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Question: 1

Therapists who collaborate with clients on developing treatment plan goals based on the client's "best hope" for a successful outcome would most likely adhere to which one of the following theoretical orientations?

- A. Exposure therapy.
- B. Psychoanalytic therapy.
- C. Structural family therapy.
- D. Solution-focused therapy.

Answer: D

Explanation:

Solution-focused therapy can be used to collaborate with clients on developing treatment plan goals based on the client's "best hope." Scaling questions would allow the client and therapist to create mutually shared treatment plan goals. Scaling questions use a Liker scale to rate a client's confidence or motivation regarding their "best hope- for treatment. Exposure therapy is used to treat phobias and certain forms of anxiety. Rating scales are used to measure anxiety during an exposure. but these scales do not represent the client's best hope for successful outcomes. Therapists adhering to psychoanalytic theory are less likely to collaborate with the client on mutually determined treatment plan goals because the therapist is regarded as the expert. SFTs are less likely to collaborate with clients on treatment plan goals than solution-focused therapists because the therapist is viewed as the initial catalysts for change.

Question: 2

Which one of the following is TRUE of the MFT's role as a mandated reporter?

- A. The therapist must only report proven cases of elder and child abuse.
- B. The therapist must report all suspected and proven cases of elder and child abuse.
- C. The therapist must decide on a case-by-case basis when reporting suspected elder or child abuse.
- D. The therapist must obtain a third-party assessment to determine if suspected cases of elder or child abuse should be reported.

Answer: B

Explanation:

Although local and state laws slightly differ, all 50 states require therapists to report all suspected and proven cases of child abuse. Therapists are responsible for reviewing specific situations with clients in which confidential disclosures may be legally required. The MET must

review the limits of confidentiality at the onset of therapy (AAMFT, 2015, Standard 2.1).

Question: 3

An MFT provides ongoing therapy for a 9-year-old client whose parents have recently divorced. The client's mother calls to request an evaluation for the court to address custody and visitation. Assuming that the therapist has obtained the mother's consent to release information, which action best adheres to the MFT's ethical standards of practice?

- A. The therapist may perform the evaluation only if possessing the required education, training, or supervised experience.
- B. The therapist may perform the evaluation only if also obtaining a consent to release information from the father.
- C. The therapist may only provide the court with information about the minor from the MFT's perspective in his or her role as the treating MFT.
- D. The therapist may only provide the court with information about the minor from the MFT's perspective in his or her role as an expert or fact witness.

Answer: C

Explanation:

In this scenario, the mother is requesting an evaluation for custody and visitation. Standard 7.7 of the AAMFT Code of Ethics states that MFTs must avoid conflicts of interest in treating minors or adults involved in custody or visitation actions by not performing evaluations for custody, residence, or visitation of the minor. "MFTs who treat minors may provide the court or the professional performing the evaluation with information about the minor from the MFT's perspective in his or her role as the client's therapist as long as the MFT obtains appropriate authorizations and consents to release such information. Standards that include "required education, training, or supervisory experience" are applied to issues of competency rather than prerequisites for performing a custody evaluation. A signed consent obtained from the father still makes this a conflict of interest. Additionally, Standard 7.2 states that MFTs may provide expert or fact witness testimony in legal proceedings as long as it is accurate and unbiased. Court testimony differs from a custody evaluation.

Question: 4

Which one of the following practices can be used to influence client perceptions through intentional nonjudgmental attention to present-moment awareness of thoughts, sensations, and feelings?

- A. Hypnosis.
- B. Mindfulness.
- C. Sensate focus.
- D. Flow.

Answer: B

Explanation:

Mindfulness can be used to influence client perceptions through intentional nonjudgmental attention to present-moment awareness of thoughts, sensations, and feelings. Mindfulness helps clients concentrate on and monitor their surroundings and has been found to be effective with PTSD and anxiety due to a modulation of the sympathetic and parasympathetic nervous systems. Hypnosis can also influence perceptions but differs from mindfulness in that mindfulness helps shift a person's relationship to an experience, whereas hypnosis focuses on changing the actual experience. Sensate focus is a form of behavioral modification and relaxation used to treat sexual dysfunctions (e.g., erectile dysfunction, difficulty with arousal and orgasm). Flow is described as a deep state of being fully immersed in an activity, a creative endeavor, or daily tasks to the point at which a person might lose track of time or feel as if they are "in the zone."

Question: 5

Which theorist deduced that infants form attachments with primary caregivers who provide touch and tactile comfort?

- A. John Bowlby.
- B. Erik Erikson.
- C. Harry Harlow.
- D. Sigmund Freud.

Answer: C

Explanation:

Harry Harlow experimented with rhesus monkeys and found that monkeys preferred a cloth surrogate mother over a wire mesh mother who provided food. Harlow determined that attachment develops when primary caregivers provide touch and tactile comfort. John Bowlby's theory of attachment is based on the premise that infants form a safe and secure bond with primary caregivers who are actively engaged in enjoyable interactions with them. Erik Erikson believed that attachment forms between 0 and 18 months of age. During this time, infants develop trust or mistrust, which is based on the caregiver's ability to consistently respond to the infant's physical

Question: 6

The MFT has an ethical obligation to disclose all of the following financial policies EXCEPT:

- A. the fees for canceled or missed appointments.
- B. the use of collection agencies established for nonpayment.
- C. the appeals process for obtaining denied third-party payments.
- D. the duty to provide reasonable notice to fee changes during treatment.

Answer: C

Explanation:

The MPT has an ethical obligation before the client's onset of treatment to disclose all of the aforementioned financial policies except the process for obtaining denied third-party payments. Instead, Standard 8.2 of the AAMFT Code of Ethics (2015) states that before entering into a therapeutic relationship, MFTs must disclose the fees charged for canceled or missed appointments and the use of collection agencies for nonpayment and they must provide reasonable notice of any additional charges or fee changes.

Question: 7

Which one of the following prohibits willful payment of "remuneration" to generate business involving any services payable to federal health-care programs (i.e., Medicare or Medicaid)?

- A. False Claims Act (FCA).
- B. Anti-Kickback Statute (AKS).
- C. Stark Law (i.e., the Physician Self-Referral Law).
- D. Mental Health Parity Compliance Act (MHPCA).

Answer: B

Explanation:

The Anti-Kickback Statute prohibits "willful payment of remuneration to induce or reward patient referrals or the generation of business involving any item or service payable by the federal health-care programs (e.g., drugs, supplies, or health-care services for Medicare or Medicaid patients)." The civil False Claims Act (FCA) "protects the government from being overcharged or sold shoddy goods or services. " The criminal FCA imposes prison terms, stiff penalties, and fines for submitting false claims. The Stark Law (i.e., the Physician Self-Referral Law) prohibits physicians from referring patients to designated health services payable by federally funded entities (i.e., Medicaid or Medicare) from which a physician or immediate family member has a financial relationship.

Question: 8

which one of the following is used at the onset of treatment to underscore legal and ethical guidelines and establish client—counselor responsibilities, roles, and expectations?

- A. Safety contracts.
- B. Treatment plans.
- C. Therapeutic contracts.
- D. Confidentiality agreements.

Answer: C

Explanation:

Therapeutic contracts are used at the onset of treatment to underscore legal and ethical guidelines as well as client-counselor responsibilities, roles, and expectations. Therapists use

formal therapeutic contracts as transparent, documented agreements to minimize risks and challenges and to promote the ethical principles of autonomy and beneficence. Safety contracts are verbal or signed contracts provided to suicidal clients. The use of safety contracts alone lacks empirical evidence supporting their efficacy. Treatment plans include documented goals and objectives that the client uses to provide direction and focus with the goal of resolving or minimizing the effects of the presenting problem. Confidentiality agreements are used to describe actions that therapists must take to uphold privacy and exceptions to doing so.

Question: 9

Which one of the following terms refers to the therapist's internal emotional experiences?

- A. Implicit bias.
- B. Immediacy.
- C. Micro invalidation.
- D. Countertransference.

Answer: D

Explanation:

Countertransference describes the therapist's internal emotional experience.

Countertransference occurs when the therapist internally reacts to the client and can be expressed or unexpressed. Implicit bias is also an internal process, but it operates differently than countertransference. Implicit biases are negative associations or stereotypes that a person has toward a specific social group that are "hidden" or unconscious. Immediacy is a behavioral response rather than an internal process and is expressed in the present moment. Therapists use the skill of immediacy to discuss issues specific to the therapeutic process. Micro invalidations also describe behaviors. Micro invalidations describe comments or actions that negate or nullify the experiences of an individual belonging to a targeted social group. Micro invalidations are rooted in negative stereotypes of socially marginalized groups.

Question: 10

Which one of the following would best enhance the therapeutic alliance?

- A. Relabeling.
- B. Reframing.
- C. Self-disclosure.
- D. Double-sided reflections,

Answer: C

Explanation:

The therapist would use self-disclosure to best enhance the therapeutic relationship. The therapist is aware of his privileged status in relation to his client which suggests that he is mindful of his own biases. The fact that the client has met some of the agreed-upon treatment goals signifies

the likelihood of a therapeutic alliance. The therapist is attuned to his internal emotional state and shared feelings of injustice. Carefully timed self-disclosures can be used to convey genuineness and authenticity. This may involve the therapist sharing emotions evoked in that moment and adopting an openness to addressing the influence of race on the therapeutic relationship. Relabeling is a strategic family therapy technique in which the therapist alters the meaning of an experience by altering the language used to describe it. Similarly, reframing rephrases a problem or situation by presenting it in a positive light. For the issue of discrimination, relabeling and reframing would

Question: 11

MFTs in a supervisory role must refrain from behavior that would exploit or negatively impact supervisory trust. Avoiding this behavior is best accomplished by establishing which one of the following?

- A. Dual relationships.
- B. Professional boundaries.
- C. Emotional barriers.
- D. Nonabandonment.

Answer: B

Explanation:

MFTs serving as supervisors refrain from exploiting the trust and dependency of their supervisees by establishing professional boundaries. Dual relationships occur within the supervisor-supervisee relationship because of an imbalance of power and status. Although not all dual relationships are unethical, establishing professional boundaries is the best way to refrain from behavior that would exploit or negatively impact supervisory trust. Supervisors have a responsibility to "not engage in sexual intimacy with students or supervisees during the evaluative or training relationship between the therapist and student or supervisees" (AAMFT, 2015, Standard 4.3). No abandonment is an ethical standard applicable to clients in treatment. MFTs make reasonable arrangements for the continuation of clients' care so as not to abandon or neglect them.

Question: 12

Military personnel who develop mental health disorders are more likely to have experienced all of the following EXCEPT:

- A. combat exposure.
- B. prolonged deployment.
- C. postdeployment reintegration.
- D. traumatic brain injuries.

Answer: C

Explanation:

Researchers suggest that military personnel with indicators of a mental health disorder, such

as post-traumatic stress disorder (PTSD), are more likely to experience combat exposure, prolonged deployment, and/or traumatic brain injuries. The intensity Of combat exposure and the duration Of deployment are associated with greater instances Of mental disorders. Postemployment reintegration is not directly associated with mental health difficulties unless the post deployed veteran has a previous mental health history or actively engages in substance misuse. Prolonged deployment is difficult for military personnel's younger children and families when the at-home parent endures multiple personal stressors. However. for many families, symptoms improve once military personnel return home and are reintegrated with their families.

Question: 13

A newly hired MET provides individual therapy to a client with depression. During the current session, the client presented as disheveled, emotionally dysregulated, and smelling of alcohol. The MFT has no experience working With substance abusing clients. What is the MFT's BEST course of action?

- A. Discuss the case with a colleague experienced in treating co-occurring disorders.
- B. Refer the client to a therapist experienced treating co-occurring disorders.
- C. Attend a terming cn co-occurring disorders.
- D. Develop new skills to treat cocking disorders.

Answer: A

Explanation:

The MFTs best course of action is to discuss the case with an experienced colleague. This scenario addresses practicing within the boundaries of the therapist's scope of practice. The AAMFT Code of Ethics (2015) states that MFTs "do not diagnose. treat. or advise on problems outside the recognized boundaries of their competencies" (Standard 3.10) and that MFTs do so -to protect clients from potential harm" (Standard 3.6). Compliance with this standard would also include documenting the conversation with the colleague. Standard 3.1 of the code instructs MFTs to "maintain their competence in marriage and family therapy through education. training and/or supervised experience." The Clinical Assessment and Diagnosis domain of AAMFT's MET Core Competencies (2004) states that MFTs must -understand the clinical needs of persons with comorbid disorders." with substance abuse and mental health cited as examples. Referring the client to an experienced therapist would not be the best course of action because MFTs must maintain this competency through "education. training, and/or supervised experience." Attending a training or developing new skills on co-occurring disorders would not be the best course of action. In seeking to protect the client from potential harm. the counselor must address the client's immediate needs and refrain from rupturing the counselor-client therapeutic alliance.

Question: 14

The primary purpose Of the mental status (MSE) is to:

- A. offer a subjective account of the chefs clinical state.
- B. confirm cr refute diagnostic impresstons and hypotheses.

- C. deliver Insight Into the client's ask and protective factors.
- D. provide a snapshot Of the clients presentation at a specific point in time.

Answer: D

Explanation:

The main purpose of the mental status exam (MSE) is to provide a snapshot of the client's presentation at a specific point in time. An MSE is an objective measure of the client's level of functioning at a particular point in time and can be conducted during an assessment or on an ongoing basis. The MSE itself is not designed to confirm or refute diagnostic impressions and hypotheses, nor does it provide significant insight into the client's risk and protective factors. The MSE is generally divided into the following categories: appearance, emotional state, cognitive functioning, thoughts, and judgment.

Question: 15

Which one of the following Brownian concepts manifests as a self-fulfilling prophecy?

- A. The family projection process.
- B. Differentiation Of self.
- C. The multigenerational transmission process.
- D. The nuclear family emotional process.

Answer: A

Explanation:

The family projection process is one of Murray Bowen's eight interlocking concepts that manifest as a self-fulfilling prophecy. There are three steps in the family projection process: (1) a parent focuses their anxiety onto a child and believes that the child has a problem, (2) the child behaves in a manner that confirms their belief, and (3) the parent now treats the child as if something is wrong with the child. This is also known as scanning, diagnosing, and treating. Differentiation of self refers to the ability of a family member to connect with other members and remain independent in their thinking and feeling. The multigenerational transmission process describes how families pass along generational means for relating to one another, especially regarding emotional attachment and the level of emotional intensity expressed. The nuclear family emotional process describes patterns of family relationships that control where problems develop (e.g., spousal conflict, emotional distance, impairment of a child).

Question: 16

The type of termination that involves the therapist referring the client for specialized services to best meet client needs is known as:

- A. forced termination.
- B. premature termination.
- C. client-initiated termination.

D. therapist-initiated termination.

Answer: D

Explanation:

The type of termination that involves the therapist referring the client for specialized services to best meet client needs is known as therapist-initiated termination. Additional circumstances that may lead to therapist-initiated termination include progress toward treatment goals, reduction of symptoms, and confidence that the client can implement learned strategies to apply after discharge. Forced termination occurs when clients end therapy before making treatment progress. This is common when therapy is disjointed (e.g., services are provided by multiple clinicians) or when a client resists planned termination in an effort to avoid emotionally charged endings. Premature termination is the same as forced termination. Client-initiated termination occurs when clients feel that they have adequately met treatment goals, have not engaged with the clinician, or are not motivated to change.

Question: 17

HIPAA's Privacy Rule uniformly applies to all protected personal health information but offers extra protection for which one of the following?

- A. Progress notes.
- B. Case management notes.
- C. Psychotherapy notes.
- D. Medication monitoring notes.

Answer: C

Explanation:

HIPAA's Privacy Rule provides extra protection for psychotherapy notes (i.e., the therapists private notes). The purpose of psychotherapy notes varies, with most being used for documenting relevant client conversations, constructing a case conceptualization, examining a hypothesis, and/or considering options for follow-up care. Psychotherapy notes are not part of the clinical record, and the client does not have the right to access them. Progress notes, on the other hand, are part of the client record and are exempt from extra protection. Progress notes contain information and summaries, including, but not limited to, session start and stop times, the treatment modality, selected techniques and interventions, response to treatment, and progress toward treatment plan goals. Case management and medication monitoring notes are also part of the client record and do not have extra protection.

Question: 18

Which one of the following processes considers the influences of church and school on adolescents and their families?

- A. Genogram.

- B. Family map ping.
- C. Faddy sculpting.
- D. Multigenerational transmission.

Answer: B

Explanation:

A family map considers the influence of church and school in an adolescent's life. SFTs use mapping to identify interfamilial dynamics as well as interpersonal life stressors. Family stressors may also be embedded in work recreation, health care, friends, and the court system. A genogram is a graphic depiction of a family that represents multigenerational influences and relationships, including births, deaths, marriages, divorces, and other relevant medical, occupational, and historical events in the life of a family. Virginia Stair is credited with developing family sculpting—a process by which the therapist or a family member physically positions other members according to space, attitude, or interactional patterns. The goal of family sculpting is to capture the positioner's perception of the family. The multigenerational transmission process is a Brownian concept used to explain how family systems tend to pass down anxiety-provoking symptoms resisting correction and change.

Question: 19

A client previously treated for depression presents for a crisis assessment after an increase in suicidal ideation triggered by the death of her spouse. During the evaluation, the client reports a history of child abuse leading to several out-of-home placements in early childhood. HOW should the therapist respond FIRST?

- A. Develop a no-suicide contract with the client.
- B. Collect the details Of the trauma and process the underlying emotions.
- C. Conduct a mental status exam (MSE) to determine the functional impairment.
- D. Provide the client with information on grief support groups in the community.

Answer: C

Explanation:

The therapist should respond first by conducting a mental status exam (MSE) to determine functional impairment. Conducting an MSE would enable the therapist to determine the client's cognitive, emotional, behavioral, and interpersonal functioning. It would also allow for further investigation of the severity of the client's suicidal ideation, precipitating events, client supports, and coping skills. Researchers have determined that developing a no-suicide contract with clients is often ineffective. Instead, it is recommended that safety plans are developed detailing actions that clients can take to mitigate suicide risk Conducting details of the trauma and processing underlying

Question: 20

Social justice principles include all of the following EXCEPT:

-
- A. access.
 - B. participation.
 - C. equality.
 - D. rights.

Answer: C

Explanation:

Social justice principles include access, participation, and rights, but not equality. Instead, social justice is rooted in the principle of equity. Equity refers to the delivery of tools and resources specific to the needs of each individual within a social group. The purpose of promoting equity is to end oppression and injustice inflicted by those with societal power (i.e., privilege). Social justice principles also include access to resources helpful in overcoming systemic obstacles, the participation of smaller societal groups to engage in decision making that affects the society at large, and the right to exist in a society free from marginalization and oppression.



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