

INFORMATION FOR CANDIDATES

EXAMINATION IN MARITAL AND FAMILY THERAPY



Developed by the

ASSOCIATION OF MARITAL AND FAMILY THERAPY REGULATORY BOARDS

in association with

Professional Examination Service
475 Riverside Drive
New York, NY 10115

2014

THE PURPOSE OF THE EXAMINATION

The Association of Marital and Family Therapy Regulatory Board's (AMFTRB) Examination in Marital and Family Therapy is provided to assist state boards of examiners in evaluating the knowledge of applicants for licensure or certification. There is a wide diversity of educational backgrounds among the applicants who seek licensure or certification 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 in order to provide a common element in the evaluation of candidates from one state to another.

The resources of individual marital and family therapists, the AMFTRB, and the Professional Examination Service (PES) are used in the development and continuing improvement of the examination. These combined resources are greater than those available to any individual state board.

The Examination in Marital and Family Therapy is only part of the overall evaluation used by the member boards. The AMFTRB expects that candidates will be allowed to sit for the examination only after their credentials have been examined and found to meet the education and experience requirements for licensure or certification in their respective states. Such candidates are expected to have attained a broad basic knowledge of marital and family therapy, regardless of their individual backgrounds. 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.

Applicants 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 test. Neither AMFTRB, PES, nor the member boards can send copies of past examinations to applicants, nor is there a list of recommended books or other materials for use in preparation for the examination. However, the practice domains, task statements, and knowledge statements upon which the examination is based have been included in this document and may be helpful to candidates preparing for the examination.

SECURITY AGREEMENT

By taking this examination, I hereby acknowledge that I understand the following:

- (1) This examination and the items contained therein are the exclusive property of the Association of Marital and Family Therapy Regulatory Boards and constitute valuable trade secret information, the unauthorized disclosure of which will result in irreparable injury. Accordingly, I agree to hold in confidence and not to disclose to others, directly or indirectly, any information relating to the nature of the questions contained in the examination to be taken without the prior written approval of AMFTRB. I recognize that breach of this agreement may expose me to liability for damages caused to AMFTRB and to legal fees incurred by AMFTRB in preserving its rights.
- (2) The examination and the items contained therein are protected by copyright law. No part of this examination may be copied or reproduced in part or whole by any means whatsoever, including memorization, note-taking, or electronic transmission.
- (3) The theft or attempted theft of an examination is punishable as a felony.
- (4) I understand that reproducing, disseminating, or otherwise sharing questions or portions of questions from this examination, through any medium including verbal communications, is considered to be a violation of federal copyright law. Examples of sharing questions or portions of questions would be sharing feedback about areas covered in the examination at an examination preparation workshop.
- (5) My participation in any irregularity occurring during this examination, such as giving or obtaining unauthorized information or aid, as evidenced by observation or subsequent statistical analysis, may result in termination of my participation, invalidation of the results of my examination, or other appropriate action. Examples of irregularities are taking or use of notes, failure to comply with all Prometric Test Center security procedures, or attempting to communicate in any way with fellow test takers.

TEST CONTENT AND ADMINISTRATION

The examination consists of objective multiple-choice questions covering knowledge essential to the professional practice of marital and family therapy. Each form of the examination contains 200 items and is constructed according to the test specifications. All items are counted in computing the candidates' score. Each item has four alternative answers, only one of which is correct. Candidates are allowed four (4) hours to complete the examination.

The reported score equals the total number of correct responses: there is no penalty for incorrect answers. It is to the candidate's advantage to answer each item even when uncertain of the correct response. The candidate should choose the single best answer to each item. No credit is given for items in which more than one response is selected. Sample items similar to those found on the examination are included at the end of this document.

The examination is administered through Prometric Testing centers and is scored by PES, which reports

the scores and relevant normative data to the administering boards. Each board sets the standard for passing in its respective state and reports the results to the candidates. All procedures and decisions with regard to licensure are the responsibility of the individual licensing boards. Any questions about these procedures should be directed to the appropriate state board.

The Marital and Family Therapy Examination is offered via computer to allow candidates to test during four windows of time each year. Candidates may test at any of the more than 320 Prometric Testing Centers in the continental U.S., its territories, and Canada. All candidates taking the Marital and Family Therapy examination will receive instructions concerning fees, deadlines and applications from their participating state board.

An online application has been developed for candidates wanting to take the Marital and Family Therapy examination. After a participating state board has approved a candidate to take the exam, the candidate will receive a notification email (or letter) with information on how to apply online. The online application will replace the scannable paper application that has been in use. Since June 27, 2011, no paper applications are accepted.

TEST CONSTRUCTION

The Examination in Marital and Family Therapy is developed by the Examination Advisory Committee of AMFTRB and the Professional Examination Service. The development process is designed to maximize the content validity of the examination. A brief outline of the process follows:

- (1) Items are written at workshops, which are conducted periodically throughout the country. These workshops, attended by subject matter authorities, are led by experts in psychometrics who guide the development of new items. Additional items may be solicited individually from marital and family therapists who have expertise in a specific area.
- (2) All items are reviewed by three subject matter experts for accuracy and validity.
- (3) Items, which have been approved by these experts, are reviewed by the Examination Advisory Committee for accuracy, validity and overall quality, and revised as necessary.
- (4) If accepted by the Examination Advisory Committee, items are entered into the AMFTRB item bank.
- (5) Draft forms of the examination, constructed from the item bank on the basis of validated test specifications derived from a role delineation study, are reviewed and revised by the Examination Advisory Committee.
- (6) The draft forms of the examination are reviewed by psychometricians and editors on the PES staff.
- (7) The Examination Advisory Committee reviews and approves the final forms of the examination.
- (8) The approved examination is uploaded to Prometric for computer-based exam administration. Four examinations are created each year: one for each testing window: January – February, May – June, July – August, and September – October.
- (9) At the end of each testing window, the statistical performance of each item is reviewed by PES and the Examination Advisory Committee prior to the scoring of the examination.

SETTING A PASSING SCORE

A passing score is established by a panel of expert judges on an “anchor exam.” The technique used is called the 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 AMFTRB Exam Advisory Committee. The anchor exam becomes the standard of knowledge to which all future forms of an exam are compared.

Some forms of the examination will contain individual items that may be slightly harder or easier than items on other forms, not by much, but by enough to make the use of one, unalterable passing score impractical, and unfair. To compensate for these variations, test forms are compared using a psychometric process called equating, that accounts for the varying item difficulties, and adjusts the passing score up or down accordingly. If there are more difficult items on a test, the passing score is lowered so that fewer correct answers are required to pass and vice versa. As a result, the required standard of knowledge for passing the exam remains consistent from test form to test form.

EXAMINATION SCORING

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 usually provided to licensing boards four (4) weeks after the end of each testing window.

VALIDATION OF THE EXAMINATION

Every effort has been made to ensure the validity of the AMFTRB Examination in Marital and Family Therapy. The meticulous test construction process constitutes one major facet of the validation effort devoted to the assurance of content validity.

Another major facet is the role delineation study, performed in 2012 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. The test specifications, as derived from this research, follow:

TEST SPECIFICATIONS

FOR THE EXAMINATION IN MARITAL AND FAMILY THERAPY

2014	% of exam
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.	23%
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.	16%
Domain 3 – Designing and Conducting Treatment Tasks related to developing and implementing interventions with the client system.	23%
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.	13%
Domain 5 – Managing Crisis Situations Tasks related to assessing and managing emergency situations, and intervening when clinically indicated and/or legally mandated.	10%
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.	15%

Marital/Couple and Family Therapy Domains

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 client¹ system.

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.

Domain 3 – Designing and Conducting Treatment

Tasks related to developing and implementing interventions with the client system.

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.

Domain 5 – Managing Crisis Situations

Tasks related to assessing and managing emergency situations, and intervening when clinically indicated and/or legally mandated.

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.

¹The term client refers to the individual, couple, family, group, and other collaborative systems that are a part of treatment.

Marital/Couple and Family Therapy Tasks and Knowledge

Domain 01 The Practice of Systemic Therapy

- 01.01 Practice therapy in a manner consistent with the philosophical perspectives 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 (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

- 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/interactional patterns to determine client system functionality.
- 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 Review background, history, context, dimensions of diversity, client beliefs, external influences, and current events surrounding the origins and maintenance of the presenting issue(s).
- 02.09 Identify client's attempts to resolve the presenting issue(s).
- 02.10 Identify members of the client, community, and professional systems involved in the problem resolution process.
- 02.11 Assess client's level of economic, social, emotional, physical, spiritual, and mental functioning.
- 02.12 Assess effects of substance abuse and dependency on client functioning.
- 02.13 Assess effects of domestic abuse and/or violence on individual and family system.
- 02.14 Assess effects of addictive behaviors (including but not limited to gambling, shopping, sexual activities, and internet use) on individual and family system.
- 02.15 Assess effects of sexual behaviors and disorders on client functioning.
- 02.16 Assess the impact, both positive and negative, of use of technology on client system.
- 02.17 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.
- 02.18 Assess strengths, resources, and coping skills available to client.
- 02.19 Administer, review, and/or interpret results of standardized instruments consistent with training, competence and scope of practice.
- 02.20 Assess and diagnose client in accordance with current formal diagnostic criteria (e.g., DSM and ICD) while maintaining a systems perspective.
- 02.21 Integrate diagnostic impressions with system(s) perspective/assessment when formulating treatment hypotheses.

- 02.22 Assess reciprocal influence of psychiatric disorders within the client system.
- 02.23 Assess influence of biological factors and medical conditions on the client system.
- 02.24 Assess impact of early childhood experiences and traumas on behavior, physical and mental health, and the individual and family system.
- 02.25 Assess effects of occupational issues on individuals (including but not limited to military personnel, workers in geographically-dispersed locations, first responders, and medical providers).
- 02.26 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).
- 02.27 Determine need for evaluation by other professional and community systems.
- 02.28 Collaborate with client, professional, and community systems, as appropriate, in establishing treatment priorities.
- 02.29 Determine who will participate in treatment.
- 02.30 Develop a relational diagnosis for the client system.
- 02.31 Refer client when appropriate.

Domain 03 Designing and Conducting Treatment

- 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 not limited to domestic violence, suicide, elder 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 restructure 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 Effect client behavior and/or perceptions through techniques (including but not limited to metaphor, re-framing, rewriting narratives, mindfulness, and paradox).

- 03.22 Facilitate client to attempt new/alternate ways of resolving problems.
- 03.23 Integrate client's cultural knowledge to facilitate effective treatment strategies.

Domain 04 Evaluating Ongoing Process and Terminating Treatment

- 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.
- 04.06 Terminate therapeutic relationship as indicated.

Domain 05 Managing Crisis Situations

- 05.01 Assess severity of crisis situation to determine if and what immediate interventions may be needed.
- 05.02 Assess for presence and severity of suicide potential to determine need for intervention.
- 05.03 Assess for risk of violence to client from others to determine need for intervention.
- 05.04 Assess client's potential for self-destructive and self-injurious behavior to determine type and level of intervention.
- 05.05 Assess client's potential for destructive and injurious behavior toward others, including the therapist, to determine type and level of intervention.
- 05.06 Assess risk of violence from others toward therapist and develop a safety plan.
- 05.07 Evaluate severity of crisis situation by assessing the level of impairment in client's life.
- 05.08 Assess client's trauma history to determine impact on current crisis.
- 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.
- 05.10 Develop and implement an intervention strategy in collaboration with a client designed to reduce potential harm when the client has indicated thoughts of causing danger to self.
- 05.11 Develop and implement an intervention strategy for client who is considering causing harm to others.
- 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.
- 05.13 Provide referrals to viable resources to augment management of client's crisis.
- 05.14 Collaborate with involved parties to augment management of client's crisis.
- 05.15 Consult with colleagues and other professionals during crisis situations, as

necessary.

05.16 Assess and respond to vicarious trauma.

05.17 Teach client techniques to manage crisis situations.

Domain 06 Maintaining Ethical, Legal, and Professional Standards

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

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

06.03 Practice within therapist's own scope of competence.

06.04 Maintain awareness of the influence of the therapist's own 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).

06.05 Maintain continuing competence.

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).

06.07 Adhere to treatment agreements with clients.

06.08 Respect the rights of clients.

06.09 Address client's expectations and questions about treatment to promote understanding of the therapeutic process.

06.10 Provide clients with written and/or verbal professional disclosures (including but not limited to fees, office policies, professional training and expertise).

06.11 Monitor and mitigate risk for potential exploitation of the client by the therapist.

06.12 Inform client of parameters of confidentiality and privileged communication to facilitate client's understanding of therapist's responsibility.

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).

- 06.14 Consult with colleagues and other professionals as necessary regarding clinical, ethical, and legal issues and concerns.
- 06.15 Respect the roles and responsibilities of other professionals working with the client.
- 06.16 Maintain accurate and timely records.
- 06.17 Use technology in accordance with legal, ethical, and professional standards.

Knowledge of:

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)
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 & 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 change, roles, 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

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, 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)

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 for a fee of \$50.00. Requests for hand scoring must be submitted on the [MFT HAND SCORING AND/OR EXAM FEEDBACK](#) request form, and received by PES no later than 90 days after the date of the examination. 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 directly.

EXAMINATION FEEDBACK

Examination feedback to candidates is available in the form of an Exam Feedback Report, which presents T- scores for each of the five MFT practice domains. Candidates are provided feedback on their performance in comparison with that of candidates who took the MFT examination during the same testing window. The fee for the Exam Feedback Report is \$50.00. Requests for an Exam Feedback Report must be submitted on the [MFT HAND SCORING AND/OR EXAM FEEDBACK](#) request form, and received by PES no later than 90 days after the date of the examination. The request form is available for download on the AMFTRB website.

THE INTERSTATE REPORTING SERVICE

The Interstate Reporting Service was established to facilitate the endorsement of certificates and licenses between or among respective states. The Service maintains a permanent record of candidate scores. All scores are automatically registered with the Service when they are reported to the state boards. At the candidate's request, the Service will report the score, accompanied by normative data that can be used to ensure appropriate comparison of scores over time and across test forms, to the board of another state in which the candidate seeks licensure or certification. The Interstate Reporting Service registers only scores on the Examination in Marital and Family Therapy. Other requirements for licensure are handled by individual boards.

To request the transfer of scores, candidates must complete an Interstate Reporting Service form. To receive a copy of the form, candidates can write to the Interstate Reporting Service, Professional Examination Service, 475 Riverside Drive, New York, NY 10115. Candidates should make a special note of the identification number assigned to them for the Examination in Marital and Family Therapy as this information is necessary in requesting a transfer. Candidates may request transfer of their scores at the time of administration or at any time thereafter. The fee charged for each transfer is \$50.00.

PRACTICE EXAM

Two practice exams of retired test items are offered through AMFTRB.org. Visit the website to schedule the practice exam.

FURTHER INFORMATION

For further information about procedures and requirements for licensure and scheduling of examinations, candidates should call or write the marital and family therapy licensing or certification board in the state in which licensure or certification is being sought.

Additional information can be found at www.amftrb.org. See the tab labeled MFT National Exam, especially the process for applying and dates under 'Exam Dates' and the FAQ tab.

**EXAMINATION ADVISORY COMMITTEE
2014**

The Examination Advisory Committee members are chosen for their outstanding reputations and achievements in their respective specialties. The current members of this committee are:

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SAMPLE QUESTIONS

A. A therapist's methods for creating a therapeutic system with a family and of positioning himself/herself as its leader are known as:

1. introjection.
2. restructuring.
3. joining.
4. enacting.

B. QUESTIONS 1 AND 2 REFER TO THE FOLLOWING INFORMATION:

Mr. and Mrs. Walter have been married for 1.5 years and have a newborn baby. They seek therapy to deal with behavioral problems involving Mrs. Walter's three children from a previous marriage. Mr. Walter angrily says that the children, ages 9, 12 and 16, "mouth back" at him and do not respect their mother's authority. Mr. and Mrs. Walter have started having serious fights.

1. Which one of the following statements should the therapist make to help the family perceive their complaints from a systems perspective?
 - a. "The children are having difficulty adapting to the new baby."
 - b. "It is difficult to be a stepfather."
 - c. "The marital relationship is being affected by Mrs. Walter's children."
 - d. "You are experiencing a normal adjustment to becoming a stepfamily."

2. The therapist decides to focus initially on the times when Mr. Walters has thought that the children were respecting their mother's authority. The purpose of this focus is to help the:
 - a. mother perceive her part in the interaction.
 - b. father accept his role as a stepparent in this blended family.
 - c. parents to feel hopeful about the situation and to mobilize their resources.
 - d. parents unite the marital dyad and calm the child subsystem.

C. A therapist working with a couple experiencing difficulties in their sexual relationship gives the following instructions:

"Get ready for bed; then I want you [the wife] to lie on your belly; then you [the husband] caress her back as gently and sensitively as you can; move your hands very slowly; do no more. In the meantime, I want you [the wife] to be "selfish" and just concentrate on enjoying this touch."

The therapist is using a technique known as:

1. guided fantasy.
2. inverse massage.
3. sexual paradox.
4. sensate focus.

- D. A family is referred for family therapy. The son, 17, has recently been discharged from a psychiatric hospital and has remained in individual therapy with a psychiatrist. He has a history of alcoholism. Since his discharge he has had two charges pending against him for driving while intoxicated. The parents convey to the therapist their concern that the psychiatrist is unaware of their son's recent alcohol abuse or of the pending charges. The appropriate initial approach for the therapist would be to:
1. continue to work with the family and advise the parents to call the psychiatrist so that he/she can brief the parents on their son's therapy.
 2. call the psychiatrist and inform him/her of the family's turmoil and the son's drinking episodes.
 3. encourage the son to talk to his therapist and ask the family members to sign a release of information form to facilitate coordination of treatment.
 4. refer the son to Alcoholics Anonymous meetings and work exclusively with the parents.
- E. A correct statement regarding system maintenance is that it:
1. is a therapeutic intervention for joining the family.
 2. is a therapeutic process supporting the relationship.
 3. describes the therapist's non-directive effort to provide systematic balance.
 4. may involve hidden payoffs for the resistant family.
- F. In the use of videotape in working with families, the most essential condition is that:
1. the equipment remains inconspicuous.
 2. all those to be taped agree to its use.
 3. its use will be necessary to achieve a certain goal.
 4. the therapist is unaffected while being taped.

ANSWERS: A. 3; B1. 4, B2. 3; C. 4; D. 3; E. 4; F. 2.

EXAMINATION IN MARITAL AND FAMILY THERAPY

Exam Administration Dates

2014	
Registration Closes	Exam Dates
01/06	01/13 to 02/08
05/12	05/19 to 06/14
08/04	08/11 to 09/06
10/13	10/20 to 11/15

