB offers multiple certification exam types (CPN, CPNP-AC, CPNP-PC, PMHS), the content topic areas below may not represent your exam.

<b>Acceptable</b>	<b>Unethical</b>
<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](#).