



PEDIATRIC NURSING
CERTIFICATION BOARD

Child & Adolescent Behavioral & Mental Health Specialty Certification Exam Detailed Content Outline

Description of the Speciality

The pediatric primary care behavioral and mental health specialist builds upon the NP or CNS role to provide advanced assessment, evaluation, diagnosis, and treatment of common behavioral and mental health problems in children and adolescents. Therapeutic services include early recognition, intervention and active monitoring as well as appropriate referral for complex individual and family mental health disorders. Health care services are evidence-based and include the use of behavioral and mental health screening tools, brief psychotherapeutic interventions and psychopharmacology. The APRN behavioral mental health specialist coordinates care and collaborates with others to enhance quality mental health services for children and families. Practice settings may include pediatric primary care, school-based clinics, and developmental or other specialty services.

Credential

Candidates successfully passing this exam will earn the certification credential Pediatric Primary Care Mental Health Specialist (PMHS).

Exam

Scored test questions will be distributed among the exam content areas as follows (full content outline on subsequent pages):

Health Promotion and Illness Prevention	(40%) = 60 test questions
Diagnostic Decision Making	(27%) = 40 test questions
Management	(30%) = 45 test questions
Professional Issues	(3%) = 5 test questions

Eligibility Recommendations and Recertification Requirements

Listed after the full content outline.



**PNCB Pediatric Primary Care Mental Health Specialist
Detailed Content Outline**

**Total
%**

I. Mental Health Assessment and Promotion

40%

A. Primary Behavioral and Mental Health Promotion

1. Promote positive parenting
2. Provide social risk education and reduction
3. Promote social and academic functioning
4. Provide guidance regarding individual temperament and social interactions
5. Provide guidance regarding resiliency and healthy coping

B. Assessment

1. Obtain a comprehensive health, behavioral, and developmental history with timelines
2. Obtain a comprehensive multigenerational family psychiatric history
3. Review information/data and complete an assessment of academic and social performance
4. Use and interpret evidence-based screening tools for assessment of:
 - a) *ADHD*
 - b) *Anxiety Disorders*
 - c) *Mood Disorders*
 - d) *Developmental variations to include physical differences, behavior and function*
 - e) *Autistic Spectrum Disorders*
 - f) *Substance Disorders*
 - a) *Suicidal ideation and Self-injurious Behavior*
5. Assess risks to health related to:
 - a) *Bullying and Victimization*
 - b) *Environmental factors*
 - c) *Risk-taking Behaviors*

II. Diagnostic Decision Making

27%

A. Interpret Assessment and Diagnostic Findings

1. Interpret findings of relevant history, diagnostic and laboratory tests
2. Interpret physical exam and behavioral observations
3. Seek information and corroboration from a variety of resources in the diagnostic process

B. Determine differential diagnoses derived from collection and synthesis of data

1. Use DSM IV criteria and taxonomy in diagnostic reasoning
2. Recognize and differentiate the impact of:
 - a) *Typical pediatric developmental stages vs. developmental disorders*
 - b) *Genetic influences and syndromes*
 - c) *Psychosocial stressors*
 - d) *Medical, behavioral and/or psychiatric co-morbidity.*
3. In the development of diagnosis, consider and differentiate:
 - a) *Mental health and/or behavioral presentation of medical disorders*
 - b) *Typical vs. atypical presentation of psychiatric disorders*
 - c) *Early signs and symptoms of complex psychiatric and behavioral disorders*
4. Diagnostic Validation
 - a) *Initiate appropriate referral and consultation in the diagnosis of behavioral, mental health and psychiatric problems.*
 - b) *Discuss diagnostic impression with child/adolescent and family*



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**Total
%**

III. Management

30%

A. Early Management

1. Incorporate psychoeducation in the discussion of:
 - a) *Etiology*
 - b) *Diagnosis and treatment plan options*
 - c) *Indications, benefits and risks of pharmacological therapies*
 - d) *Indications, benefits and risks of nonpharmacological therapies*
 - e) *Benefits and risks of complementary alternative therapies*
 - f) *Appropriate crisis management plan*
2. Establish treatment goals and objectives with the child/adolescent and family
3. Obtain and document informed consent and assent for treatment
4. Provide counseling for:
 - a) *Effective behavioral and cognitive strategies*
 - b) *Effective coping and parenting strategies*
 - c) *Effective symptom self-monitoring*
5. Provide evidence-based management of behavioral, mental health, and psychiatric problems through:
 - a) *Psychotherapeutic or behavioral interventions and techniques*
 - b) *Pharmacological therapies*
 - c) *Nonpharmacological therapies*
6. Initiate care while awaiting intensive mental health services
7. Initiate referrals to specialty providers of service e.g. OT, PT
8. Refer complex psychiatric disorders to appropriate provider
9. Consult and collaborate with a multidisciplinary team regarding treatment and management

B. Ongoing Management

1. Provide monitoring for children and adolescents with acute and chronic behavioral mental health and psychiatric illness:
 - a) *To decrease the risk of long term complications related to medications*
 - b) *To support Self-monitoring and use of assessment tools*
 - c) *For suicidal and homicidal ideations, self-injurious behavior and/or environmental stressors*
 - d) *Related to Family interactions, and social/ academic functioning*
2. Evaluate treatment outcomes related to the following interventions:
 - a) *Pharmacological*
 - b) *Nonpharmacological*
 - c) *Psychotherapeutic or behavioral interventions and techniques*
3. Provide continued collaboration and care coordination
4. Support transition of services from adolescence to adulthood

IV. Professional Issues

3%

A. Maintain confidentiality and privacy according to current policies

B. Maintain current knowledge of health policy and advocate for the child and family in behavioral and mental health care

C. Demonstrate accuracy in documentation and billing for reimbursement of services

Exam Content: Diagnoses

Exam content will include but not be limited to, a focus on the following prioritized list of behavioral and mental health disorders:

Diagnosed	Managed	Co-Managed	Referred
<ul style="list-style-type: none"> • Enuresis • ADHD • Encopresis • Mood Disorders • Behavior Disorders <ul style="list-style-type: none"> ○ Aggression/Irritability ○ Oppositional Behavior • Anxiety Disorder • Relational Problems – Parent/Child/Sibling • Major Depressive Disorder: Mild 	<ul style="list-style-type: none"> • ADHD • Enuresis • Encopresis • Major Depressive Disorder: Mild • Aggression/Irritability • Oppositional Behavior • Relational Problems - Parent/Child/Sibling • Generalized Anxiety Disorder 	<ul style="list-style-type: none"> • ADHD • Asperger's Syndrome • Autism • Pervasive Development Disorders NOS • Oppositional Behavior • Conduct Disorder • Aggression/Irritability • Relational Problems - Parent/Child/Sibling • Generalized Anxiety Disorder 	<ul style="list-style-type: none"> • Substance Disorders <ul style="list-style-type: none"> ○ Dependence ○ Withdrawal ○ Intoxication • Sleep Disorders <ul style="list-style-type: none"> ○ Obstructive Sleep Apnea • Major Depressive Disorders <ul style="list-style-type: none"> ○ Moderate ○ Severe • Bipolar Disorders <ul style="list-style-type: none"> ○ Bipolar Disorder with Psychotic Features • Eating Disorders <ul style="list-style-type: none"> ○ Anorexia Nervosa ○ Bulimia Nervosa ○ Binge Eating • Genetic Syndromes • TIC Disorders • Learning Disorders

Exam Content: Pharmacologic and Non-Pharmacologic

Exam content will include, but not be limited to, a focus on the following Pharmacologic and Non-Pharmacologic interventions:

Pharmacologic Agent
Selective Serotonin Reuptake Inhibitors (SSRI)
Non-stimulant ADHD treatment
Stimulants
Anti-anxiety medications
Mood stabilizers
Atypical anti-psychotic medications
Alpha Adrenergic antagonist medications

Non-pharmacologic Management
Collaborative Problem Solving
Motivational Interviewing
Behavioral Interventions
Relaxation Therapy
Solution Focused Therapy
Social Skills Training
Educational Support Services
Parent Management Training
Cognitive Behavioral Therapy
Family Therapy

EXAM ELIGIBILITY

As a specialty exam, it is required that candidates demonstrate current licensure and certification as a PNP, FNP or any currently recognized APRN role. Candidates must have completed an accredited graduate Master's, Post-Master's, or Doctoral advanced practice nursing program. Additionally, it is recommended that exam candidates have the following:

- A minimum of 1,000 clinical hours in behavioral and mental health
- Documentation of Continuing Education in Behavioral Mental Health
- Psycho Pharm CEUs (evidence)
- General MH CEUs (evidence)

RECERTIFICATION

The recommendations for recertification will mirror those currently in place by the PNCB. Options for recertification will include documentation of clinical practice and continuing education in the specialty:

- Recertification managed in 7-year cycles
- Recertification options are a combination of
 - Documentation of Contact Hours
 - Academic Credit
 - Clinical Practice Hours
 - Preceptor Hours

Additional details regarding recertification requirements will be announced following launch of the exam in late 2010 or early 2011.