

**INFORMATION FOR CANDIDATES  
EXAMINATION IN MARITAL AND FAMILY  
THERAPY**



**P · E · S**

**Developed by the  
ASSOCIATION OF MARITAL AND FAMILY THERAPY REGULATORY BOARDS  
in association with  
Professional Examination Service  
475 Riverside Drive  
New York, NY 10115**

**2005**

## **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 brochure and may be helpful to candidates preparing for the examination.

## **SECURITY AGREEMENT**

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

- This examination and the items contained therein are the exclusive property of the Association of Marital and Family Therapy Regulatory Boards (AMFTRB).
- 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.
- The theft or attempted theft of an examination is punishable as a felony.
- 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.
- 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. Each item has four alternative answers, only one of which is correct. Candidates are allowed four hours to complete the examination.

The reported score equals the total number of correct responses: there is no additional 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 brochure.

The examination is administered through Prometric Thomson Learning™ centers and 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 boards. Any questions about these procedures should be directed to the appropriate state board.

Beginning Fall 2001 the Marital and Family Therapy Examination is being offered via computer. This will allow candidates to test during three windows of time each year. In addition to extra exam dates candidates will be able to test at a number of Prometric Thomson Learning™ centers. All candidates taking the Marital and Family Therapy examination will receive instructions concerning fees, deadlines and applications from their participating state board.

## **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 printed and distributed to participating member boards for administration.
9. After the examination has been administered, the statistical performance of each item is reviewed by PES and the Examination Advisory Committee prior to the scoring of the examination.

## **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 1998 in order 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**

### **PRACTICE DOMAINS**

#### **Domain 01 The Practice of Marital and Family Therapy**

This domain encompasses tasks related to incorporating systemic theory and perspectives into practice activities, and establishing and maintaining ongoing therapeutic relationships with the client system.

#### **Domain 02 Assessing, Hypothesizing, and Diagnosing**

This domain encompasses 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 03 Designing and Conducting Treatment**

This domain encompasses tasks related to developing and implementing interventions with the client system.

#### **Domain 04 Evaluating Ongoing Process and Terminating Treatment**

This domain encompasses tasks related to continuously evaluating the therapeutic process and incorporating feedback into the course of treatment, as well as planning for termination.

#### **Domain 05 Maintaining Ethical, Legal, and Professional Standards**

This domain encompasses tasks related to ongoing adherence to legal and ethical codes and treatment agreements, maintaining competency in the field, and professionalism.

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

### **TASK STATEMENTS**

#### **01 The Practice of Marital and Family Therapy**

- 01.01 Practice therapy in a manner consistent with the philosophical perspectives of the discipline.
- 01.02 Maintain consistency between systemic theory and clinical practice.
- 01.03 Integrate individual treatment approaches within systemic treatment approaches.
- 01.04 Demonstrate sensitivity to the client's context(s) (e.g., spirituality, gender, sexuality, culture, class, and socio-economic condition).
- 01.05 Establish an atmosphere of acceptance and safety by attending to the physical environment, language, and client's needs.
- 01.06 Establish therapeutic relationship(s) with the client system.
- 01.07 Attend to the interactional process between the therapist and client (e.g., therapeutic conversation, transference, and counter-transference) throughout the therapeutic process.

#### **02 Assessing, Hypothesizing, and Diagnosing**

- 02.01 Assess client's verbal and non-verbal communication to develop hypotheses about relationship patterns.
- 02.02 Identify boundaries, roles, rules, alliances, coalitions, and hierarchies by observing interactional patterns within the system.

- 02.03 Assess system dynamics/processes.
- 02.04 Assess how individual members of the client system understand their relational issues.
- 02.05 Formulate and continually assess hypotheses regarding the client that reflect contextual understanding.
- 02.06 Review background, history, context, client beliefs, external influences, and current events surrounding the origins and maintenance of the presenting issue(s).
- 02.07 Identify client's attempts to resolve the presenting issue(s) and the individuals in the family, community, and professional systems involved in the problem resolution process.
- 02.08 Assess client's level of economic, social, emotional, and mental functioning.
- 02.09 Assess the family life cycle stage of the client.
- 02.10 Assess the relationship between the individual developmental stage and the family life cycle stage.
- 02.11 Assess developmental stage of members of the client system for impact on problem formation, maintenance, and resolution.
- 02.12 Assess strengths and resources available to client.
- 02.13 Assess level of mental or physical risk or danger to the client (e.g., suicide, domestic violence, elder abuse).
- 02.14 Administer and review data from standardized and/or non-standardized tests.
- 02.15 Assess and diagnose client in accordance with formal diagnostic criteria (e.g., DSM and ICD) while maintaining a systems perspective.
- 02.16 Integrate diagnostic impressions with system(s) perspective/assessment when formulating treatment hypotheses.
- 02.17 Assess influence of individual diagnosis on the client system.
- 02.18 Assess influence of biological factors and medical conditions on the client system.
- 02.19 Identify external factors (events, transitions, illness, trauma, etc.) affecting client functioning
- 02.20 Determine need for evaluation by other professional systems.
- 02.21 Collaborate with client, professional, and community systems, as appropriate, in establishing treatment priorities.

### **03 Designing and Conducting Treatment**

- 03.01 Create therapeutic contracts.
- 03.02 Define short and long-term goals by organizing and interpreting assessment information, in collaboration with client as appropriate.
- 03.03 Develop a treatment plan reflecting a contextual understanding of presenting issues.
- 03.04 Develop and monitor safety plan to address identified risk (domestic violence, suicide, elder abuse).
- 03.05 Develop consensus on the definition of presenting issues.
- 03.06 Choose interventions based on application of theory and research (individual, couple, group, and family).
- 03.07 Construct rationale for selecting a therapeutic intervention.
- 03.08 Determine sequence of treatment processes and identify which members of the client system will be involved in specific tasks and stages.
- 03.09 Choose therapeutic modalities and interventions while considering the uniqueness of each client.
- 03.10 Integrate multiple types and sources of information while conducting therapy.
- 03.11 Collaborate with collateral systems, as appropriate, throughout the treatment process.
- 03.12 Use genograms and/or family mapping as therapeutic interventions when appropriate.
- 03.13 Facilitate change through restructure and reorganization of the client system.
- 03.14 Identify and explore competing priorities for client issues to be addressed in treatment.
- 03.15 Assist client(s) in developing decision-making and problem-solving skills.
- 03.16 Assist client(s) in developing appropriate verbal and non-verbal emotional communication in their relational context(s).
- 03.17 Attend to the homeostatic process and its impact on the system's ability to reach therapeutic goals.

- 03.18 Assist client to change perspective of the presenting issues to facilitate appropriate solution(s).
- 03.19 Influence behavior and/or perceptions through use of techniques such as metaphor, re-framing, inventiveness, creativity, humor, and prescribing the symptom.
- 03.20 Enable client to attempt new/alternate ways of resolving problems.
- 03.21 During treatment planning, identify criteria upon which to terminate treatment.

#### **04 Evaluating Ongoing Process and Terminating Treatment**

- 04.01 Use relevant theory and/or research data in the ongoing evaluation of process, outcomes, and termination.
- 04.02 Evaluate progress of therapy in collaboration with client and collateral systems as appropriate.
- 04.03 Modify treatment plan with client and collateral systems as appropriate.
- 04.04 Collaboratively plan for termination of treatment.
- 04.05 Terminate therapeutic relationship as appropriate.

#### **05 Maintaining Ethical, Legal and Professional Standards**

- 05.01 Adhere to ethical codes of relevant professional organizations and associations.
- 05.02 Adhere to relevant statutes, case law, and regulations affecting professional practice.
- 05.03 Practice in accordance with one's own area of expertise (i.e., education, training, and experience)
- 05.04 Maintain awareness of the influence of the therapist's own issues (e.g., family-of-origin, gender, culture, personal prejudice, value system, life experience, supervisor, etc.).
- 05.05 Maintain continuing competencies essential to the field (e.g., continuing education, critical reading of professional literature, attendance at workshops and professional meetings, supervision, and consultation).
- 05.06 Demonstrate professional responsibility and competence in forensic and legal issues (e.g., court-ordered cases, testimony, expert witness, custody hearings, etc).
- 05.07 Adhere to treatment agreements with clients.
- 05.08 Respect the rights and responsibilities of clients.
- 05.09 Assist clients in making informed decisions relevant to treatment (e.g., filing third-party insurance claims, collateral systems, alternative treatments, limits of confidentiality).
- 05.10 Consult with colleagues and other professionals as necessary regarding clinical, ethical, and legal issues and concerns.
- 05.11 Respect the roles and responsibilities of other professionals working with the client.
- 05.12 Maintain accurate, timely, and thorough record keeping.
- 05.13 Integrate technology (e.g., Internet, fax, telephone, email) into the treatment process, as appropriate.

#### **KNOWLEDGE STATEMENTS**

- 01 Foundations of marital therapy and family therapy (e.g., Sullivan, Jackson, Ackerman, Bowen, Bateson, Weakland, Haley, Satir)
- 02 History of the marital and family therapy field
- 03 Family studies and science (e.g., step families, remarriage, blended families)
- 04 Marital studies and science
- 05 General Systems Theory
- 06 Models of family therapy and their clinical application
- 07 Individually based theory and therapy models (e.g., person-centered, Gestalt, RET, behavioral)
- 08 Impact of couple dynamics on the system
- 09 Family belief systems and their impact on problem formation and treatment
- 10 Family homeostasis as it relates to problem formation and maintenance

- 11 Family life cycle stages and their impact on problem formation and treatment
- 12 Human development throughout the lifespan (e.g., physical, emotional, social, psychological, spiritual, cognitive)
- 13 Human sexual anatomy, physiology, and development
- 14 Sexually transmitted diseases
- 15 Theories of personality
- 16 Child, adolescent, and adult psychopathology
- 17 Impact of developmental disorders (e.g., child and adolescent, geriatrics) on system dynamics
- 18 Trauma (e.g., historical, current, and anticipatory trauma)
- 19 Risk factors for and patterns of abuse, (abandonment, physical, emotional, verbal, sexual)
- 20 Risk factors, stages, and patterns of grief response for loss (death, sudden unemployment, runaway children)
- 21 Risk factors and relational patterns of endangerment (rape, domestic violence, suicide, self-injurious behavior)
- 22 Behaviors, psychological features, or physical symptoms that indicate a need for medical, educational, psychiatric, or psychological evaluation
- 23 Diagnostic interviewing techniques
- 24 Diagnostic and Statistical Manual of Mental Disorders (DSM) and International Statistical Classification of Diseases & Related Health Problems (ICD)
- 25 Standardized psychological assessment tests (e.g., MMPI)
- 26 Non-standardized assessment tests (e.g., genograms, family maps, scaling questions)
- 27 Relational diagnostic tests (e.g., Dyadic Adjustment Scale, Marital Satisfaction Inventory, FACES, Prepare/Enrich, etc.)
- 28 Dynamics of and strategies for managing transference and counter-transference (use of self of therapist, handling/control of the process of therapy)
- 29 Reference materials regarding medication side effects and classification
- 30 Effects of non-prescription substances (e.g., over the counter medications, herbals) on the client system
- 31 Pre-marital education and treatment
- 32 Divorce
- 33 Child custody
- 34 Infertility
- 35 Adoption
- 36 Infidelity
- 37 Trauma intervention models
- 38 Crisis intervention models
- 39 Sex therapy
- 40 Sexual abuse treatment for victims, perpetrators, and their families
- 41 Sexual behaviors and disorders associated with Internet and other forms of technology (e.g., Internet and cybersex)
- 42 Effect of substance abuse & dependence on individual and family functioning
- 43 Effects of addictive behaviors (e.g., gambling, shopping, sexual) on individual and family system
- 44 Addiction treatment modalities (e.g., 12-step programs, individual, couple, marital and family therapy)
- 45 Spiritual and religious beliefs (e.g., eastern and western philosophies) and the impact on the system in treatment
- 46 Impact of loss and grief on the client (e.g., death, chronic illness, economic change, roles, and sexual potency)
- 47 Research literature and research methodology (including quantitative and qualitative methods) sufficient to critically evaluate assessment tools and therapy models
- 48 Methodologies for developing and evaluating programs (e.g., parenting, grief workshops)
- 49 Statutes, case law and regulations (e.g., clinical records, informed consent, confidentiality and privileged communication, privacy, fee disclosure, mandatory reporting, professional boundaries, mandated clients)
- 50 Codes of ethics

- 51 Business practices (e.g., storage and disposal of records, training of office staff, work setting policies, collections, referrals, advertising, and marketing, management of the process of therapy)
- 52 Use of technology (e.g., cell phones, fax machines, electronic filing of claims, Internet therapy)
- 53 Diversity studies (e.g., race, ethnicity, class, gender, gay & lesbian issues)
- 54 Neuropsychology
- 55 Community systems (schools, human service agencies)
- 56 Group mandated (e.g., anger management, domestic violence treatment, sexual offender programs) or voluntary (divorce recovery, parenting) treatment programs

## **MODELS OF COUPLE AND FAMILY THERAPY**

Adlerian family therapy  
 Attachment theory  
 Bowen family systems theory  
 Cognitive behavioral therapy (e.g., Gottman, Ellis)  
 Collaborative language (e.g., Dan Wile)  
 Communication theory (e.g., Jackson, Watzlawick, Bateson)  
 Contextual therapy  
 Couple, marital, and family enrichment models  
 Emotionally focused therapy (e.g., Susan Johnson, Les Greenberg)  
 Ericksonian therapy  
 Experiential approaches (e.g., Satir, Whitaker)  
 Feminist family therapy  
 Medical family therapy  
 Milan systemic family therapy  
 MRI Brief therapy  
 Narrative therapy (e.g., White, Epston, Anderson)  
 Object relations therapy  
 Psychoanalytic family therapy (e.g., Ackerman)  
 Second order cybernetics  
 Solution focused therapy (e.g., DeShazer, O'Hanlon, Weiner-Davis)  
 Strategic therapy (e.g., Haley, Madanes)  
 Structural therapy (e.g., Minuchin)

*\*Models of couple and family therapy include, but are not limited to, the listed models.*

## **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 appropriate form, available from the candidate's state board office, 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.

## **THE INTERSTATE REPORTING SERVICE**

The Interstate Reporting Service was established to facilitate the endorsement of certificates and licenses between 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. There will be a fee charged for each transfer.

## **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.

## **EXAMINATION ADVISORY COMMITTEE 2005**

The Examination Advisory Committee is appointed by the Board of Directors of AMFTRB. Its members are chosen for their outstanding reputations and achievements in their respective specialties.

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## **SAMPLE QUESTIONS** (answers on page 12)

A. According to Minuchin, the 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.

Which one of the following statements should the therapist make to help the family perceive their complaints from a systems perspective?

1. "The children are having difficulty adapting to the new baby."
2. "It is difficult to be a stepfather."
3. "The marital relationship is being affected by Mrs. Walter's children."
4. "You are experiencing a normal adjustment to becoming a stepfamily."

The family 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:

1. mother perceive her part in the interaction.
2. father accept his role as a stepparent.
3. parents to feel hopeful about the situation and to mobilize their resources.
4. parents unite the marital dyad.

C. A therapist working with a couple 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.

The therapist is here using a technique developed by Masters and Johnson and known as:

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

D. A family is referred for therapy to a family therapist in private practice. The son, age 17, has recently been discharged from a psychiatric hospital but has remained in individual therapy with a psychiatrist. He has a history of alcoholism and since his discharge has two charges pending against him for driving while intoxicated. The parents convey to the family therapist their concern that the psychiatrist is unaware of their son's recent alcohol abuse or of the pending charges. In this situation, the most appropriate initial approach for the family 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. According to Haley, a correct statement regarding system maintenance is that it:

1. is a therapeutic intervention.
2. is a therapeutic process supporting the relationship.
3. describes the therapist's non-directive effort to provide symmetrical 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 worker will be personally comfortable with being taped.

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

## **EXAMINATION IN MARITAL AND FAMILY THERAPY**

### **2005 TESTING DATES**

January 17, 2005 – February 12, 2005  
May 16, 2005 – June 11, 2005  
September 12, 2005 – October 8, 2005

### **2006 TESTING DATES**

January 16, 2006 – February 11, 2006  
May 15, 2006 – June 10, 2006  
September 11, 2006 – October 7, 2006