
QMHP

Exam Study

Guide

Introduction: The QMHP Exam is a “competency-based” exam. In other words, experience hours working as a QMHP is the primary way professionals prepare for this examination. Most of the questions are based on clinical activities that occur within the scope of practice of a QMHP. The exam has questions related to KSAs (Knowledge, Skills & Attitudes). Portions of the exam that do require knowledge are primarily derived from regulations that govern the delivery of mental health services in Oregon and the United States and the DSM-V.

- A. **The MHACBO QMHP Competencies:** [gmhpcompetencies2021_2.pdf \(mhacbo.org\)](#)
The MHACBO QMHP Competencies are derived from Federal standards detailed below, and the CES scientific Role Delineation Analysis of Advanced Mental Health Workers. Comprehensive Examination Services (CES) is a research-based testing company that is contracted with the Substance Abuse and Mental Health Association Services Administration. (SAMHSA) Gather, Assess, Integrate, Network, and Stimulate (GAINS) Center and Mental Health America. CES produces psychometric examinations for the mental health associate and mental health professional examinations. Content from the Behavioral Health Scientific Role Delineation Analysis Examination Blueprint© was evaluated by the MHACBO research team and included in this MHACBO guide.
- B. **DSW Core Competencies:** [DSW Core Final Competency Set, Appendix E \(medicaid.gov\)](#)
Centers for Medicaid & Medicare Services (CMS): In 2014, the Centers for Medicaid and Medicare Services (CMS) released the publication titled, National Direct Service Workforce (DSW) Resource Center: Final Competency Set (CMS, 2014). This report included a detailed summary of empirically-based findings drawn from a multiphased research study involving a large sample of workforce stakeholders, competency development experts, direct service workers, service recipients, and family members (CMS, 2014). Analysis of the data yielded the following general competency categories: (1) communication; (2) person-centered practices; (3) evaluation and observation; (4) crisis prevention and intervention; (5) safety; (6) professionalism and ethics; (7) empowerment and advocacy; (8) health and wellness; (9) community living skills and supports; (10) community inclusion and networking; (11) cultural competency; and (12) education, training, and self-development (CMS, 2014).
- C. **Core Competencies for Integrated Behavioral Health & Primary Care, SAMHSA-HRSA:** [Core Competencies for Integrated Behavioral Health and Primary Care \(thenationalcouncil.org\)](#)
In 2014 the SAMHSA-HRSA Center for Integrated Health Solutions released the publication titled, Core Competencies for Integrated Behavioral Health and Primary Care (Hoge, Morris, Laraia, Pomerantz, & Farley, 2014). The following competency categories were finalized upon analysis of data gathered through review of scholarly publications, review of other competency sets, and semi-structured interviews with experts on integrated care: (1) interpersonal communication, (2) collaboration and teamwork, (3) screening and assessment, (4) care planning and care coordination, (5) intervention, (6) cultural competence and adaptation, (7) systems oriented practice, (8) practice-based learning and quality improvement, and (9) informatics (Hoge, Morris, Laraia, Pomerantz, & Farley, 2014).
- D. **Evidence-Based Practices in Mental Health:** [Resource Center | SAMHSA](#)
- E. **Basic Psychiatric Medications** [NIMH » Mental Health Medications \(nih.gov\)](#)
- F. **Regulations:**
1. Oregon Administrative Rules governing the delivery of behavioral health. Questions are primarily derived from the Division 19 Outpatient rules. Oregon Secretary of State Administrative Rules [Oregon Secretary of State Administrative Rules](#)

2. HIPAA: Privacy/Confidentiality rules Microsoft Word - [Microsoft Word - MO02PBf_pdf.rtf \(hhs.gov\)](#)
 3. Medicaid, Waste, Fraud and Abuse: [Health Share of Oregon | Fraud, Waste, + Abuse \(healthshareoregon.org\)](#)
 4. Mandatory Reporting: State of Oregon: [State of Oregon: Abuse - How to Report Abuse and Neglect](#)
 5. The MHACBO Code of Conduct: [mhacbo_code_of_conduct_03-11-2019.pdf](#)
 6. CFR 42 PII: [Substance Abuse Confidentiality Regulations | SAMHSA](#)
- G. **DSM-5:** The *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM–5; American Psychiatric Association, 2013)
1. Diagnostic criteria of common disorders.
 2. Vocabulary terms.

Sample Questions

Select the BEST answer.

1. Which of the following is an EBP commonly used in Mental Health Programs?
 - a. DBT
 - b. Reiki
 - c. Acupuncture
 - d. Mindfulness
2. Which of the following criteria is most important when considering admission into mental health residential care?
 - a. Houselessness
 - b. Disability status
 - c. Motivation for change
 - d. Medical necessity
3. Which of the following is most likely to impact a diagnostic assessment?
 - a. Alcohol, drug use and other comorbid medical conditions
 - b. Motivation for change
 - c. Gender identity
 - d. Diet and exercise

4. Which of the following is NOT a valid exception to confidentiality?
 - a. Medical Emergency
 - b. Subpoena
 - c. Audit
 - d. Mandatory reporting of abuse

5. Which of the following medications are most often used for bipolar disorder?
 - a. Prozac, Zoloft, Lexapro
 - b. Haldol, Prolixin, Stelazine
 - c. Valium, Xanax, Ativan
 - d. Lithobid, Depakote, Lamictal

6. Which of the following is NOT required for a diagnosis of Major Depressive Disorder?
 - a. History of manic/hypomanic episode
 - b. Depressive symptoms are not due to substance use
 - c. Presents low motivation for change
 - d. Depressive symptoms cause distress/impairment in an individual's functioning

Answers: 1:a, 2:d, 3:a, 4:b, 5:d, 6:c