



2018 AMFTRB Marital and Family Therapy National Examination

April – December 2018 Testing Periods

Handbook for Candidates

Examinations will be administered during one full calendar week of each month throughout the year from Saturday through Saturday.

Applications must be received by the 1st of the month prior to the selected testing window.

Go to www.ptcny.com for the full listing of testing dates and deadlines.

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This handbook contains necessary information about the Marital and Family Therapy National Examination (MFT). Please retain it for future reference. Candidates are responsible for reading these instructions carefully. This handbook is subject to change.

PURPOSE OF THE EXAMINATION

The Association of Marital and Family Therapy Regulatory Boards (AMFTRB) MFT National Examination is provided to assist state licensing boards in evaluating the knowledge of applicants for licensure. There is a wide diversity of educational backgrounds among the applicants who seek licensure in marital and family therapy. AMFTRB offers a standardized examination for use by its member boards in order to determine if these applicants have attained the knowledge considered essential for entry level professional practice and to provide a common element in the evaluation of candidates from one state to another. The contribution of subject matter experts, AMFTRB, and Professional Testing Corporation (PTC) are used in the development and continuing improvement of the examination. The MFT National Examination is only part of the overall evaluation used by the member boards.

AMFTRB expects that candidates will be allowed to sit for the examination only after credentials have been examined and are found to meet the education and experience requirements for licensure in the respective state. Candidates are expected to have attained a broad basic knowledge of marital and family therapy regardless of the individual background. The examination is designed to assess this knowledge through questions focused on the tasks that an entry level marital and family therapist should be able to perform and the knowledge required to perform those tasks successfully. Candidates who have completed the required academic and experiential preparation and who have developed the level of competence necessary for entry level professional practice in marital and family therapy should be able to pass the examination. The practice domains, task statements, and knowledge statements upon which the examination is based have been included in this handbook and may be helpful while preparing for the examination. AMFTRB, PTC, and the member boards cannot send copies of past examinations to applicants; additionally, there is not a list of recommended books or other materials for use in preparation for the examination.

ADMINISTRATION

The Marital and Family Therapy National Examination is sponsored by the Association of Marital and Family Therapy Regulatory Boards (AMFTRB). Questions regarding eligibility criteria should be addressed to your state board. For a list of state boards, visit www.amftrb.org.

The Marital and Family Therapy National Examination is administered for AMFTRB by the Professional Testing Corporation (PTC). Questions concerning the examination should be referred to PTC at the following address:

Professional Testing Corporation
1350 Broadway - 17th Floor
New York, NY 10018
(212) 356-0660
www.ptcny.com

APPLICATION PROCEDURE

Step 1

You must first contact your state licensing board for application and eligibility requirements. State licensing board application deadlines, requirements, and fees for licensure may be in addition to those of AMFTRB's.

Step 2

After the state licensing board has approved you to sit for the examination, the state licensing board will email you an approval letter with an approval code and links to the Professional Testing Corporation's Online Application System (<https://secure.ptcny.com/apply>). Complete the online application and submit examination/testing fee payment. Applications are not considered complete until all information has been provided and payment is received. **Retain this link and code for future use.**

Step 3

Within six (6) weeks prior to the start of the testing period, you will receive a Scheduling Authorization from PTC via email. The Scheduling Authorization includes an eligibility number and information on how to set up your examination location, date, and time through PSI. Retain this document for your records.

EXAMINATION/TESTING FEES

Please note that fees are NOT refundable.

Examination Fee for the Marital and Family Therapy Examination..... \$355.00
(Includes computerized examination testing fee)

Major Credit Cards are accepted. Please do not send checks, money orders, or cash.

REFUNDS/TRANSFERS

There will be no refund of fees. **Please be advised: PSI does not have the authority to grant transfers or refunds. All requests must be made through PTC.**

If you need to transfer to a new monthly testing period:

Candidates unable to take the examination during their scheduled testing period may request a **ONE-TIME** transfer to a future testing period. **There is a transfer fee of \$165.00.** After you have transferred once by paying the \$165.00 fee, you will need to pay the examination fee of \$355.00 in order to transfer a second time; so, ***please plan carefully.***

Please note: requests to transfer to a new testing period must be received within 12 months of your originally scheduled testing period.

Candidates wishing to transfer to a new testing period need to follow the steps below.

1. Go to <http://secure.ptcny.com/apply>.
2. Click "Start New Application."
3. Choose AMFTRB in the first drop down menu; then choose the new examination period in the second drop down menu and fill out the rest of the information on the page.
4. Fill out the application making sure you answer yes to the question asking if you are transferring; you will also need your unique identification code from your state licensing board.
5. When you have finished the application, click "Submit Request for Rescheduling Verification" in the Examination and Certification Information section of the application.
6. PTC Support will send you an email letting you know your transfer application was approved and that you can log back into your application and pay the \$160.00 transfer fee.

Call 212-356-0660 if you have any questions regarding the transferring process.

If candidates are unable to attend the examination on the date for which they registered and elect not to transfer to another testing period, the application will be closed and all fees will be forfeited. There will be no refund of fees.

The transfer fee is based on cost and is not punitive in nature. The transfer fee must be paid at the time the request for rescheduling is approved. The candidate is responsible for contacting PSI and canceling the original examination appointment, if one was made.

Exams may only be transferred to a new testing period once; please plan carefully.

Please note: Transferring your Examination only refers to instances when a candidate is unable to take their exam during a testing period for which they have already applied. Candidates who did not pass their examination and are retaking the examination need to pay the full \$355 Examination Fee.

If you need to reschedule within the same testing period:

Please see "Changing Your Examination Appointment" on page 4.

EXAMINATION ADMINISTRATION

The Marital and Family Therapy National Examination is administered during an established one-week testing period on a daily basis, Saturday through Saturday, excluding holidays, at computer-based testing facilities managed by PSI. PSI has several hundred testing sites in the United States, as well as Canada. Scheduling is done on a first-come, first-serve basis. To find a testing center near you, visit www.ptcny.com/cbt/sites.htm or call PSI at (800) 733-9267. Please note: Hours and days of availability vary at different centers. **You will not be able to schedule your examination appointment until you have received a Scheduling Authorization from PTC.**

ONLINE TESTING SOFTWARE TUTORIAL

A Testing Software Tutorial can be viewed online. This online Testing Software Tutorial can give you an idea about the features of the testing software. Go to <http://candidate.psiexams.com/tutorial.jsp>.

SCHEDULING YOUR EXAMINATION APPOINTMENT

Within 6 weeks prior to the first day of the testing period, you will be sent a Scheduling Authorization by email. The Scheduling Authorization will indicate how to schedule your examination appointment as well as the dates during which testing is available. Appointment times are first-come, first-serve, so schedule your appointment as soon as you receive your Scheduling Authorization in order to maximize your chance of testing at your preferred location and on your preferred date.

If you do not receive a Scheduling Authorization at least three weeks before the beginning of the testing period, contact the Professional Testing Corporation at (212) 356-0660 for a duplicate.

You MUST present your current driver's license, passport, or U.S. military ID at the test center. Temporary, paper driver's licenses are not accepted. The name on your Scheduling Authorization must exactly match the name on your photo I.D. PTC recommends you take a printed copy of your Scheduling Authorization as well as your PSI appointment confirmation as well.

- **It is your responsibility as the candidate to contact PSI to schedule the examination appointment.**
- **It is highly recommended that you become familiar with the testing site.**
- **Arrival at the testing site at the appointed time is the responsibility of the candidate. Please plan for weather, traffic, parking, and any security requirements that are specific to the testing location. Late arrival may prevent you from testing.**

CHANGING YOUR EXAMINATION APPOINTMENT

If you need to cancel your examination appointment or reschedule to a different date within the same one-week testing period, you must contact PSI at (800) 733-9267 no later than noon, Eastern Standard Time, of the second business day PRIOR to your scheduled appointment.

Please note: Canceling your examination appointment will result in a forfeit of examination fees. Be sure to choose your examination period carefully before applying for the examination.

SPECIAL TESTING ACCOMMODATIONS

The AMFTRB and PTC supports the intent of and complies with the Americans with Disabilities Act (ADA). PTC will take steps reasonably necessary to make certification accessible to persons with disabilities covered by the ADA. Special testing arrangements may be made upon receipt of the Application, examination fee, and a completed and signed Request for Special Needs Accommodations Form, available from www.ptcny.com or by calling PTC at (212) 356-0660. This form must be uploaded with the online application at least EIGHT weeks before the testing period begins. Please use this form if you need to bring a service dog, medicine, food or beverages needed for a medical condition with you to the testing center.

Only those requests made and received on the official Request for Special Needs Accommodations Form (found at www.ptcny.com) will be reviewed. Letters from doctors and other healthcare professionals must be accompanied by the official Form and will not be accepted without the Form.

Information supplied on the Request for Special Accommodations form will only be used to determine the need for special accommodations and will be kept confidential

ENGLISH LANGUAGE LEARNERS

A special arrangement for English Language Learners (ELL) can be obtained ONLY from your state licensing board and not all states will allow this arrangement as it is not an ADA (American with Disabilities Act) sanctioned accommodation. Candidates wishing to learn more about this arrangement should contact their state licensing board directly. State board contact information can be found at www.amftrb.org.

Please note: not all state boards will accept a score obtained under an ELL special arrangement; be sure to check with your state board. If transferring to a new state, you may need to retest.

RULES FOR THE EXAMINATION

1. You must present your current, government issued photo ID (such as a driver's license or passport) at the time of your scheduled appointment. Candidates without their valid ID will NOT be permitted to test.
2. All electronic devices that can be used to record, transmit, receive, or play back audio, photographic, text, or video content, including but not limited to, cell phones, laptop computers, tablets, Bluetooth devices; all wearable smart technology permitted to be used and cannot be taken into the examination room.
3. No papers, books, or reference materials may be taken into or removed from the examination room.
4. Simple, nonprogrammable calculators are permitted with the exception of calculators as part of cellular phones, etc. A calculator is also available on screen if needed.
5. No questions concerning content of the examination may be asked during the examination session. The candidate should read carefully the directions that are provided on screen at the beginning of the examination session.
6. Candidates are prohibited from leaving the testing room while their examination is in session, with the sole exception of going to the restroom.
7. Candidates must understand and accept the terms of the security agreement at the end of this handbook.
8. Candidates may not, under any circumstances, disclose any identifying information assigned to them by their state licensing board as per the security agreement.
9. Bulky clothing, such as sweatshirts (hoodies), jackets, coats and hats, except hats worn for religious reasons, may not be worn while taking the examination.
10. All watches and "Fitbit" type devices cannot be worn during the examination. It is suggested that these items are not brought to the test center.

REPORT OF RESULTS

Test results are not released at the testing center but will be sent via mail within 20 business days following the close of the testing period. This is necessary to allow for the psychometric review and administration time required to ensure accurate and reliable scores. Your scores on the domains and on the total examination will be mailed to you within 20 business days following the close of the examination window.

Candidates that require a duplicate score report need to complete the Duplicate Score Report and Official Score Transfer Request form available at www.ptcny.com/clients/amftrb/index.html and submit it with a payment of \$50. A duplicate score report will be mailed to the candidate.

In order to receive your scores be sure to notify PTC of any address changes.

SCORE REPORTING

Your results from the MFT National Examination are sent to the state licensing boards within 20 business days of the close of the examination administration. PTC must wait until the examination administration window has closed to perform the statistical analyses of the test data. Once the analyses are completed, test score results are made available to your state licensing board office.

EXAMINATION REPORTING

Although some jurisdictions have a set passing score required for licensure, most jurisdictions accept the AMFTRB recommended passing score for each form of the examination. Examination scores are provided to licensing boards within 20 business days of the close of each testing window.

VERIFICATION OF SCORES

Candidates who fail the examination may request a hand scoring of their data file. Hand scoring is a manual check of the data file by the testing service to determine if there have been any errors in scoring. Although the probability of such an error is extremely remote, this service is available. Requests for hand scoring must be received by PTC no later than 90 days after the date of the examination by completing and returning the Request of Handscore form on www.ptcny.com with payment of \$25. Candidates who fail the examination will not be permitted to see the examination questions. For reasons of test security, no candidate is allowed to review the examination or any of its items.

SCORE TRANSFER SERVICE

The Score Transfer Service was established to facilitate the transfer of scores between respective states. The Score Transfer Service maintains a permanent record of candidate scores. All scores are automatically registered with the Score Transfer Service when they are reported to the state licensing boards. Upon receipt of a candidate's score transfer request, the Score Transfer Service will report the score directly to the requested jurisdiction along with the normative data that can be used to ensure appropriate interpretation of results. The Score Transfer Service registers only examination scores on the MFT National Examination. Other requirements for licensure are handled by individual state licensing boards. To request the transfer of your scores, you must complete a Score Transfer Form available at www.ptcny.com/clients/amftrb/index.html. **You should make a special note of the identification number assigned to you for the MFT National Examination as this**

information is necessary in requesting a transfer. You may request a transfer of your scores at the time of administration or at any time thereafter. The fee charged for each transfer is \$50.00.

SETTING A PASSING SCORE

A passing score is established by a panel of expert judges on an “anchor examination.” The technique used is called a modified Angoff method. Each panel member estimates for each item on the test what percentage of minimally competent therapists would get the item correct. Their responses are examined and analyzed by psychometric experts and minor adjustments can be made by the Examination Advisory Committee. The anchor examination becomes the standard of knowledge to which all future forms of an examination are compared. Some forms of the examination will contain individual items that may differ in difficulty than items on other forms. To compensate for these variations, test forms are compared using a psychometric process called equating. This equating process accounts for the varying item difficulties and adjusts the passing score up or down accordingly. As a result, the required standard of knowledge for passing the examination remains consistent from test form to test form.

VALIDATION OF THE EXAMINATION

Every effort has been made to ensure the validity of the MFT National Examination. The MFT National Examination construction process constitutes one major effort devoted to the assurance of content validity. Another major facet is the role delineation study (last performed in 2017) to develop practice relevant test specifications for the examination. First, the Examination Advisory Committee convened to define the performance domains, tasks, and knowledge required for entry-level practice in marital and family therapy. This role delineation then underwent a validation study by a representative sample of licensed marital and family therapists nationwide. Task statements were rated for frequency of performance and relation to clinical competence; knowledge statements were rated for contribution to public protection and appropriateness for entry-level practice. The test specifications now in use are based on the findings of this role delineation study.

CONFIDENTIALITY OF EXAMINATION SCORES

AMFTRB will release the individual examination scores in writing **ONLY** to the individual candidate and the appropriate state board as authorized by the candidate. Any questions concerning test results should be referred to the Professional Testing Corporation, ptcny@ptcny.com.

REEXAMINATION

In order to retake the Marital and Family Therapy National Examination, candidates need to complete and submit a new application and pay the examination fee at www.ptcny.com, provided that the candidate’s eligibility is still valid according to their state licensing board. Contact your state licensing board to determine if you are still eligible to take the MFT National Examination before reapplying.

AMFTRB recommends that after three failures, candidates wait a minimum of one year before re-applying, in order to focus on your test preparation and practice areas.

ONLINE PRACTICE TEST

The cost to take each practice test is \$60.00 payable only by credit card.

The practice test is designed to:

- Assess your level of MFT knowledge and experience.
- Expose you to the types of questions you will see on the actual examination.
- Gain practice experience in viewing and responding to items as they are actually presented during the examination in a timed format.

You may take the practice test as many times as you like; however, you will be charged the full practice test fee each time you register for a practice test. The 100 questions on each practice test will remain the same each time you take the practice test.

You will receive your overall score as well as a breakdown by domain at the end of the practice test. Answers to the practice test items are not provided. The practice test is designed to show strong and weak areas of your knowledge and experience by domain.

To access the practice test, go to <https://app.testrac.com/amftrb/delivery>

A passing or failing score on the online practice test does not guarantee a similar outcome on the actual examination. It can, however, be a good indication of your preparedness.

You will be allotted 2 hours (120 minutes) to take the online practice test. This time frame simulates the actual MFT National Examination time period, which is four hours.

CONTENT OF THE EXAMINATION

PLEASE NOTE: This Content Outline is updated for the April – December 2018 Testing Periods. If you are taking the Examination before then, please refer to the Jan – March 2018 Handbook.

1. The Marital and Family Therapy National Examination is a computer-based examination composed of 200 multiple-choice, objective questions with a total testing time of four (4) hours.
2. The content for the examination is described in the Content Outline starting on page 10.
3. The questions for the examination are obtained from individuals with expertise in marital and family therapy and are reviewed for construction, accuracy, and appropriateness by the Association of Marital and Family Therapy Regulatory Boards.
4. AMFTRB, with the advice and assistance of the Professional Testing Corporation, prepares the examination.
5. The Marital and Family Therapy National Examination covers six content areas and will be weighted in approximately the following manner:

Domains of Practice	% of examination	# of items
Domain 1–The Practice of Systemic Therapy Tasks related to incorporating systemic theory and perspectives into practice activities, and establishing and maintaining ongoing therapeutic relationships with the client system.	24%	48
Domain 2–Assessing, Hypothesizing, and Diagnosing Tasks related to assessing the various dimensions of the client system, forming and reformulating hypotheses, and diagnosing the client system in order to guide therapeutic activities.	15.5%	31
Domain 3–Designing and Conducting Treatment Tasks related to developing and implementing interventions with the client system.	24.5%	49
Domain 4–Evaluating Ongoing Process and Terminating Treatment Tasks related to continuously evaluating the therapeutic process and incorporating feedback into the course of treatment, as well as planning for termination.	12%	24
Domain 5–Managing Crisis Situations Tasks related to assessing and managing emergency situations, and intervening when clinically indicated and/or legally mandated.	10%	20
Domain 6–Maintaining Ethical, Legal, and Professional Standards Tasks related to ongoing adherence to legal and ethical codes and treatment agreements, maintaining competency in the field, and professionalism.	14%	28

The term client refers to the individual, couple, family, group, and other collaborative systems that are a part of treatment

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CONTENT OUTLINE

Domain 01—The Practice of Systemic Therapy (24%; 48 items) — Tasks related to incorporating systemic theory and perspectives into practice activities, and establishing and maintaining ongoing therapeutic relationships with the client system

- 01.01 Practice therapy in a manner consistent with the philosophical perspective of the discipline of systemic therapy.
- 01.02 Maintain consistency between systemic theory and clinical practice.
- 01.03 Integrate individual treatment models within systemic treatment approaches.
- 01.04 Integrate multiple dimensions of diversity and social justice within a systemic treatment approach.
- 01.05 Establish a safe and non-judgmental atmosphere using a systemic perspective.
- 01.06 Establish therapeutic relationship(s) with the client system.
- 01.07 Attend to the interactional process between the therapist and client system (including but not limited to therapeutic conversation, transference, and counter-transference) throughout the therapeutic process using a systemic perspective.

Domain 02—Assessing, Hypothesizing, and Diagnosing (15.5%; 31 items) – Tasks related to assessing the various dimensions of the client system, forming and reformulating hypotheses, and diagnosing the client and family system in order to guide therapeutic activities

- 02.01 Join with the client system to develop and maintain therapeutic alliance.
- 02.02 Assess client’s verbal and non-verbal communication to develop hypotheses about relationship patterns.

- 02.03 Identify boundaries, roles, rules, alliances, coalitions, and hierarchies by observing interactional patterns within the system.
- 02.04 Assess the dynamics, processes, and interactional patterns to determine client system functioning.
- 02.05 Assess how individual members of the client system perceive impacts of relational patterns on the presenting issues.
- 02.06 Formulate and continually assess hypotheses regarding the client that reflect contextual understanding [including but not limited to acculturation, abilities, diversity, socio-economic status, spirituality, age, gender, sexuality, sexual orientation, culture, and power differential(s)].
- 02.07 Assess external factors (including but not limited to events, transitions, illness, and trauma) affecting client functioning.
- 02.08 Identify client’s attempts to resolve the presenting issue(s).
- 02.09 Identify members of the client, community, and professional systems involved in the problem resolution process.
- 02.10 Assess client’s level of economic, social, emotional, physical, spiritual, and mental functioning.
- 02.11 Assess effects of substance abuse and dependency on client functioning.
- 02.12 Assess effects of domestic abuse and/or violence on individual and family system.

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| 02.13 | Assess effects of addictive behaviors (including but not limited to gambling, shopping, sexual activities, and internet use) on individual and family system. | military personnel, workers in geographically-dispersed locations, first responders, and medical providers). |
| 02.14 | Assess effects of sexual behaviors and disorders on client functioning. | 02.25 |
| 02.15 | Assess the impact, both positive and negative, of use of technology on client system. | Assess effects of occupational issues on the family system (including but not limited to families of military personnel, workers in geographically dispersed locations, first responders, and medical providers). |
| 02.16 | Assess the impact of the developmental stage of members of the client system and the family life cycle stage on presenting problem formation, maintenance, and resolution. | 02.26 |
| 02.17 | Assess strengths, resources, and coping skills available to client. | Determine need for evaluation by other professional and community systems. |
| 02.18 | Administer, review, and/or interpret results of standardized instruments consistent with training, competence and scope of practice. | 02.27 |
| 02.19 | Assess and diagnose client in accordance with current formal diagnostic criteria (e.g., DSM and ICD), while maintaining a systems perspective. | Collaborate with client, professional, and community systems, as appropriate, in establishing treatment priorities. |
| 02.20 | Integrate diagnostic impressions with system(s) perspective/assessment when formulating treatment hypotheses. | 02.28 |
| 02.21 | Assess reciprocal influence of psychiatric disorders with the client system. | Determine who will participate in treatment. |
| 02.22 | Assess reciprocal influence of biological factors and medical conditions with the client system. | 02.29 |
| 02.23 | Assess impact of early childhood experiences and traumas on behavior, physical and mental health, and the individual and family systems. | Develop a relational diagnosis for the client system. |
| 02.24 | Assess effects of occupational issues on individuals (including but not limited to | 02.30 |
| | | Refer client when appropriate. |
| | | Domain 03–Designing and Conducting Treatment (24.5%; 49 items) – Tasks related to developing and implementing interventions with the client system |
| | | 03.01 |
| | | Evaluate and maintain quality of continuing therapeutic alliance. |
| | | 03.02 |
| | | Establish therapeutic contract(s). |
| | | 03.03 |
| | | Formulate short- and long-term goals by interpreting assessment information, in collaboration with client as appropriate. |
| | | 03.04 |
| | | Develop a treatment plan reflecting a contextual understanding of presenting issues. |
| | | 03.05 |
| | | Identify criteria upon which to terminate treatment. |
| | | 03.06 |
| | | Develop and monitor ongoing safety plan to address identified risks (including but |

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- not limited to domestic violence, suicide, elder, or child abuse).
- 03.07 Develop shared understanding of presenting issues.
- 03.08 Select therapeutic interventions based on theory and relevant research (individual, couple, group, and family).
- 03.09 Clarify with client system the rationale for selection of therapeutic intervention.
- 03.10 Determine sequence of treatment and identify which member(s) of the client system will be involved in specific tasks and stages.
- 03.11 Choose therapeutic modalities and interventions that reflect contextual understanding of client [including but not limited to acculturation, abilities, diversity, socio-economic status, spirituality, age, gender, sexuality, sexual orientation, culture, and power differential(s)].
- 03.12 Develop and monitor recovery-oriented care for treatment of substance use disorders across the lifespan.
- 03.13 Collaborate with collateral systems, as indicated, throughout the treatment process.
- 03.14 Use genograms and/or family mapping as therapeutic interventions as indicated.
- 03.15 Facilitate client system change through restructuring and reorganization.
- 03.16 Identify and explore competing priorities of client issues to be addressed in treatment.
- 03.17 Assist client(s) in developing decision-making, coping, and problem-solving skills.
- 03.18 Assist client(s) in developing effective verbal and non-verbal communication skills in their relational context(s).
- 03.19 Attend to the homeostatic process and its impact on the system’s ability to attain therapeutic goals.
- 03.20 Assist client to develop alternative perspective(s) of the presenting issues to facilitate solution(s).
- 03.21 Affect client behavior and/or perceptions through techniques (including but not limited to metaphor, re-framing, rewriting narratives, mindfulness, and paradox).
- 03.22 Facilitate attempts of client(s) to develop new, alternate ways of resolving problems.
- 03.23 Integrate cultural knowledge of client(s) to facilitate effective treatment strategies.
- Domain 04—Evaluating Ongoing Process and Terminating Treatment (12%; 24 items) —** Tasks related to continuously evaluating the therapeutic process and incorporating feedback into the course of treatment, as well as planning for termination
- 04.01 Use theory and/or relevant research findings, including culturally relevant research findings, in the ongoing evaluation of process, outcomes, and termination.
- 04.02 Evaluate progress of therapy in collaboration with client and collateral systems as indicated.
- 04.03 Modify treatment plan in collaboration with client and collateral systems as indicated.
- 04.04 Plan for termination of treatment in collaboration with client and collateral systems.
- 04.05 Develop a plan in collaboration with client to maintain therapeutic gains after treatment has ended.

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04.06 Terminate therapeutic relationship as indicated.

the client has indicated thoughts of causing danger to self.

Domain 05—Managing Crisis Situations (10%; 20 items) — Tasks related to assessing and managing emergency situations, and intervening when clinically indicated and/or legally mandated

05.11 Develop and implement an intervention strategy for client who is considering causing harm to others.

05.01 Assess severity of crisis situation to determine if and what immediate interventions may be needed.

05.12 Develop and implement an intervention strategy with client in a dangerous or crisis situation to provide for safety of client and relevant others.

05.02 Assess for presence and severity of suicide potential to determine need for intervention.

05.13 Provide referrals to viable resources to augment management of client’s crisis.

05.03 Assess for risk of violence to client from others to determine need for intervention.

05.14 Collaborate with involved parties to augment management of client’s crisis.

05.04 Assess client’s potential for self-injurious behavior to determine type and level of intervention.

05.15 Consult with colleagues and other professionals during crisis situations, as necessary.

05.05 Assess client’s potential for injurious behavior toward others, including the therapist, to determine type and level of intervention.

05.16 Assess and respond to vicarious trauma.

05.17 Teach client techniques to manage crisis.

05.06 Assess risk of violence from others toward therapist and develop a safety plan.

Domain 06—Maintaining Ethical, Legal, and Professional Standards (14%; 28 items) —Tasks related to ongoing adherence to legal and ethical codes and treatment agreements, maintaining competency in the field, and professionalism

05.07 Evaluate severity of crisis situation by assessing the level of impairment in client’s life.

06.01 Integrate ethical codes of licensing boards, relevant professional organizations, and associations into professional practice.

05.08 Assess client’s trauma history to determine impact on current crisis.

06.02 Adhere to relevant statutes, case law, and regulations affecting professional practice.

05.09 Assess the impact of factors [including but not limited to acculturation, abilities, diversity, socio-economic status, spirituality, age, gender, sexuality, sexual orientation, culture, and power differential(s)] on client’s current crisis.

06.03 Practice within therapist’s scope of competence.

05.10 Develop and implement an intervention strategy in collaboration with a client designed to reduce potential harm when

06.04 Maintain awareness of the influence of the therapist’s issues (including but not limited to family-of-origin, gender, sexuality, sexual orientation, culture, personal prejudice, value system, life experience, and need for self-care).

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| 06.05 | Maintain continuing competence as a therapist (including but not limited to educational pursuits, online courses, research, etc.). | 06.12 | Inform client of parameters of confidentiality and privileged communication to facilitate client's understanding of therapist's responsibility. |
| 06.06 | Demonstrate professional responsibility and competence relating to legal issues (including but not limited to court-ordered cases, testimony, expert witness, and custody hearings). | 06.13 | Assist clients in making informed decisions relevant to treatment (including but not limited to filing third-party insurance claims, collateral systems, alternative treatments, limits of confidentiality). |
| 06.07 | Adhere to treatment agreements with clients. | 06.14 | Consult with colleagues and other professionals as necessary regarding clinical, ethical, and legal issues and concerns. |
| 06.08 | Respect the rights of clients. | 06.15 | Respect the roles and responsibilities of other professionals working with the client. |
| 06.09 | Address client's expectations and questions about treatment to promote understanding of the therapeutic process. | 06.16 | Maintain accurate and timely records including long-term safe and confidential storage. |
| 06.10 | Provide clients with written and/or verbal professional disclosures (including but not limited to fees, office policies, professional training and expertise). | 06.17 | Plan record disposal within the timeframes dictated by relevant statutes. |
| 06.11 | Monitor and mitigate risk for potential exploitation of the client by the therapist. | 06.18 | Use technology in accordance with legal, ethical, and professional standards. |

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KNOWLEDGE STATEMENTS

01. Foundations of marital, couple, and family therapy
02. Models of marital, couple, and family therapy
03. Development and evolution of the field of marital and family therapy
04. Family studies and science (including but not limited to parenting, step families/blended families, remarriage, out of home placement, and same sex couples and families)
05. Marital studies and science
06. General Systems Theory
07. Expressive, experiential, and play therapies
08. Clinical application of couple and family therapy models
09. Empirically based approaches to couples and family therapy
10. Individually based theory and therapy models (including but not limited to person centered, Gestalt, RET, and cognitive behavioral)
11. Impact of couple dynamics on the system
12. Family belief systems and their impact on problem formation and treatment
13. Family homeostasis as it relates to problem formation and maintenance
14. Family life cycle stages and their impact on problem formation and treatment
15. Human development throughout the lifespan (including but not limited to attachment, physical, emotional, social, psychological, spiritual, and cognitive)
16. Diverse family patterns (including but not limited to same sex couples, single parent, multiple partner relationships, and multi generational families)
17. Strength based resiliency across the lifespan
18. Human sexual anatomy, physiology, and development
19. Sexually transmitted infections
20. Theories of personality
21. Child, adolescent, and adult psychopathology
22. Psychopathology in aging populations
23. Impact of developmental disorders (including but not limited to child and adolescent, geriatrics, autism spectrum disorders, and pervasive developmental disorders) on system dynamics
24. Trauma (including but not limited to historical, current, anticipatory, secondary trauma response, and multiple/complex)
25. Vicarious trauma
26. Risk factors, indicators, and impact of abuse across the lifespan (including but not limited to abandonment, physical, emotional, verbal, and sexual)
27. Risk factors, indicators, and impact of grief response across the lifespan (including but not limited to end of life, death, sudden unemployment, and runaway children)
28. Risk factors, indicators, and impact of relational patterns of endangerment across the lifespan (rape, domestic violence, suicide, and self-injurious behavior)

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29. Behaviors, psychological features, or physical symptoms that indicate a need for medical, educational, psychiatric, or psychological evaluation
30. Diagnostic interviewing techniques
31. Diagnostic and Statistical Manual of Mental Disorders (DSM) and International Statistical Classification of Diseases and Related Health Problems (ICD)
32. Standardized psychological assessment tests (including but not limited to MMPI)
33. Non standardized assessment tests (including but not limited to genograms, family maps, and scaling questions)
34. Relational diagnostic tests (including but not limited to Dyadic Adjustment Scale, Marital Satisfaction Inventory, FACES, Prepare/Enrich)
35. Dynamics of and strategies for managing transference and counter transference (use of self of therapist, handling/control of the therapy process)
36. Stages of acculturation and multi-ethnic and multi cultural identities
37. Implications of human diversity factors on client systems
38. Reference materials regarding purpose, use, side effects and classification of medications
39. Effects of non-prescription substances (including but not limited to over the counter medications, and herbals) on the client system
40. Education and counseling for relationship development (including but not limited to pre-marital, same-sex, and co-habiting couples)
41. Divorce and its impact on client system
42. Child custody and its impact on client system
43. Infertility and its impact on client system
44. Adoption and its impact on client system
45. Infidelity and its impact on client system
46. Trauma intervention models
47. Crisis intervention models
48. Sex therapy
49. Sexual behavior
50. Sexual abuse treatment for victims, perpetrators, and their families
51. Sexual behaviors and disorders associated with Internet and other forms of technology (including but not limited to cybersex)
52. Effect of substance abuse and dependence on individual and family functioning
53. Effects of addictive behaviors (including but not limited to gambling, shopping, sexual) on individual and family system
54. Addiction treatment modalities (including but not limited to 12 step programs, individual, couple, marital and family therapy, and pharmacological)
55. Principles and elements of recovery oriented systems of care (for addiction and substance abuse)
56. Spiritual and religious beliefs (including but not limited to eastern and western philosophies) and their impact on the client system
57. Impact of loss and grief on the client (including but not limited to death, chronic illness, economic and/or role change, and sexual potency)
58. Physical health status, medical disease state, and experience of acute and chronic illness and disability and their impacts on the client system

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- 59. Impact of clients' use of resources (including but not limited to online assessments, educational materials, and support groups)
- 60. Current research literature and methodology (including quantitative and qualitative methods) sufficient to critically evaluate assessment tools and therapy models
- 61. Methodologies for developing and evaluating programs (including but not limited to parenting, grief workshops, step parenting group, and eating disorder support group)
- 62. Statutes, case law and regulations (including but not limited to those regarding clinical records, informed consent, confidentiality and privileged communication, HIPAA, privacy, fee disclosure, mandatory reporting, professional boundaries, and mandated clients)
- 63. Codes of ethics
- 64. Business practices (including but not limited to storage and disposal of records, training of office staff, work setting policies, collections, referrals, advertising and marketing, management of the process of therapy, and professional disclosure)
- 65. Implications of the use of technology (including but not limited to cell phones, fax machines, electronic filing of claims, and websites) by therapist and office staff
- 66. Ethical considerations in the use of technology (including but not limited to online supervision, electronic records, social networking, and confidentiality) by therapist and office staff
- 67. Impact of technology on client system (including but not limited to cell phones, sexting, texting, use of social media, pornography, chat rooms, and internet gaming)
- 68. Conduct of internet therapy
- 69. Impact of social stratification, social privilege, and social oppression on client system
- 70. Influence of prevailing sociopolitical climate on the therapeutic relationship
- 71. Impact of economic stressors on presenting problems and treatment
- 72. Community systems (including but not limited to schools and human service agencies)
- 73. Mandated group treatment programs (including but not limited to anger management, domestic violence treatment, and sexual offender programs)
- 74. Group treatment, education and support programs (including but not limited to grief support, divorce recovery, and parenting; group therapy)

SAMPLE EXAMINATION QUESTIONS

QUESTIONS 1 AND 2 ARE BASED ON THE FOLLOWING INFORMATION.

A couple has been married for 1 ½ years and have a newborn baby. They seek therapy to deal with behavioral problems involving the mother's three children from a previous marriage. The father angrily says that the children, ages 9, 12, and 16, "mouth back" at him and do not respect their mother's authority. The couple has started having serious fights.

1. The therapist decides to focus initially on the times when the father has thought that the children were respecting their mother's authority. The purpose of this focus is to help the
 1. parents unite the marital dyad.
 2. father accept his role as a stepparent.
 3. parents feel hopeful about the situation.
 4. mother perceive her part in the interaction.

 2. Which of the following statements should the therapist make to help the family perceive their complaints from a systems perspective?
 1. "It is difficult to be a stepfather."
 2. "The children are having difficulty adapting to the new baby."
 3. "The marital relationship is being affected by your wife's children."
 4. "You are experiencing a normal adjustment to becoming a stepfamily."
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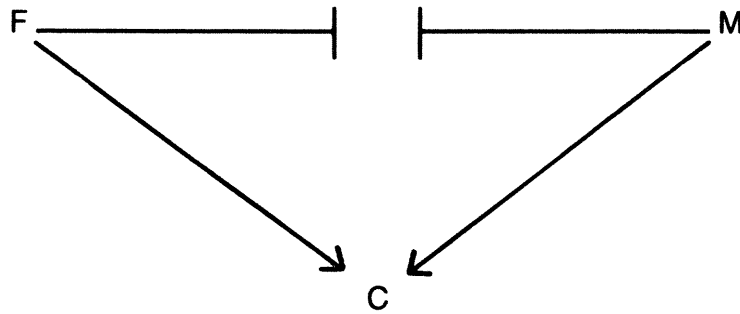
3. An adult female presents with a variety of disruptive symptoms, including a feeling of "going crazy," anxiety about leaving home, an inability to concentrate, insomnia, irritability, excessive fears about dying, chest pains, a "flushed" feeling, shakiness, loss of usual interests, and frequent crying spells. The therapist should FIRST
 1. provide reading material about clinical depression.
 2. request primary physician prescribe anti-anxiety medication.
 3. refer the client to appropriate websites for learning about anxiety.
 4. obtain a psychiatric evaluation including assessment for medication.

4. After hearing a father's insistence that therapy involve only the mother and daughter, a therapist becomes adamant that without the father's assistance, it seems impossible to address the problem. This is an example of
 1. a family enactment.
 2. the battle for structure.
 3. disrupting homeostasis.
 4. a paradoxical intervention.

5. The use of an enactment is similar to the therapeutic use of

1. family sculpting.
2. homework tasks.
3. affective intensity.
4. family reconstruction.

6. To a Structural family therapist, the diagram below represents which of the following?



1. Parents who form a coalition against their child
2. Parents who have set rigid boundaries for their children
3. Parents who are over involved with a child while detouring tension
4. Parents who are scapegoating a child as a means of detouring conflict

ANSWER KEY	
Q	A
1	3
2	4
3	4
4	2
5	1
6	4

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