

AMFTRB MFT - Quiz Questions with Answers

Domain 1: The Practice of Systemic Therapy

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1.

The following all represent examples of thinking systemically as a therapist, **EXCEPT**:

Considering how subconscious thinking patterns are contributing to present distress

Considering how your client's family might contribute to his depression

Considering how a client's cultural background might influence her career

Considering how your client's partner might trigger his anxiety

Correct answer: Considering how subconscious thinking patterns are leading to present distress.

The systemic approach to therapy evaluates how individuals interact with others and within their environments. The systemic approach recognizes that people are part of larger systems, including families, communities, and organizations. This approach is concerned with how systems affect people.

Considering how the subconscious leads to distress is in line with the psychodynamic approach. This is the only option that doesn't align with the systemic approach.

The other options align with systemic therapy, as they all evaluate how an individual responds to interactions with others (i.e., family) and with the larger environment (i.e., culture).

2.

In Milan Systemic Therapy, the concept of therapist neutrality **BEST** refers to:

Maintaining a curiosity and interest in each family member's perceptions

Making assumptions about the family's behavior

Making various interactions with the family

Making attempts to align with the family

Correct answer: Maintaining a curiosity and interest in each family member's perceptions

This is the best definition of therapist neutrality (along with the therapist not inherently accepting the problem).

Making assumptions is a form of hypothesizing.

Making interactions may be a type of circularity.

Aligning with the family could be an attempt to develop rapport.

3.

Systemic therapists hypothesize that individuals in systems maintain behavior as a product of:

The system and themselves

The entire system

Themselves

Their immediate family-of-origin

Correct answer: The system and themselves

Systemic theory states that clients act in ways that maintain behavior within the system and themselves (not just themselves, their family-of-origin, or the system).

4.

Many therapists use genograms to showcase patterns and insights into family systems.

The genogram can be helpful in providing all the following information, **EXCEPT**:

Patterns of future relationships

Patterns of emotional distance

Patterns of mental illnesses

Patterns of intergenerational abuse

Correct answer: Patterns of future relationships

The genogram cannot accurately predict patterns of future relationships.

It is only a tool to show past behaviors or relationships (which is why all the other answers are appropriate).

5.

The **BEST** example of a joining statement is:

I can see how much pain you're in.

I believe you're sad right now.

I am proud of you for deciding to come to therapy.

I have faith you can get through this.

Correct answer: I can see how much pain you're in.

Joining refers to attuning to one's internal experience. Identifying that you can see someone's pain is a perfect example of this.

Most therapists wouldn't say they believe a client feels a certain way (unless the client said so). Saying you have faith someone can get through this or that you're proud of them are validating statements, but they are not inherently part of joining.

6.

A sex therapist might use which of the following interventions to treat premature (early) ejaculation?

Squeeze technique

Sensate focus exercises

Ejaculatory inevitability

Kegeling exercises

Correct answer: Squeeze technique

Sex therapists often intervene by using the squeeze technique on male clients. This technique consists of squeezing the penis just before orgasm to diminish the pleasurable sensation.

Sensate focus exercises are often used in treating delayed ejaculation. Ejaculatory inevitability refers to ejaculating in one's partner. Kegeling exercises are often recommended when working with women struggling to achieve orgasm.

7.

Which of the following **BEST** describes the connection between stability and change?

Cybernetics

Entropy

Double bind

Social stage

Correct answer: Cybernetics

Cybernetics is the relationship between stability and change.

Entropy is the tendency to move towards chaos. A double bind is when people give two mutually exclusive messages to someone else. The social stage is a part of the initial stage of strategic family therapy where therapists join with the family.

8.

Thomas and Anabelle have been married for nearly twenty years and they have two college-age daughters, Jade and Lindsey. It is clear that Jade and Lindsey often rely on their parents for "mostly everything." Although they live on their own, they frequently call Thomas and Anabelle to ask them basic questions about paying bills, buying groceries, or how to apply for a job. Thomas and Anabelle patiently answer their questions, often stating to one another, "We're all one unit here. We're all a team." They are pleased that their daughters take their advice without much of a challenge. They seem to truly respect their parents' advice.

This example **BEST** describes Murray Bowen's concept of:

Undifferentiated ego mass

Triangulation

Scapegoating

Loyalty conflict

Correct answer: Undifferentiated ego mass

Undifferentiated ego mass happens when family members cannot separate their own needs, feelings, and thoughts from others.

This vignette does not clearly show an example of triangulation or scapegoating. Likewise, even though the children may present as loyal to their parents, it does not seem to be bringing a sense of inherent conflict (particularly as we do not know if they have married into new families with other sets of values).

9.

Nagy conceptualized that high-functioning, healthy families possessed two main traits. These traits are:

Trustworthiness and reliability

Trustworthiness and safety

Reliability and safety

Safety and compromise

Correct answer: Trustworthiness and reliability

Those are the two traits Nagy postulated are necessary in high-functioning families.

The other answers do not adequately fit this question.

10.

LGBT affirmative therapy is an important part of mental health treatment. The **BEST** definition of this therapy is:

Therapy that emphasizes LGBT culture in a positive light, while also recognizing and addressing how heterosexism influences can adversely impact this population

Therapy that specializes exclusively in LGBT populations

Therapy that psychoeducates larger systems about LGBT trends, issues, and needs

Therapy that focuses on providing supportive groups for LGBT clients

Correct answer: Therapy that emphasizes LGBT in a positive light, while also recognizing and addressing how heterosexism influences can adversely impact this population

LGBT affirmative therapy focuses on the positivity of LGBT culture and identities, while also recognizing negative associations heterosexism can create.

It is not exclusive to only LGBT populations. It may include psychoeducation, but that is not necessarily the main focus. It may include groups, but work can also be done with families, couples, and individuals.

11.

All the following represent valid concerns about the DSM and its integration with marriage and family therapy, **EXCEPT**:

The DSM is insufficient for understanding or treating couples or family issues

The DSM inherently endorses the notion of an identified patient

The DSM can make it challenging for therapists to define an appropriate presenting problem for family therapy

The DSM may inadvertently promote stigmatization of mental disorders

Correct answer: The DSM is insufficient for understanding or treating couples or family issues

The DSM may have limitations, but insufficient would not be the appropriate word.

The DSM can certainly provide some framework for understanding and contextualizing behavior, even though that behavior is largely individualistic (identified patient).

Subsequently, that alone can make it challenging to identify presenting problems, and in some cases, it can promote stigmatization.

12.

You are working with a couple, Paul (37) and Denise (32). At one point in your session, Paul complains that Denise spends too much time getting ready in the morning, often causing them to be late to important obligations. You intervene by saying, "At least she's not just sleeping the day away."

This statement is an example of which intervention?

Fantasy alternative

Reframing

Modeling communication

Unbalancing

Correct answer: Fantasy alternative

Symbolic-experiential therapists may use fantasy alternatives to help clients imagine alternative situations to stressful events. The case given is an example of an alternative situation: Denise sleeping all day. So, this exemplifies the fantasy alternative.

This sounds like reframing, but reframing suggests an alternative perspective (whereas this just poses the possibility of a different reality).

Modeling communication would happen if the therapist were showing the couple how to engage in functional, healthy communication (which is not happening here).

Unbalancing happens when a therapist temporarily aligns with one member of a system to disrupt the status quo. This is also not happening here.

13.

Which of the following is **MOST** representative of a parentified child?

A teenage daughter who regularly provides consolation for her mother when her mother complains about dating

A teenage daughter who enjoys spending most of her free time with her father

An adolescent son who confides in his mother about being bullied at school

A toddler son who acts aggressively towards his newborn sister

Correct answer: A teenage daughter who regularly provides consolation for her mother when her mother complains about dating

Consoling parents is often a sign of parentified children, as this is typically an adult task.

Spending the majority of time with one's parent does not indicate parentification (especially if it's a single parent).

Confiding in parents is a normal part of childhood development, as is occasional aggression towards other siblings.

14.

In her work, Virginia Satir emphasized the importance of valuing a family's inherent goodness. Which of the following is the **BEST** example of doing this?

Families want balance and have the resources needed for healthy functioning.

Families generally make the best choices they can for themselves.

Families inherently respect one another to the best of their ability.

Families are the backbone of a healthy society.

Correct answer: Families want balance and have the resources needed for healthy functioning.

Satir strongly believed that families strive for a sense of balance and have inherent resources for functioning.

She would not argue that families naturally make the best choices nor would she agree that families always respect one another. There are no indications of her talking about how families affect society.

15.

Which of the following **BEST** explains the concept of systemic thinking as it applies to marriage and family therapy?

Therapists perceive clients as individuals and as parts of greater systems within the world.

Therapists perceive individual problems as a result of generational patterns.

Therapists perceive mental illness as subjective societal constructs.

Therapists perceive couples as enactments of their parents.

Correct answer: Therapists perceive clients as individuals and as parts of greater systems within the world.

Systemic thinking means thinking about how individuals act within greater systems.

The other answers might be true (depending on the context), but none of them adequately address the concept of systemic thinking. Generational patterns and enactments may exist, but that depends on the client. Mental illnesses may, at times, be subjective, but that is another argument altogether.

16.

Which of the following examples **BEST** illustrates a rigid triangle in a family system?

A mother and daughter who align in their views that father is to blame for all problems in the family

A father who often disagrees with his wife about parenting their teenage daughter

A teenage daughter who strongly prefers her father and confides in him when she needs comfort

A teenage daughter who disobeys her father when he disciplines her but listens attentively to her mother

Correct answer: A mother and daughter who align in their views that father is to blame for all problems in the family

In this scenario, a rigid triangle has formed. This occurs when two people (a dyad) are in conflict, and a third person is pulled in to spread the tension. In this case, mother and father appear to be at odds, and the mother has pulled in the daughter (a third party) to spread the tension.

Disagreeing with another parent over parenting isn't inherently indicative of a triangle (same with a child preferring one parent or listening better to one parent). That could be more of a transitional phase.

17.

John and Julie Gottman cite *contempt* as one of the Four Horsemen of the Apocalypse. Which of the following **BEST** describes an interaction that includes contempt?

I can't believe you forgot to pick up the kids. You're such an irresponsible father!

I can't believe you forgot to pick up the kids. I'm just really upset.

I can't believe you forgot to pick up the kids. I don't even want to talk to you tonight.

I can't believe you forgot to pick up the kids. Didn't I remind you twice?

Correct answer: I can't believe you forgot to pick up the kids. You're such an irresponsible father!

Contempt consists of negative thoughts about someone else, manifesting as a personal attack that challenges someone's sense of self (like being an irresponsible father).

Mentioning feeling upset simply indicates sharing a feeling about a situation (which may be reasonable and appropriate).

Mentioning not wanting to talk is more of a threat than a form of contempt.

Bringing up reminding someone could potentially signify contempt, but not as much as a direct attack on someone's character.

18.

Family therapist, Virginia Satir, emphasized that any sustainable therapeutic growth comes from all the following, **EXCEPT**:

Healthy boundaries

Warmth

Genuineness

Congruent communication

Correct answer: Healthy boundaries

Virginia Satir emphasizes the elements of warmth, genuineness, and congruent communication in her work. While she would likely agree that healthy boundaries are also part of this process, she does not illustrate this need as essential for growth.

19.

When it comes to practicing systemic therapy, the concept of non-pathologizing can be **BEST** described as:

Avoiding labeling or condescending to the client while focusing on their positive attributes instead

Avoiding any preexisting diagnoses and assessing with a blank slate

Avoiding labeling or condescending to the client and embracing their true reality

Avoiding having any biases or expectations of the client and letting them fully guide their treatment

Correct answer: Avoiding labeling or condescending to the client while focusing on their positive attributes instead

Avoiding labeling or condescending to the client while focusing on their positive attributes instead is the best answer for taking a non-pathologizing approach.

Non-pathologizing does not mean avoiding any previous diagnoses.

It also does not mean embracing a true reality (especially if there are safety concerns like delusions/hallucinations).

It does not mean you do not have any expectations and just let the client decide the entire course of treatment.

20.

All the following are key components of structural family therapy, **EXCEPT**:

Family problems are often maintained through multigenerational patterns.

Family systems are largely governed around established rules and patterns.

Family systems benefit from having an effective hierarchical structure.

Families often abide by covert and overt rules.

Correct answer: Family problems are often maintained through multigenerational patterns.

Bowen family therapy focuses more on multigenerational patterns and how different dynamics are transmitted. The concept of rules and hierarchical structures are emphasized in structural family therapy.

21.

You are working with a couple, Chuck and Bailey, who continuously have issues regarding their household division of labor. At one point, Chuck tells his wife, Bailey, that he hates when she doesn't put her clothes in the hamper. He states that he primarily handles all the laundry in the household, and he feels annoyed that he has to guess which clothes she wants to be cleaned. The **BEST** example of Bailey mirroring Chuck's comment would be:

"I hear that you are frustrated. You take care of the laundry, and I sometimes struggle to put the clothes in the hamper. This potentially makes the chore even more complicated. Did I understand correctly? Is there anything else?"

"I sense that you are upset with me. You take care of the laundry and feel that things are imbalanced in the home. Did I understand correctly? Is there anything else?"

"I feel attacked when you tell me that you are upset with me. I do my best to take care of my chores, and I feel discouraged when you point out the one task that I sometimes fail to do correctly."

"I understand what you are saying. What do you want me to do differently moving forward?"

Correct answer: "I hear that you are frustrated. You take care of the laundry, and I sometimes struggle to put the clothes in the hamper. This potentially makes the chore even more complicated. Did I understand correctly? Is there anything else?"

Bailey has validated and reflected Chuck's statement/feelings, which is an accurate representation of mirroring.

Her stating that things are imbalanced in the home represents more of an assumption. Her describing how she feels attacked is an I-statement. Problem-solving (even when it's collaborative) is not a form of mirroring.

22.

According to Bowen theory, the fear of losing one's sense of self within a relationship is **BEST** described as:

Fusion anxiety

Loyalty conflict

Differentiation of self

Pseudoself

Correct answer: Fusion anxiety

Fusion anxiety is the best term for this definition.

Loyalty conflict happens when loyalty to one person competes with loyalty to someone else (usually someone within the family of origin). Differentiation of self refers to maintaining your own identity while staying connected to others. Pseudoself refers to how we fluctuate our identities based on our current stress levels.

23.

Masters and Johnson created the concept of the human sexual response cycle. The phase characterized by increased sexual stimulation, muscle tension, and blood flow **MOST** accurately describes the:

Excitement phase

Plateau phase

Orgasm

Resolution phase

Correct answer: Excitement phase

This description most fits the excitement phase.

The plateau phase describes maximum enlargement and congestion where ejaculation is inevitable. Orgasm consists of involuntary contractions in the penis and vagina. The resolution phase refers to returning to a resting, homeostatic state.

24.

Projective identification can be **BEST** defined as:

Incorporating both the good and bad parts of someone else onto an external object or person

Incorporating the good and bad parts of someone else onto an external object or person

Incorporating the bad parts of someone else onto an external object or person

Incorporating a realistic framework onto an external object or person

Correct answer: Incorporating both the good and bad parts of someone else onto an external object or person

Projective incorporation entails both the good and bad parts (not just one of each).

However, it is rarely a realistic framework, as it entails a sense of splitting.

25.

Which of the following is the **BEST** definition for minority stress?

The stress minorities face due to discrimination

The stress minorities face due to a therapist's countertransference

The flawed worldviews some minorities have about their role in society

The arguments within a specific minority

Correct answer: The stress minorities face due to discrimination

Therapists may have countertransference when working with certain populations and that can contribute to minority stress, but minority stress is more of a global, societal issue (rather than just one in the therapy room).

Minority stress is not a flawed worldview, nor is it indicative of arguments within a group.

26.

What **BEST** defines the concept of "family roles"?

Consistent behavioral patterns maintained by the family

Implied rules about how family members should conduct themselves

The limits shared between individuals and their families

How family members adjust their dynamics in response to changing environments

Correct answer: Consistent behavioral patterns maintained by the family

This is the appropriate definition for family roles.

Implied rules about how family members should conduct themselves are called covert rules.

Limits between people are boundaries.

How families change and adapt refers to the concept of adaptability.

27.

All the following represent potential boundaries that systemic therapists might encourage family members to set with one another, **EXCEPT**:

Withholding sharing feelings when the timing is not appropriate

Speaking in a calm tone when interacting with one another

Using I-statements to express individual needs

Setting specific consequences related to violating boundaries

Correct answer: Withholding sharing feelings when the timing is not appropriate

Although some family members may choose this method, a systemic therapist would not inherently recommend it.

Instead, they would usually encourage people to reflect on how and when it's most effective to share boundaries (they probably wouldn't encourage withholding). Speaking in a calm tone, using I-statements, and outlining consequences are essential components of boundary work.

28.

Who developed the concept of strategic family therapy?

Jay Haley

Virginia Satir

Murray Bowen

Carl Whittaker

Correct answer: Jay Haley

Jay Haley developed strategic family therapy.

Virginia Satir created experiential family therapy. Murray Bowen came up with systems theory. Carl Whittaker came up with symbolic-experiential therapy.

29.

You are working with a client with generalized anxiety disorder. This client acknowledges that they spend a great deal of time worrying about their finances.

If you were to focus on prescribing the symptom, you would **MOST** likely proceed by:

Encouraging the client to continue worrying at a designated time each day

Focusing on times when the client does not worry about their finances

Exploring the triggers causing financial anxiety

Providing alternative coping skills the client can use when they start worrying

Correct answer: Encouraging the client to continue worrying at a designated time each day.

Encouraging specific time to engage in problematic behavior is part of prescribing the symptom. Prescribing the symptom occurs when a therapist tells a client to continue having their particular problem in the hope that it will expose the patterns maintaining the problem.

Focusing on symptoms is a solution-focused goal.

Exploring triggers is not a factor in prescribing the symptom.

Providing alternative coping skills is a common cognitive technique, but it is not associated with prescribing the symptom.

30.

Bowen largely believed that a child's problematic behavior resulted from:

Parents inappropriately or ineffectively involving children in their marriage

Parents creating unbalanced hierarchies within the family

Parents lacking healthy communication with their children

Parents scapegoating children for their own dysfunction

Correct answer: Parents inappropriately or ineffectively involving children in their marriage

Bowen preferred working with couples, as he believed that parents ineffectively involved children in the marriage (he sought to replace the child in their triangle).

Them lacking healthy communication or scapegoating their children falls under this MAIN category of inappropriately involving them in their marital problems.

Unbalanced hierarchies are more of a structural family therapy term.

31.

What is the **BEST** definition of entropy?

The tendency to move towards chaos or disorganization

Incongruent communication messages

A sense of a stable homeostasis

Reciprocal flow of communication or influence

Correct answer: The tendency to move towards chaos or disorganization

Entropy refers to the tendency to move towards chaos or disorganization.

Incongruent communication is often a sign of poor boundaries or double messages. Stable homeostasis is known as equilibrium. A reciprocal flow is best described as feedback.

32.

Which of the following theorists emphasized the importance of therapists working through their own issues to best help families work through their issues?

Carl Whitaker

Jay Haley

Virginia Satir

Murray Bowen

Correct answer: Carl Whitaker

Carl Whitaker emphasized the importance of reciprocity, stating that therapists had to be aware of their own issues to help families work through them as well.

This was not a discussed concept among Jay Haley, Virginia Satir, or Murray Bowen.

33.

You are meeting with your client, Jane. She spends a significant portion of the session discussing a traumatic childhood experience involving her mother, father, and younger sister.

In this case, these people **MOST** represent:

Jane's family of origin

Jane's hierarchy

Jane's family-of-choice

Jane's parental subsystem

Correct answer: Jane's family of origin

Given this vignette, Jane is likely talking about her family of origin, which refers to the family where an individual is raised.

Hierarchy would refer to the power within a family.

Family-of-choice would likely include non-family members (like close friends or significant others).

The parental subsystem would likely refer only to her parents.

34.

According to the Gottman Method, all the following represent the Four Horsemen of the Apocalypse **EXCEPT**:

Conflict

Criticism

Contempt

Defensiveness

Correct answer: Conflict

Conflict is not listed as one of Gottman's Four Horsemen.

The other three (criticism, contempt, and defensiveness) are listed along with stonewalling.

35.

All the following are different family therapies within the constructivist model (or postmodern wave), **EXCEPT**:

Experiential family therapy

Solution-focused therapy

Collaborative family therapy

Feminist family therapy

Correct answer: Experiential family therapy

Experiential family therapy is within the classical schools of general systems theory.

Solution-focused, collaborative, and feminist family therapies are all part of the postmodern wave.

36.

What **BEST** defines an incongruent hierarchy in family systems?

Evidence that family members do not act in age-appropriate ways

Evidence that family members abuse each other

Evidence that family members are disconnected and disengaged

Evidence that family members often say one thing but mean another

Correct answer: Evidence that family members do not act in age-appropriate ways

When family members fail to act in age-appropriate ways, it can create an incongruent hierarchy.

This does not necessarily mean that abuse needs to be present. It also does not mean that the family is disconnected from one another. Saying one thing but meaning another is more of an example of incongruent communication (not hierarchy).

37.

You are working with a family when the father suddenly states, "I expect my children to respect their elders!" This is **MOST LIKELY** an example of which kind of boundary?

Rigid boundary

Diffuse boundary

Clear boundary

Disorganized boundary

Correct answer: Rigid boundary

All-encompassing statements, such as this one, typically represent rigid or inflexible boundaries.

Diffuse boundaries are opposite (overly flexible and not explicit). This is not necessarily an example of a clear boundary, because the father does not define what respect means. Disorganized boundaries are not a commonly-used term in marriage and family therapy.

38.

How a couple reflects and adapts to changing roles after their first child is born can be **BEST** described as:

Flexibility

Ground rules

Mapping an issue

Self-regulation

Correct answer: Flexibility

Adapting to change is a measurement of flexibility.

Ground rules might refer to how the couple adapts to change (and what behaviors they decide to engage in). Mapping an issue refers to how couples approach conflict. Self-regulation refers to internal ways of managing stress.

39.

What term **BEST** defines how MRI therapists aim to maintain structure and flow in their treatment?

Therapeutic maneuverability

Therapeutic alliance

Therapeutic directives

Therapeutic boundaries

Correct answer: Therapeutic maneuverability

Therapeutic maneuverability refers to how therapists pace, control, and maintain sessions.

The alliance refers to the relationship they have with clients. Directives refer to what they tell clients to do. Boundaries refer to the limits they set within their sessions.

40.

Sara (27) comes to you complaining about her sister Emma (26). She claims that Emma was always the center of attention in their family and that her parents are still enabling her financially. Sara states that she is tired of all the middle-of-the-night phone calls she gets from Emma. She doesn't want to always rescue her from crises. As a systemic therapist, you might say all of the following to validate Sara **EXCEPT**:

I am sorry your parents continue to enable your sister's behavior.

It sounds like you're in a really challenging dynamic right now.

I can see that you're very frustrated with your sister's behavior.

It totally makes sense that you want to set boundaries with your sister.

Correct answer: I am sorry your parents continue to enable your sister's behavior.

Although this may sound validating, it could be a triangulatory response, meaning that you are only aligning with Sara's side of the story.

The other statements are all validating- it would be appropriate to highlight the challenge, the feelings, and the desire to set boundaries.

41.

According to structural family therapists, the concept of hierarchy refers to how different leadership systems differ from the rest of the family.

Based on this premise, which of the following is the **BEST** example of an appropriate leadership hierarchy in a family?

Parents deciding on an appropriate curfew for their teenager

Parents deciding how much food their toddler should eat for dinner

Children deciding which issues at school to address with their parents

Siblings deciding which rules to listen to about chores

Correct answer: Parents deciding on an appropriate curfew for their teenager

In structural family therapy, hierarchies delineate the leadership subsystem within a family, separating it from the rest of the family. According to structural family therapists, the parents assume the leadership role for the family to succeed. Children may have some input, but the parents, as members of the leadership hierarchy, make the final decision. Deciding on appropriate limits for a child is a solid example of an appropriate leadership hierarchy within a family.

Parents may decide which food to give to their toddler, but they would not inherently control how much the child should eat.

Children have the right to choose what they disclose to their parents, but this is often a boundary and not a result of leadership hierarchy.

Siblings that decide on rules may be more indicative of how they listen and respect the leadership hierarchy. Siblings deciding on rules would demonstrate an inappropriate leadership hierarchy.

42.

Claire (32) just gave birth to her first child. You are a therapist who largely practices from a CBT framework. Claire expresses that she feels overwhelmed about knowing when to feed her baby. She states, "I'm a mother, and this should just be intuitive, shouldn't it?" In CBT, her statement is **BEST** known as a type of:

Irrational belief

Internal dialogue

Dichotomous thinking

Emotional reasoning

Correct answer: Irrational belief

It is irrational that Claire should intuitively know exactly when to feed her baby.

Her internal dialogue refers to thoughts/feelings she has about an experience (so her internal dialogue could certainly be shaping this irrational belief). Dichotomous thinking would sound like, "I should always know when to feed my baby." Emotional reasoning would sound like, "I feel like I don't know how to parent correctly. I must be a bad mother."

43.

You are working with a family. You notice that each time Linda (57) tries to assert a boundary, her husband, Steve (58), interrupts her, causing Linda to stop speaking. This pattern repeats multiple times during the session.

This repetitive behavior is **MOST** likely indicative of:

Homeostasis

Triangulation

Covert rules

Differentiation

Correct answer: Homeostasis

Repeated patterns of behavior in families often indicate homeostasis, in which the family (often subconsciously) maintains stability by resisting change, even if the current dynamics are unhealthy.

Triangulation involves drawing in a third person to defuse tension, which is not seen here.

Covert rules refer to unspoken rules in the family.

Differentiation refers to an individual's ability to maintain their identity within the family system. Although poor differentiation may contribute to this pattern, homeostasis better explains the repetitive behavior.

44.

All the following are **TRUE** about spirituality in therapy, **EXCEPT**:

Therapists should refer out clients with different religious backgrounds.

Therapists should inquire about the role spirituality plays in a client's life.

Therapists should recognize spirituality as not necessarily having a specific higher power.

Therapists should be aware of their own religious beliefs.

Correct answer: Therapists should refer out clients with different religious backgrounds.

Therapists can certainly work with clients with different religious backgrounds.

It is a good idea to discuss the role of spirituality in a client's life. Spirituality is a vast term and not always indicative of having a higher power. Ethically, therapists should be aware of their own biases, expectations, and beliefs around religion.

45.

Based on the MRI perspective, the client position is **BEST** defined as:

A client's set of values influencing their behavior

A client's boundaries in relationships

A client's presenting problem

A client's motivation for therapy

Correct answer: A client's set of values influencing their behavior

This best defines the concept of client position.

Boundaries may be a part of their client position, but it does not comprehensively define that term. Similarly, a client's presenting problem or their motivation for therapy does not adequately define their client position (although it may influence it).

46.

All the following are generally true about postmodern family therapy, **EXCEPT**:

Therapy focuses mostly on intergenerational patterns.

Clients are perceived as the experts of their own lives.

Therapy tends to be more collaborative.

Therapists maintain an ongoing sense of curiosity about their clients.

Correct answer: Therapy focuses mostly on intergenerational patterns.

This is more associated with transgenerational/psychoanalytic theories.

The other answers all represent key components of postmodern family therapy.

47.

An IFS therapist views "the true self" as:

Stable, consistent, and positive

Honest, unwavering, and attuned to others

Nonexistent outside of loving relationships

Wounded, scared, and vulnerable

Correct answer: Stable, consistent, and positive

IFS therapists view 'the true self' as stable, consistent, and positive.

This does not change by circumstance (i.e. relationships). It is not affected by being attuned (or not attuned to others). It is not wounded or fragile (those are the exile parts).

48.

A female (Caucasian) therapist has started working with a Japanese couple on issues related to infidelity. This therapist, at times, finds it hard to connect with her clients due to their cultural differences. To help with this difficulty, she should consider all the following **EXCEPT**:

Asking the couple to teach her about Japanese cultural expectations

Reading about cultural expectations among different ethnicities

Seeking consultation from therapists who have worked with this population

Recognizing her own biases when it comes to culture

Correct answer: Asking the couple to teach her about Japanese cultural expectations

It is not appropriate for therapists to expect clients to educate them about their particular culture. It is reasonable to read about different ethnicities and seek appropriate consultation. Ethically speaking, it is very important that therapists also recognize their own biases and potential prejudices.

49.

What is the **BEST** definition of a good-faith agreement?

Each individual agrees to change their own behaviors (even if the other person doesn't reciprocate).

Each individual agrees to change their own behaviors (while under the assumption the other person will reciprocate).

Each individual agrees to increase positive behaviors within the relationship.

Each individual agrees to let the other person know their boundaries and needs.

Correct answer: Each individual agrees to change their own behaviors (even if the other person doesn't reciprocate).

Good-faith agreements are based on personal accountability (so each person would focus on doing what they can do- without assuming the other person will reciprocate). It may include sharing boundaries and needs, but that is not always the case. Ideally, it promotes increased positive behaviors- but that is more of an outcome after making the agreement.

50.

All the following are generally true about brief therapy, **EXCEPT**:

It should be used only after eliminating the need for long-term therapy

It tends to focus on present problems

It tends to emphasize efficient problem-solving

It can be used with families, couples, and individuals

Correct answer: It should be used only after eliminating the need for long-term therapy

Brief therapy can be highly effective, and some therapists only practice from this framework. Thus, they would not "eliminate the need" for long-term therapy for each client.

It's true that this work often focuses on present problems and strives to solve issues efficiently. It can also be used with families, couples, and individuals.

51.

Concepts like overt and covert rules, roles, and interactional styles are central to which type of therapy?

Structural Family Therapy

Solution-Focused Therapy

Narrative Family Therapy

Cognitive-Behavioral Therapy

Correct answer: Structural Family Therapy

Structural Family Therapy views families as systems that structure themselves around patterns of interaction and rules that govern these interactions. Overt and covert rules, roles, and interactional styles are all central to Structural Family Therapy.

Solution-focused therapy is brief and focuses on solving here-and-now problems.

Narrative family therapy views families as experts, and cognitive-behavioral therapy aims to decrease problematic behaviors.

52.

Masters and Johnson emphasized that dual-sex therapy teams could **BEST** support couples because:

women best understand female sexuality and men best understand male sexuality.

both partners need to feel they have a professional on their side.

it promotes more safety within the therapy sessions.

therapists can provide different levels of expertise to help the couple.

Correct answer: women best understand female sexuality and men best understand male sexuality.

Masters and Johnson emphasized that women understand female sexuality and men understand male sexuality. Safety, having more professional support on one's side, and providing more expertise may be important factors, but they were not explicitly stated in their reasoning.

53.

When measured through a centripetal dimension, family members aim to meet their needs:

within the family system.

outside the family system.

within themselves.

occasionally within the family system and occasionally outside of it.

Correct answer: within the family system.

Centripetal dimension refers to meeting needs within the family system itself.

Outside the family system comes from a centrifugal dimension. Within themselves is not a specified dimension. Occasionally within the family system and occasionally outside of it is more of a mixed dimension.

54.

In his theory, Bowen continuously emphasizes which of the following within a family system:

Anxiety

Depression

Objects

Structure

Correct answer: Anxiety

Bowen often focuses on anxiety within families.

Therapists may focus on depression (as part of the content) when doing genograms. Objects is part of Object-Relation's work, and structure is part of structural family therapy.

55.

Collaborative family therapists typically embrace a not-knowing approach. This means all the following **EXCEPT**:

Recognizing that therapy is inherently abstract and ambivalent

Assuming they are not an expert

Remaining curious and open-minded about each individual's experiences

Believing clients are the experts of their own lives

Correct answer: Recognizing that therapy is inherently abstract and ambivalent

Collaborative family therapists recognize that therapy (and life) is subjective, but they would not necessarily describe it as abstract or ambivalent.

Instead, not-knowing means they believe clients (and not themselves) are the experts in their own lives. Subsequently, they remain curious and open-minded about hearing about their experiences.

56.

During an EFT session, a couple repeatedly engages in arguments where one partner criticizes while the other shuts down emotionally. Based on EFT principles, this pattern is **MOST** likely due to:

Engaging secondary reactive emotions rather than showing primary emotions

Unconsciously choosing partners who resemble their parents

Using harsh start-ups when interacting with one another

Displaying overly rigid or diffuse boundaries with one another

Correct answer: Engaging secondary reactive emotions rather than showing primary emotions

Hiding primary emotions while displaying secondary ones is a key tenet of EFT, where couples often react defensively instead of expressing deeper, vulnerable feelings.

Unconsciously choosing partners who resemble their parents is a tenet of imago relationship therapy.

Using harsh start-ups when interacting with one another is a tenet of Gottman therapy.

Displaying overly rigid or diffuse boundaries with one another is a tenet of Bowen systemic therapy.

57.

The Functional Family Therapy (FFT) model states that all behavior is an attempt to meet one's needs for:

Proximity and distance

Communication and safety

Intimacy and connection

Boundaries and structure

Correct answer: Proximity and distance

The Functional Family Therapy (FFT) model focuses on the needs of proximity and distance.

The other principles listed may be important, but they do not adequately explain how this model perceives behavior.

58.

Which of the following is **MOST TRUE** of symbolic-experiential family therapy?

Growth occurs through rich interaction between oneself and the interpersonal context within their life.

Growth occurs through a supportive interpersonal system that embraces autonomy.

Growth occurs through dismantling triangulations and dyads in family systems.

Growth occurs through challenging the cognitive distortions prohibiting growth.

Correct answer: Growth occurs through rich interaction between oneself and the interpersonal context within their life.

The premise of symbolic-experiential family therapy is that symptom relief and change occur by internal growth. Whitaker embraces interventions rooted in active listening and believing that clients are capable of independent growth. While autonomy may be a goal, it is not always the key focus of growth. Triangulations, dyads, and cognitive distortions are not standard symbolic-experiential concepts.

59.

When working with families, it is important that marriage and family therapists remember all the following, **EXCEPT**:

Families generally don't want help

Families often show resistance to change

Families typically have triangles

Families are largely shaped by culture

Correct answer: Families generally don't want help

Most families do want help and do want to improve the quality of their relationships.

However, many barriers can impact this type of dynamic change (resistance, triangles, and cultural constraints all represent key obstacles).

60.

In Bowen's Family Systems, what is the **BEST** definition of the differential phase?

Increasing levels of autonomy

Increasing awareness of family patterns

Increasing patterns of togetherness

Increasing the parental subsystem

Correct answer: Increasing levels of autonomy

Increasing levels of autonomy (a form of differentiation) are one of the main goals of Bowenian family therapy.

Increasing awareness of patterns and togetherness represents other Bowenian goals. Increasing the parental subsystem is more of a structural family therapy goal.

61.

Carol and Steve have been married for seventeen years. They can't remember a time they haven't fought about who controls the thermostat. Most of the time, it's just a lighthearted argument, but sometimes Carol feels really upset that Steve keeps the house "too cold" for her comfort. This dynamic can be **BEST** described as:

A gridlocked issue

Defensiveness

An interactional pattern

Accepting influence

Correct answer: Gridlocked issue

Gottman describes 'gridlocked issues' as issues that are chronic and ongoing (but generally not a significant threat to a relationship).

There are no real signs of defensiveness in this dynamic. An interactional pattern refers to how couples meet attachment needs (not the case in this conflict). Accepting influence refers to how couples build trust and safety in a relationship by meeting each other's needs- we don't know how Carol and Steve are working to achieve that.

62.

Juan, a therapist, was born in Mexico and immigrated to the U.S. as a teenager. He is working with Ricardo, a teenager, who just immigrated to the U.S. Given this information, in working with Ricardo, it's **MOST** important for Juan to consider that:

He may overidentify with his client's background.

He may have transference towards Juan.

He may need to recommend assimilation as a treatment goal.

He may need to engage in self-disclosure.

Correct answer: He may overidentify with his client's background.

Overidentifying with clients poses a significant risk when working with clients from similar backgrounds.

Transference refers to a client's feelings about a therapist, so that wouldn't be applicable here. Assimilation would not necessarily be a treatment goal, as we don't have context for that. Juan may engage in self-disclosure, but that likely wouldn't be the most important consideration.

63.

You practice from a Bowenian family therapy framework, and you are meeting with a new family for the first time. You quickly notice that each family member talks to you, rather than to each other. For example, when you ask Bob how he feels about his wife Jane's work schedule, he says, "It's just really stressful." Then, when you ask Jane about Bob's response, she looks at you and says, "Yeah, I get why he's stressed. I'm stressed, too."

Based on this theoretical framework, how might you **BEST** intervene with this dynamic?

Continue allowing family members to speak to the therapist to reduce overall tension.

Psychoeducate on the poor boundaries within the family

Validate each family member's stress

Ask what has helped them manage stress in the past

Correct answer: Continue allowing family members to speak to the therapist to reduce overall tension.

Bowen family systems therapy often entails clients speaking to the therapist directly. This can diffuse tension/conflict within the family, and allow family members to be actively listened to in times of distress.

Psychoeducation could be appropriate, but we don't necessarily see evidence of poor boundaries. Validation would also be important, but we'd ideally like the family members to validate each other. Asking about how they have managed stress in the past is more of a solution-focused intervention.

64.

You are a Satir communications therapist who primarily works with families in your practice. You likely operate off each of the following assumptions, **EXCEPT**:

Clients often become trapped in their own limiting beliefs

All clients have the inherent resources needed for positive growth

Every person and situation inherently affects one another

A family's reality is based on their subjective perceptions

Correct answer: Clients often become trapped in their own limiting beliefs

Limiting beliefs is a common issue that cognitive-behavioral therapists address. It would likely not be a core concept for Satir communications therapists.

The remaining answers represent key assumptions of Satir's method.

65.

Which of the following individuals is **MOST CLOSELY** associated with founding contextual family therapy?

Ivan Boszormenyi-Nagi

Carl Whitaker

Mara Selvini-Palazzoli

Michael White

Correct answer: Ivan Boszormenyi-Nagi

Ivan Boszormenyi-Nagi founded contextual family therapy.

Carl Whitaker is associated with experiential family therapy. Mara Selvini-Palazzoli is associated with Milan systemic therapy. Michael White is associated with narrative family therapy.

66.

While meeting with a husband, John, and his wife, Molly, for conjoint couple therapy, you notice that Molly believes that John "always sides" with his mother. John acknowledges that he often confides in his mother when he feels stressed or frustrated in the marriage. However, Molly feels that John and his mother team up against her to persuade her to let John have his way.

What is this dynamic **MOST** likely indicative of, based on Molly's perception?

Cross-generational coalition

Alliance

Parent-child hierarchy

Parental child

Correct answer: Cross-generational coalition

This dynamic is common in cross-generational coalitions, a triangle where family members from different generations team up against a third family member.

An alliance refers to the closeness/mutual bonding of two members.

A parent-child hierarchy refers to how parents unite to raise their children.

A parental child refers to a child who is often treated older than they really are, which may or may not be the case here.

67.

Which of the following is **MOST** likely an example of a covert rule a family may have?

Don't talk about family matters outside the home

Take out the trash when you notice it's full

Make sure you come home before curfew

If you don't mow the lawn, you won't get your allowance

Correct answer: Don't talk about family matters outside the home

Covert rules are usually implied, even if they aren't explicitly stated. Many families "assume" it isn't appropriate to talk about their issues outside the home.

The other answers tend to be more specific and suggest that the family has discussed them in the past.

68.

Which of the following interventions would **NOT** be included in contextual family therapy?

Accepting hypotheses from the therapist about family problems

Working through entitlements

Learning the difference between irrational guilts and justifiable guilts

Achieving a state of exoneration

Correct answer: Accepting hypotheses from the therapist about family problems

Accepting hypotheses from the therapist would be an intervention in Milan systemic therapy. This would not routinely be a part of contextual family therapy.

The other items listed here are common components of contextual family therapy.

69.

Most of the time, Bob and Carol decide what to serve their children for dinner. Occasionally, however, they will ask their kids for input. About once a month, they rotate, allowing the kids to choose a restaurant for a family meal.

This dynamic **BEST** represents:

Permeable boundaries

Diffuse boundaries

Rigid boundaries

No boundaries

Correct answer: Permeable boundaries

Permeable boundaries are relatively flexible, meaning they can change when needed (as is the case here).

A diffuse boundary often refers to a lack of boundaries or no boundaries, which isn't the case.

Rigid boundaries rarely, if ever, make room for exceptions (so that would be Bob and Carol always deciding what their children eat for dinner).

We see that there are still boundaries here because the children only sometimes decide what to have for dinner. So, no boundaries isn't the correct option.

70.

Which of the following **BEST** describes the concept of 'double messages?'

Incongruent messages between process and content

Congruent messages between process and content

Sending messages about differing topics at the same time

Ignoring the content altogether

Correct answer: Incongruent messages between process and content

Incongruence is the key factor of double messages (i.e. saying "I'm fine" with a scowl on your face).

A congruent message would be more of a clear message. It's possible that you send two messages (about differing topics) at the same time, but this is not an inherent part of double messaging. Someone might ignore the content, but that is also not inherent.

71.

Within the framework of transgenerational family therapy, the concept of rejunction is **BEST** described as:

Repairing a rupture within a significant relationship

Problems associated with safety and trustworthiness

A sense of loyalty to only one parent

Avoiding taking sides with any one family member

Correct answer: Repairing a rupture within a significant relationship

Repairing a rupture within a significant relationship is the best definition of injunction.

Problems associated with safety and trustworthiness are known as disjunction. A sense of loyalty to only one parent is known as a split loyalty. Avoiding taking sides with any one family member is part of neutrality.

72.

The Galveston Family Institute takes all the following stances when it comes to the therapist's tasks, **EXCEPT**:

Embrace the significance of psychoeducation

Embrace a curious, not-knowing stance

Embrace the client's perception of reality

Embrace open, conversational questions

Correct answer: Embrace the significance of psychoeducation

While psychoeducation may inherently be a part of any therapy work, it is not a listed stance according to the Galveston Family Institute (GFI).

However, embracing curiosity, the client's perception of reality, and conversational questions are all important tenets.

73.

The **BEST** definition for cotherapy is:

two therapists treating a client together.

two therapists collaborating on a case together.

two therapists working with one client on separate issues.

two therapists facilitating a training together.

Correct answer: two therapists treating a client together.

Cotherapyists work in tandem in the same session to treat a client.

It is not the same as collaborating or facilitating a training together. It is also not the same as two different therapists working on two different treatment goals for one client.

74.

When working with families, solution-focused therapists are **MOST LIKELY** to believe that:

Families can improve their level of satisfaction by intentionally doing more of what is already working.

Families can improve their communication by establishing clear boundaries with one another.

Families can improve their relationships by practicing active listening during vulnerable disclosures.

Families can avoid looking at the problem and focus their efforts by looking towards viable solutions.

Correct answer: Families can improve their level of satisfaction by intentionally doing more of what is already working.

Family therapists appreciate their clients who focus on doing "what is already working." This may include how they set boundaries, listen to one another, or show support.

While solution-focused therapists do focus on solutions, they do not inherently disregard problems altogether.

75.

Hank (45) states his wife Georgia (42) is at fault for all the problems in their marriage. You notice this pattern in other areas of his life as well. For example, he often says one of his colleagues is at fault for his own work stagnation. He also talks down to his daughter for "spending all their hard-earned money."

Virginia Satir might classify Hank as a(n):

Blamer

Placater

Irrelevant

Attacker

Correct answer: Blamer

Hank tends to blame others when things go wrong, and he lacks personal accountability. This is congruent with Satir's definition of a blamer. People with this communication style tend to be dominant and self-righteous.

A placater will often go along with what other people want, aiming to please at all costs.

An irrelevant would try to diffuse the family tension altogether, becoming a distractor.

An attacker is not a term Satir used.

76.

John (45) and Eleanor (45) take their son, Benjamin (10) into therapy, stating that his tantrums are "getting out of control" and they don't know what to do about it. They feel frustrated that he won't do his homework, help with household chores, or "respect adults." You believe that family therapy would help this family immensely, but they insist that you see Benjamin alone because "he's the one with the problems." Based on this information, you can **BEST** conclude that:

Benjamin is the identified patient in the family.

John and Eleanor are in denial about their family.

Benjamin is the parentified child in the family.

John and Eleanor have rigid boundaries.

Correct answer: Benjamin is the identified patient in the family.

John and Eleanor make it fairly clear they believe Benjamin is the root of the family's dysfunction (which defines the identified patient role).

They may be in denial about their own parts, but there is not enough information to know for sure. We also don't know if they have parentified Benjamin. They may have rigid boundaries, although no information in this vignette discusses boundaries.

77.

All the following are generally true about family therapy, **EXCEPT**:

Family therapists remain impartial and unbiased.

Family therapists avoid singling out individuals.

Family therapists view the entire family as "the client".

Family therapists create goals based on the entire family's needs.

Correct answer: Family therapists remain impartial and unbiased.

While family therapists should strive for neutrality and to remain open-minded, it is not practical to assume they are entirely impartial and unbiased. However, they do need to be aware of these implications.

The remaining items all represent important tenants of family therapy (not singling people out, seeing everyone as "the client", and creating goals based on what the system needs).

78.

Which of the following situations would be **MOST** appropriate for engaging in a genogram with a client?

When a client shares feeling disconnected from their siblings

When a client indicates feeling anxious about the future

When a client divulges suicidal ideation

When a client expresses a desire to cheat on their spouse

Correct answer: When a client shares feeling disconnected from their siblings

Genograms help explore significant past events and generational processes in families. A genogram could be insightful in understanding patterns with sibling issues.

It would probably not be as effective for future anxiety or their own thoughts about infidelity.

When divulging suicidal ideation, a thorough assessment (and not a genogram) would be your next step.

79.

Haley (29) comes to therapy after a significant history of volatile relationships. She reports that she is "always the one getting dumped." She has been engaged twice, and both times, her partners left her for being overly clingy and jealous.

Haley has good insight into her behavior and states she often fears abandonment, and it stems from her father leaving home and never returning when she was eight.

Based on Bowlby's attachment styles, Haley **BEST** presents as:

Having an insecure attachment style

Being enmeshed with partners

Having diffused boundaries in relationships

Meeting the criteria for borderline personality disorder

Correct answer: Having an insecure attachment style

Based on Bowlby's work, Haley has an insecure attachment style, as she tends to present as vulnerable, jealous, and clingy in relationships (likely driving away partners).

Enmeshment and diffused boundaries are not inherent attachment terms.

Borderline personality disorder is not an attachment style.

80.

All the following represent underlying assumptions within the humanistic-experiential approach, **EXCEPT**:

Low self-esteem causes family dysfunction.

Growth is a natural process that happens for everyone.

All people have innate resources that can help them grow.

Low self-esteem can often lead to poor communication habits.

Correct answer: Low self-esteem causes family dysfunction.

The humanistic-experiential approach does not assume that low self-esteem causes family dysfunction (more that dysfunctional behaviors often manifest due to a lack of growth).

However, it does state that growth happens naturally (and for everyone), and that everyone has resources that can help them grow. Likewise, self-esteem often correlates/leads to poor communication.

81.

Your client, Caleb, shares that he feels enormous pressure to marry someone who shares the same cultural background. He insists his parents have never pressured him into this, but he just feels this intense expectation, as it's been a long-standing dynamic within his family for many years. He notes his parents have made occasional comments about how it's "easier to raise children when both parents have the same background." From a transgenerational family therapy approach, Caleb's struggle **BEST** represents an example of:

Legacy

Invisible loyalty

Indebtedness

Enmeshment

Correct answer: Legacy

Whether he realizes it or not, Caleb may have a sense of legacy to his parents. Legacy is a set of spoken or unspoken expectations.

Invisible loyalty is similar, but it refers to feeling driven to do something for a group, without necessarily knowing why. Indebtedness refers to feeling the need to do specific things that feel "fair" and "appropriate" (Caleb's case is not as explicit here). Enmeshment would refer to Caleb feeling unable to think independently for himself or set reasonable boundaries for his behavior.

82.

All the following represent parts of the early phase of contextual family therapy, **EXCEPT**:

Temporarily taking sides with certain individuals

Constructing a genogram

Asking individual family members to express their perceptions and feelings

Identifying hidden loyalties

Correct answer: Temporarily taking sides with certain individuals

Temporarily taking sides with certain individuals represents more of a middle phase of contextual family therapy.

However, constructing a genogram, having family members share their own perspectives, and identifying hidden loyalties are parts of early phase contextual family therapy treatment.

83.

All the following are true when it comes to considering the ethics of working with multiple clients in a system, **EXCEPT**:

Therapists should always be entirely neutral

Therapists should clearly define who is "the client"

Therapists should maintain confidentiality

Therapists should adhere to their "no secrets" policies

Correct answer: Therapists should always be entirely neutral

It may not always be possible (or necessary) for therapists to remain entirely neutral.

However, they should identify "the client," maintain confidentiality, and adhere to any "no secrets" policy that they implement.

84.

Sam is a symbolic-experiential therapist referred to work with a family. He probably operates under all the following assumptions, **EXCEPT**:

Families inherently assume control of the battle of structure

Cotherapy is a crucial part of treatment

The goal of therapy is to evoke and trigger family anxiety

Family roles are flexible and can be molded

Correct answer: Families inherently assume control of the battle of structure

Therapists (not families) assume control of the battle of structure.

Symbolic-existential therapists practice cotherapy, aim to trigger family anxiety, and believe family roles are flexible.

85.

Encouraging someone to continue engaging in a designated, problematic behavior is a strategic family therapy intervention **BEST** known as:

Prescribing the symptom

Restraining change

Pretending technique

Negotiating and contracting

Correct answer: Prescribing the symptom

Prescribing the symptom is a strategic family therapy intervention where one person is encouraged to continue engaging in a specific problem behavior.

Restraining change is an intervention rooted in encouraging clients to "move slowly" when making changes.

The pretending technique refers to "pretending" to have a specific symptom.

Negotiating and contracting refers to collaborating with one another to reach agreements.

86.

Marriage and family therapists typically believe all the following statements about play therapy **EXCEPT**:

Play therapy is more effective when it's directive in nature.

Home-based play sessions can be beneficial for observing the child in their own environment.

Play is essential for a child's well-being.

Play therapy is correlated with positive child outcomes.

Correct answer: Play therapy is more effective when it's directive in nature.

Most play therapists subscribe to the benefits of nondirective, child-led play.

MFTs generally agree that play is an important part of child development, that play therapy can yield positive benefits, and that it may be helpful to observe the child at home.

87.

Family therapy tends to be recommended as an appropriate treatment approach for all the following mental health conditions, **EXCEPT**:

Premature ejaculation

Adolescent depression

Oppositional-defiant disorder

ADHD

Correct answer: Premature ejaculation

Sexual disorders are not appropriate for family therapy (although it may be appropriate for couples therapy).

Childhood/adolescent conditions like depression, ODD, and ADHD are all typically appropriate for family therapy.

88.

You are working with a couple, John and Katherine, who have been married for eight years. Whenever tension starts to increase, John makes a comment along the lines of, "I don't want to discuss this anymore." Sometimes, he will stand up and leave the session early. You and Katherine both, at times, find it hard for John to engage when any source of stress arises.

According to the Gottman Method, John is **MOST** likely displaying which interactional pattern?

Stonewalling

Contempt

Defensiveness

Criticism

Correct answer: Stonewalling

John is engaging in stonewalling, as he chooses to emotionally and physically withdraw from challenging conversations.

Contempt would be happening if John were making comments that demeaned or attacked Katherine's character.

Criticism would be making a cruel comment about Katherine's behavior.

Defensiveness would be John failing to hear Katherine or making the arguments entirely about himself and his needs.

89.

Which of the following is **NOT** one of John Bowlby's attachment categories?

Uncertain attachment

Secure attachment

Insecure attachment

Disorganized attachment

Correct answer: Uncertain attachment

Uncertain attachment is not one of Bowlby's attachment categories.

His categories include secure, insecure, and disorganized attachment styles.

90.

John Gottman's 'emotional bank account' concept can **BEST** be described as:

Chronic positive interactions help smooth out rough conflicts.

Vulnerability creates a sense of safety within intimate relationships.

Partners need to 'give and take' equally when it comes to expressing needs.

Expressing primary needs maintains homeostasis.

Correct answer: Chronic positive interactions help smooth out rough conflicts.

Chronic positive interactions help smooth out rough conflicts is the correct definition of an emotional bank account.

Vulnerability is important, but it does not define the term. Gottman would likely agree with 'giving and taking,' but this is also not the term. Primary needs are a concept from EFT.

91.

All the following represent one of the four stages in the first session of strategic family therapy, **EXCEPT**:

Behavior stage

Social stage

Problem stage

Goal setting stage

Correct answer: Behavior stage

The behavior stage is not an identified stage in strategic family therapy.

Social, problem, goal setting (and interaction) stages are all listed as the four stages of the first session.

92.

You are in a session with your client, Evelyn. You are discussing a minor mistake she made at work. She states, "It was just so bad. I know I'm going to get fired for it. If I check my email now, I bet there's something in there from my boss." A CBT therapist would **BEST** describe this cognitive distortion as:

Magnification

Minimization

Mind reading

Overgeneralization

Correct answer: Magnification

Magnification is a form of catastrophic thinking where someone greatly exaggerates potential consequences.

Minimization is the opposite (her saying her mistake was no big deal and nobody would notice). Mind reading is a form of assuming you know how others think or feel (her saying that she knows her boss must hate her). Overgeneralization occurs when you assume something will always happen because it happened once (her saying that she knows she's doomed to always make mistakes at work).

93.

According to the EFT model, which of the following is **MOST LIKELY** to be a primary emotion?

Fear

Defensiveness

Anger

Intellect

Correct answer: Fear

Fear is considered a primary emotion.

Defensiveness and anger are often considered secondary emotions. Intellect is a common defense mechanism used to shield or avoid various emotions.

94.

Carl and Valerie are newly married, and they have recently entered couples therapy. In one of the first sessions, Valerie states, "I feel like Carl is so dependent on me for everything. He doesn't have any friends or interests of his own. I love spending time with him, but I literally feel like he doesn't have much of an identity." This statement **BEST** portrays Bowen's concept of:

Fusion

Fusion anxiety

Mutuality

Indebtedness

Correct answer: Fusion

Being so emotionally connected to someone that you lack a core sense of self is known as fusion.

Fusion anxiety occurs once you feel like you're losing your sense of self within a relationship (which we don't see evidence of with Carl). Mutuality refers to feeling like you can count on someone in a relationship. Indebtedness means feeling like you owe someone something for an inherent reason.

95.

Symbolic-experiential family therapists may mirror a grandparent's role when working with families. Why is this **MOST** beneficial?

This role allows them to provide temporary parental functioning without being absolutely essential for the family's functioning.

This role allows them to model healthy parenting for the parental subsystem.

This role allows them to psychoeducate healthy boundaries for all members of the family.

This role allows them to have an expert role to guide the family into healthier functioning.

Correct answer: This role allows them to provide temporary parental functioning without being absolutely essential for the family's functioning.

Symbolic-experiential family therapists accept their current roles and understand that the family is "free" to return to their normal way of functioning at any time. They recognize they are not inherently essential to the family's growth. Therefore, they do not act as experts or specialize in modeling or psychoeducation.

96.

Virginia Satir talked about the notion of introducing a 'foreign element' when working with families during the early phase of treatment. This foreign element can be **BEST** described as:

The therapist entering the family system

The change affecting the family system

The boundaries implemented within the family system

The anxiety within a family system

Correct answer: The therapist entering the family system

The therapist is the 'foreign element' in this case.

Change, boundaries, and anxiety are all common reactions to the foreign element, but they are not the foreign element themselves.

97.

You are working with Janet (45), her husband, Mario (47), and their two biological children, Tristan (14) and Jamie (12).

Based on this information, you are working with a:

Nuclear family

Extended family

Parental subsystem

Identified patient

Correct answer: Nuclear family

This dynamic best represents a nuclear family.

If you were working with grandparents or other relatives, you'd be working with the extended family.

If you were only focusing on the parents, you might be working with the parental subsystem.

If you only labeled one client as the issue, that would be working with the identified patient.

98.

Which of the following theorists used family sculpting as an intervention when working with families?

Virginia Satir

John Bowlby

Salvador Minuchin

Murray Bowen

Correct answer: Virginia Satir

Virginia Satir introduced the concept of family sculpting, where family members 'sculpt' the family in ways they best see fit.

The other answers are all different theorists, but none of them introduced this concept or mention it as an intervention in their work.

99.

Hunter and Kate both want to be more assertive in their marriage. Hunter achieves this goal by pausing before he speaks and trying to be mindful of Kate's needs. Kate achieves this goal by identifying her needs and challenging herself to use I-statements. This process best represents:

Equifinality

Diffuse boundaries

Feedback

Circular causality

Correct answer: Equifinality

Hunter and Kate are using different strategies to achieve similar results (known as equifinality).

Diffuse boundaries are not the case here (as we're not really discussing boundaries). Feedback would refer to how influence flows in and out. Circular causality would be more of a 'chain reaction' of events happening, which is not inherently the case here.

100.

Unbalancing refers to temporarily agreeing or bonding with one family member to evoke change. This intervention is **MOST LIKELY** to be used by:

Structural family therapists

Bowenian family therapists

Symbolic-experiential family therapists

Strategic family therapists

Correct answer: Structural family therapists

Unbalancing is a well-known intervention used by structural family therapists. While it may be used in other types of family therapies, it is not a specified intervention in any of the other listed theories.

101.

All the following represent key considerations a therapist should take when working with couples, **EXCEPT**:

Discussing children

Avoiding taking sides

Managing secrets

Assessing for safety

Correct answer: Discussing children

Discussing children is not inherently part of couples work.

However, avoiding taking sides, managing secrets, and assessing for safety are all key parts of couples therapy.

102.

In structural family therapy, a structural diagnosis can be **BEST** defined as:

How family dysfunction contributes to individual problems

How family therapists implement a healthier structure to solve problems

How family members display problematic issues within therapy

How therapists occasionally take sides with specific family members

Correct answer: How family dysfunction contributes to individual problems

A structural diagnosis examines how the entire family contributes to individual problems or behavior.

How family therapists implement a healthier structure to solve problems is more of an example of restructuring. How family members display problematic issues within therapy defines enactment. How therapists occasionally take sides with specific family members is an example of unbalancing.

103.

All the following represent appropriate ways for therapists to maintain cultural sensitivity, **EXCEPT**:

Asking clients to teach them about particular cultures

Making diverse relationships in their personal lives

Being mindful of their own biases and expectations

Recognizing how race works and why it matters in everyday life

Correct answer: Asking clients to teach them about particular cultures

It is not the client's responsibility to teach therapists about their own cultural background. Therapists can, however, promote and maintain cultural sensitivity by making diverse relationships in their personal lives, recognizing biases or expectations, and understanding how race works in everyday life.

104.

The Early Milan Approach differed from other types of family therapies in that:

Sessions were typically held at least one month apart.

Treatment only lasted for four sessions in total.

Every family member needed to be part of the therapy.

Cotherapists facilitated each session.

Correct answer: Sessions were typically held at least one month apart.

The Early Milan Approach was a brief therapy, but sessions were generally spaced out by one month.

Sessions were limited to 10 (not 4). These therapists did not require that each family member attend therapy, and cotherapy was not common in this approach.

105.

Who is the founder of rational-emotive therapy?

Albert Ellis

Aaron Beck

Marsha Linehan

Michael White

Correct answer: Albert Ellis

Albert Ellis founded rational-emotive therapy.

Aaron Beck founded cognitive-behavioral therapy. Marsha Linehan founded dialectical-behavior therapy. Michael White founded narrative therapy.

106.

Your client, Jane, is talking about how frustrated she feels with her coworker, who spent the majority of their work meeting talking about her personal life. Jane states that she believes her coworker is woefully unfit for this job.

This information **MOST** likely represents:

Content

Process

Feedback

Boundaries

Correct answer: Content

Content refers to explicit spoken conversation — in this case, Jane's frustration with her coworker and her opinion that the coworker is unfit for the job.

Process refers to how one communicates (or what the main patterns of communication are), and in this case, involves analyzing how Jane communicates this frustration (e.g., tone, body language).

Feedback refers to the reciprocal flow of communication.

Boundaries refer to how Jane does (or does not) set limits with her coworker).

107.

In his research, John Gottman found that healthy relationships had a ____ ratio of positive to negative interactions.

5:1

10:1

2:1

Gottman did not have such a defined ratio.

Correct answer: 5:1

5:1 is the correct choice.

The other answers are not appropriate in answering this question.

108.

All the following represent unintentional or intentional ways therapists perpetuate gender issues, **EXCEPT**:

Asking clients about their internal experiences as it relates to their gender

Subscribing to patriarchal beliefs about men and women

Minimizing toxic male behavior

Expecting women to make more efforts than men to change behavior

Correct answer: Asking clients about their internal experiences as it relates to their gender

Therapists can (and should!) ask about how gender affects their client's thoughts, values, and behaviors.

The remaining answers all represent potential ways therapists may maintain problems with gender beliefs.

109.

Which of the following **BEST** represents a significant criticism about the concept of therapeutic neutrality?

Therapist neutrality may inadvertently result in therapists enabling a problematic status quo.

Therapist neutrality prevents therapists from expressing their true values and ideals.

Therapist neutrality blunts the benefits of countertransference.

Therapist neutrality creates an inherent power differential between clients and therapists.

Correct answer: Therapist neutrality may inadvertently result in therapists enabling a problematic status quo.

By not saying or doing anything, therapists risk maintaining societal problems.

Therapist neutrality also may prevent therapists from expressing their thoughts, but that is not considered a key criticism. Blunting countertransference does not adequately fit this term, either. Finally, while power differentials exist, they do not exist due to neutrality (they often exist due to the inherent authoritative role therapists have).

110.

The phenomenon of one process yielding different results is **BEST** described as:

Equipotentiality

Equilibrium

Equifinality

Entropy

Correct answer: Equipotentiality

Equipotentiality is the best definition for this term.

Equilibrium refers to a form of homeostasis. Equifinality refers to how people achieve similar goals with different processes. Entropy is an affinity/tendency towards chaos.

111.

James Framo largely believed that a child's problems were **MOSTLY** a result of:

their parent's unresolved family-of-origin problems.

enmeshed boundaries in the family.

their parent's unresolved trauma.

undiagnosed mental illness within the child.

Correct answer: their parent's unresolved family-of-origin problems.

Framo believed that family-of-origin played a significant role in a child's development (and potential distress).

Enmeshed boundaries are more of a structural family therapy concept. Trauma could be a part of their parent's family-of-origin problems, but that is not a comprehensive enough answer. He did not subscribe to the notion that undiagnosed childhood mental illnesses caused problems.

112.

The **BEST** definition of client autonomy is:

Respecting a client's inherent right to make choices and act on those choices independently

Working to benefit others positively

Maintaining a sense of loyalty and upholding promises

Providing equal treatment despite external circumstances

Correct answer: Respecting a client's inherent right to make choices and act on those choices independently

Respecting a client's inherent right to make choices and act on those choices independently is the best definition of autonomy.

Working to benefit others positively is a form of beneficence.

Maintaining promises and loyalty is best described as fidelity.

Equal treatment is a form of justice.

113.

Which of the following is the **BEST** definition for marital skew?

One domineering spouse and one passive, submissive spouse

One spouse continuously attacking or criticizing another spouse

One spouse falsely expressing anger

Both spouses transmitting multigeneration patterns

Correct answer: One domineering spouse and one passive, submissive spouse

That is the best definition of marital skew. One spouse continuously attacking or criticizing another spouse highlights marital schism.

A spouse falsely expressing anger may be more of a form of pseudohostility. Both spouses transmitting multigeneration patterns can be a form of the multigenerational transmission process.

114.

All the following are true about premodernism in psychotherapy, **EXCEPT**:

It is open to multiple perspectives on human truth

It generally interprets a sense of ultimate truth

It is sometimes criticized for being too authoritative

It tends to be highly relational

Correct answer: It is open to multiple perspectives on human truth

Premodernism asserts that there is one ultimate truth that brings meaning to shared human existence. So, this theory isn't really open to the idea that there are multiple perspectives on human truth. This perspective can actually be seen as rather closed-minded.

Premodernism does tend to interpret a sense of ultimate truth and be highly relational.

It is, at times, also criticized for being too authoritative.

115.

Kim is an Internal Family Systems (IFS) therapist working with Sarah, a 19-year-old female, who was referred to her for post-traumatic stress disorder. Sarah discloses that she occasionally drinks too much alcohol when she has trauma flashbacks.

From a conceptual standpoint, Kim would **BEST** conclude that:

Sarah's firefighters are expressing themselves by using alcohol to protect her exiled parts.

Sarah's managers are triggering her to drink alcohol to control her exiled parts.

Sarah's alcohol use is a metaphor for how her exiles are in pain.

Sarah's firefighters need more reinforcement from the managers to stop drinking.

Correct answer: Sarah's firefighters are expressing themselves by using alcohol to protect her exiled parts.

Substance use is often a sign of firefighters stepping in to cope with a perceived crisis (her trauma flashbacks). Managers would not trigger substance use, as they try to manage day-to-day stress. Metaphors are not a common term in IFS, so that answer is not appropriate. A firefighter would not respond well to managers reinforcing them to change their ways (as IFS theory states, they come in as a means of protection).

Domain 2: Assessing, Hypothesizing, and Diagnosing

Domain 2: Assessing, Hypothesizing, and Diagnosing

116.

All the following are true about children with posttraumatic stress disorder, **EXCEPT**:

They may develop PTSD after watching a traumatic movie

They may enact trauma through art or play

They may have scary nightmares without recognizable content

They may experience intense flashbacks

Correct answer: They may develop PTSD after watching a traumatic movie

The DSM-5-TR explicitly states that trauma cannot be witnessed exclusively through media (such as movies).

Children, however, often enact trauma through art and play, and they can have nightmares that they cannot verbalize.

Flashbacks are also a common symptom associated with PTSD (both in children and adults).

117.

Jeremy (30) has sought therapy for help with his low self-esteem. During your intake, Jeremy indicates that "the gym" is his main coping skill. He states that he loves working out and often exercises for 3-4 hours a day, several times a week. He also maintains a very strict diet consisting of almost no carbs. Jeremy acknowledges that about once a week, he "totally loses control" over his diet and "gorges" on pizza and ice cream. He states that he keeps his weight stable by "working extra hard in the gym the next day."

Jeremy is at an average weight and says that he'd have the perfect body if he could get his "lack of willpower" under control.

Based on this information, you would **MOST LIKELY** diagnose Jeremy with:

Bulimia nervosa

Binge eating disorder

Body dysmorphic disorder

Anorexia nervosa

Correct answer: Bulimia nervosa

Jeremy meets the criteria for bulimia nervosa as evidenced by his patterns of bingeing coupled with compensatory behaviors (excessive exercise) meant to control weight gain.

Binge eating disorder does not include such compensatory behaviors.

While Jeremy may have body dysmorphic disorder, it is unclear how preoccupied he feels about his appearance and how it impacts other areas of functioning. Further assessment would be needed.

Anorexia nervosa involves restriction of food, resulting in significantly low body weight. We can rule this out based on Jeremy's average weight.

118.

Which of the following is **MOST IMPORTANT** for therapists to consider when assessing for a substance use disorder?

How substance use impacts other areas of functioning

Frequency of substance use

Intensity of substance use

Desire to stop substance use

Correct answer: How substance use impacts other areas of functioning

When diagnosing, therapists need to consider the full context of how the substance abuse affects other areas of functioning (relationships, physical health, mental health, self-esteem, finances, etc.).

Frequency and intensity will vary based on different individuals, their ages, body types, and specific drugs used. Therapists can diagnose substance use disorders regardless of a client's desire to stop using the substance.

119.

Your client, Nick, states that he's convinced that the government is trying to poison people through everyday medicine as a means of population control. He keeps these thoughts to himself, but states he tries to avoid going to the doctor at all costs. Based on this information, Nick is **MOST LIKELY** experiencing:

Persecutory delusions

Auditory hallucinations

Grandiose delusions

Intrusive thoughts

Correct answer: Persecutory delusions

Nick is likely experiencing persecutory delusions in believing that he is being conspired against.

He is not hearing voices or things that are not there (hallucinations). He does not indicate that he has some special talent or insight (grandiose delusions). While the thoughts may be intrusive, they have a persecutory theme to them.

120.

Jake, 25, comes to you stating that he feels "blah" most of the day. He often feels worthless and incompetent at his work. He is sleeping more than usual, but never feels "awake." He no longer enjoys spending time with his friends and sometimes he finds it hard to shower. He states he has been feeling this way for the past few weeks, and he's not exactly sure why. Given this information, you are **MOST** likely to diagnose Jake with:

Major depressive disorder

Persistent depressive disorder

Disruptive mood dysregulation disorder

Bipolar II disorder

Correct answer: Major Depressive Disorder

These symptoms most fall under the category of major depressive disorder.

He would need to indicate experiencing the symptoms for 2+ years to meet the criteria for persistent depressive disorder. He does not indicate any outbursts, which are associated with disruptive mood dysregulation disorder. He does not show any criteria for a hypomanic episode for Bipolar II.

121.

All the following are symptoms associated with schizotypal personality disorder, **EXCEPT**:

Delusions of reference

Magical thinking

Odd speech

Inappropriate affect

Correct answer: Delusions of reference

The DSM specifically states that delusions of reference are not a symptom associated with schizotypal personality disorder, although ideas of reference can be.

Magical thinking, odd speech, and inappropriate affect are all listed symptoms.

122.

Brady (6) has been referred to therapy because he clings to his mother whenever she drops him off at school. He spends hours crying in the morning and tells his teacher that he is terrified something bad will happen to his mom. This has been going on for two weeks, and his mother, Diana, is not sure what caused the sudden change in behavior. She has talked to the teachers at school, and they also are not sure.

Based on the situation, you would **MOST** likely diagnose Brady with:

Nothing; there is not enough information to substantiate a specific diagnosis

Separation anxiety disorder

Adjustment disorder

Generalized anxiety disorder

Correct answer: Nothing; there is not enough information to substantiate a specific diagnosis

Brady certainly shows signs of separation anxiety disorder, but symptoms need to persist for at least four weeks before making this diagnosis. Two weeks is not enough time to assess the situation accurately. So, we do not yet have enough information to make a specific diagnosis. This rules out separation anxiety disorder.

We have no information regarding Brady struggling to adjust to a stressor.

He does not have enough indicated symptoms (or the minimum timeline) to suggest generalized anxiety disorder.

123.

A young woman enters therapy reporting that she finds sexual activity extremely painful. She indicates she has not been able to consummate her marriage because it feels like her partner's penis is just "hitting a wall." As a result, any sexual activity makes her feel anxious, and she cites that she feels like her body "naturally tightens up." Based on these criteria, this client **MOST LIKELY** meets the criteria for:

Genito-pelvic penetration disorder

Genito-pelvic pain disorder

Female low sexual interest/arousal disorder

Orgasmic disorder

Correct answer: Genito-pelvic penetration disorder

Genito-pelvic penetration disorder consists of pain and discomfort around sexual activity. The individual experiences immense distress/anxiety about sex, which can involuntarily cause tightness sensations. As a result, they may find sexual activity impossible.

Genito-pelvic pain disorder is associated with pain, but women can still typically engage in sexual activity. Female low sexual interest/arousal disorder refers to limited arousal around sex. Orgasmic disorder refers to difficulty achieving orgasm, which is not presented in this vignette.

124.

All the following are generally true for ADHD, **EXCEPT**:

While rare, some people first experience an onset of ADHD during adulthood.

Girls are more likely to present with inattentive features than boys.

ADHD commonly coincides with poor school performance.

People with ADHD are likely to have a first-degree relative with ADHD.

Correct answer: While rare, some people first experience an onset of ADHD during adulthood.

To be diagnosed correctly, people must display symptoms before age 12.

The following answers are all true about ADHD (girls having more inattentive features than boys, the relationship between ADHD and poor school performance, and ADHD often running in families).

125.

Ever since her mother died three months ago, your client Claire has found it difficult to keep her house clean. She acknowledges that she's held onto her mother's mementos and clothes and has them in various rooms around her house. She continues to go to work and "live her life," but she can't seem to clear the clutter. She states that her friends have come over and have expressed concern that Claire "really needs to move on." Claire insists that she's still grieving. Based on this information, you would **MOST LIKELY** diagnose Claire with:

Nothing - there is not enough information to warrant a diagnosis at this time.

Hoarding disorder

Major depressive disorder

Uncomplicated bereavement

Correct answer: Nothing - there is not enough information to warrant a diagnosis at this time.

While hoarding disorder may seem appropriate, we don't have enough evidence that Claire is hoarding and keeping her living conditions unsafe or unclear. Instead, we just know that most of her clutter has to do with her grief process since her mother's death. This is very likely part of her moving through her grief feelings. We don't have any real signs of depression beyond her possibly finding it difficult to manage the household task of cleaning. Uncomplicated bereavement is not a mental illness in the DSM-5.

126.

If you are assessing a client for gambling disorder, you might ask all the following questions, **EXCEPT**:

How many times have you won big while gambling?

Have you attempted to cut down your gambling in the past?

Have you ever lied to someone about your gambling?

Do you typically gamble when you feel depressed or anxious?

Correct answer: How many times have you won big while gambling?

This answer is irrelevant to gambling disorder. It wouldn't matter how many times a client has "won" or "lost."

A gambling disorder is marked by significant but unsuccessful efforts to cut down on gambling, gambling when in a distressed mood, and lying/concealing gambling to others.

All of these options would be relevant when assessing for gambling disorder.

127.

Sandra and Jaquan have been experiencing difficulty in their marriage, and they tend to pull their son, Andre, into their conflict. As a result, Andre has distanced himself from his parents. To encourage him to spend more time with the family, they have begun to limit the time Andre spends playing video games. Instead of spending time with his parents, Andre simply sits alone in his room.

This is an example of:

First-order change

Second-order change

Third-order change

Cybernetic change

Correct answer: First-order change

First-order change occurs when family functioning or interaction changes, but the overall structure and rules are unchanged. Here, Andre has shown a change in functioning, as he is sitting alone in his room rather than playing video games. However, family structure has not changed. This is, therefore, first-order change.

In second-order change, there is an overall change in both the structure of the family and the rules within the family system. If Andre's parents worked to resolve their issues between the two of them and stopped bringing Andre into the conflict, the family structure would change. Andre would also likely begin spending more time with his parents. This would represent second-order change.

Third-order change and cybernetic change are the same things. This happens when the rules and structure within a system change, and the way a person experiences a system is entirely changed. If Andre saw a video about family systems theory online, and he began to understand his family's problems from a systems perspective, he might experience third-order or cybernetic change.

128.

Juan (57) comes to you begrudgingly at his wife Paula's (56) insistence. Juan states that Paula is tired of him "being so paranoid" about everything. Juan states that he is very worried about people taking advantage of him because of the wealth he obtained after recently selling his business. He states that he can't trust any of his friends or family. Even as a child, he remembers feeling like he couldn't trust that his brothers wouldn't steal from him.

He states he intentionally wears cheap clothes to keep a low radar and refuses to upgrade their tiny, one-bedroom to a larger house even though they can absolutely afford the cost. He also tells you that he's convinced Paula is having an affair.

At the end of session, he mutters that you're only "pretending to care because you want my money."

Based on this information, you would **MOST** likely diagnose Juan with:

Paranoid personality disorder

Delusional disorder

Schizophrenia

Brief psychotic disorder

Correct answer: Paranoid personality disorder

Juan shows symptoms of paranoid personality disorder, as he generally mistrusts the world around him. He assumes people have malicious motives.

Delusional disorder typically refers to having a set of delusions (that are not as globally paranoid) as they would be with a distinct personality disorder.

He does not appear to have enough symptoms to meet the criteria for schizophrenia or brief psychotic disorder.

129.

All the following are generally true about a hypomanic episode, **EXCEPT**:

They often coincide with psychotic symptoms.

They often coincide with increased distractibility.

They often coincide with an increased sense of self-esteem.

They often coincide with needing less sleep.

Correct answer: They often coincide with psychotic symptoms.

Hypomanic episodes do not include psychotic symptoms (that would fall under a manic episode).

They are associated with distractibility, increased self-esteem, and less need for sleep.

130.

Carson (8) is referred to you because his parents are concerned about his combative, argumentative behavior. They state that he often loses his temper and becomes hostile to everyone around them. Lately, he's been ignoring the teachers at school and refusing to do his homework. He also likes to tease his classmates instead of paying attention in class. Based on this information, you would **MOST LIKELY** diagnose Carson with:

Oppositional defiant disorder

Conduct disorder

Reactive attachment disorder

Nothing - there is not enough information to warrant a diagnosis.

Correct answer: Oppositional defiant disorder

Carson meets the criteria for ODD.

He does not show signs of severe aggression, violating others, or destroying items/property (signs of conduct disorder). He does not show signs of reactive attachment disorder, either.

131.

Harriet (39) is a new client of yours who often wants your approval and advice before making even the smallest decision. It is clear that she feels uncomfortable making choices for herself. She states that this tendency has greatly impacted her at work, as she reports her coworkers are "fed up" with her always coming to them with questions on how to do certain tasks.

She reports that her husband, Sam (42), often gets annoyed and impatient with her because she acts "so helpless" when it comes to taking care of herself. Harriet is terrified that Sam is going to leave her, and she is willing to do whatever it takes to keep him happy in the marriage.

Based on this information, you would **MOST** likely diagnose Harriet with:

Dependent personality disorder

Borderline personality disorder

Social anxiety disorder

Separation anxiety disorder

Correct answer: Dependent personality disorder

Harriet shows symptoms of dependent personality disorder (an ongoing pattern of submissive and clingy behavior).

She does not have symptoms indicating borderline personality disorder.

While she does potentially show some social anxiety symptoms, it appears that her fears of being separated and being incompetent are more pervasive than how others perceive her.

We do not have evidence that she becomes frantic or anxious when physically separated from others, nor do we have evidence that she is worried something bad will happen to people she cares about, as is seen in separation anxiety disorder.

132.

Tim, 33, comes to you because his girlfriend, Ally, insists that he goes to therapy for being "so controlling and perfectionistic." When meeting with Tim, he agrees that he can be controlling. He states that he likes to "always know what's going on" in a given situation and that he often finds it difficult to be accommodating to someone else's needs. He admits that he's extremely frugal and gets upset when Ally "blows money on frivolous items." Tim states that he also struggles with some of these tendencies in the workplace, stating that he will obsess over policies and procedures and sometimes miss deadlines because he's so concerned about getting things done correctly. Based on this information, you would **MOST LIKELY** diagnose Tim with:

Obsessive-compulsive personality disorder

Avoidant personality disorder

Obsessive-compulsive disorder

Nothing - he does not appear to have any significant mental health conditions

Correct answer: Obsessive-compulsive personality disorder

Tim shows symptoms associated with OCPD.

To have an avoidant personality disorder, he would need to present as socially inhibited or isolated around others. If he had OCD, he would exhibit signs of obsessions (intrusive thoughts), which he does not indicate. His behaviors are also not inherently compulsive.

133.

All the following are true about somatic symptom disorder **EXCEPT**:

The individual often performs excessive health-related behaviors

The individual often feels extremely anxious about their symptoms

The somatic symptom is distressing or has impacted the quality of their everyday life

The therapist should specify if predominant pain exists

Correct answer: The individual often performs excessive health-related behaviors

Excessive health-related behaviors are a symptom of illness anxiety disorder.

To meet the criteria for somatic symptom disorder, the individual usually has high levels of anxiety over their symptoms, the symptoms interfere with their well-being, and predominant pain can exist (which the therapist should specify when diagnosing).

134.

Paul is a 63 year-old homeless male who was referred to therapy after being released from jail. Paul comes to your office looking fairly disheveled, and he tells you that he often hears voices, stating that God commands him what to do, and that the commands aren't always "very nice." Paul has a flat affect when he tells you this. He then tells you that he can see a demon sitting in your office corner. His chart indicates he has been hearing voices since he was an adolescent. Based on this information, you would **MOST** likely diagnose Paul with:

Schizophrenia

Schizoaffective disorder

Brief psychotic disorder

Delusional disorder

Correct answer: Schizophrenia

Paul meets the criteria for schizophrenia, as he shows evidence of hallucinations, delusions, and negative symptoms (flat affect).

He does not indicate a depressive episode (which is necessary for schizoaffective disorder). He has more criteria than would justify for brief psychotic disorder and delusional disorder.

135.

All the following symptoms are associated with histrionic personality disorder
EXCEPT:

Having distorted thoughts of superiority

Persistently seeking attention from others

Dressing provocatively

Wanting to please others

Correct answer: Having distorted thoughts of superiority

Superiority is more of a trait associated with narcissism.

Wanting attention from others, dressing provocatively, and wanting to please others are hallmark characteristics of histrionic personality disorder.

136.

Lindsey (24) is referred to work with you. During her intake session, she cites that she often feels worried about her loved ones dying. She finds it hard to sleep at night because she also worries about being able to pay the bills and whether she will need to file for bankruptcy.

Lindsey states that others often find her worrying "dramatic and excessive." To some extent, she agrees, but she indicates that she doesn't know how to change her feelings or stop the anxiety, as she's been struggling with this for years.

Given this situation, you would **MOST** likely diagnose Lindsey with:

Generalized anxiety disorder

Specific phobia

Panic disorder

Obsessive compulsive disorder

Correct answer: Generalized anxiety disorder

Lindsey meets the criteria for generalized anxiety disorder. She worries excessively about several things, and this has occurred for over six months. Lindsey also finds it difficult to control the worry, as she states she cannot stop it. These symptoms align with generalized anxiety disorder.

We have no indication of panic attacks (panic disorder) or specific phobic symptoms (as her anxieties appear to be more global).

We also do not see evidence of obsessive-compulsive disorder, as Lindsey's symptoms are not characterized primarily by obsessive thoughts and attempts to neutralize these thoughts through compulsions.

She more so experiences excessive, global anxiety, in line with generalized anxiety disorder.

137.

You are referred to start working with Anna, a young woman in her twenties. Within the first few minutes of your intake, she tells you that she strongly believes her father has bipolar disorder, and it has been a tremendous burden on her. She then spends the rest of the session sharing about his mood swings and how awfully he treated her as a child. She then states, "You agree with his diagnosis, right? You think he has bipolar disorder?" As a systemic therapist, what is the **BEST** way to perceive this situation?

Anna may be triangulating you into an issue with her father by sharing a potential diagnosis.

Anna may be projecting anger onto her father by exposing her childhood trauma.

Anna may be disclosing how her parentified childhood impacted her well-being.

Anna may be avoiding sharing present-day material to avoid vulnerability.

Correct answer: Anna may be triangulating you into an issue with her father by sharing a potential diagnosis.

Triangulation happens when clients bring a third party into a particular situation as a way to potentially diffuse anxiety or shift blame.

This is not an example of projected anger. Anna may have been a parentified child, but it is not clear from this vignette alone. We don't know if Anna is avoiding present-day material, and we also don't know if processing childhood experiences is her therapy goal (in that case, talking about her father would certainly be appropriate).

138.

All the following represent key symptoms in PTSD **EXCEPT**:

Substance abuse

Intrusive thoughts

Avoiding behaviors

Hyperarousal

Correct answer: Substance abuse

People with PTSD may struggle with substance abuse, but it is not part of the PTSD criteria.

Intrusive thoughts, avoiding behaviors, and hyperarousal are all key PTSD symptoms used to establish an appropriate diagnosis.

139.

Tina (9) is referred to you because she continues getting into trouble at school. Her teacher says she can't sit still, is "always on the go," and that she rarely listens to instructions. When others are talking, Tina frequently interrupts and can't seem to wait her turn. Even during quiet time, she tends to be the loudest one and will often climb on the bookshelf or on the desks even though it's prohibited. Her parents deny this behavior at home, stating that she is relatively calm and easygoing. They state she listens well, and they are confused by the school's reports. Based on this information, you would **MOST LIKELY** diagnose Tina with:

Nothing - there is not enough information to warrant a diagnosis.

Attention-Deficit Hyperactivity Disorder

Oppositional Defiant Disorder

Generalized Anxiety Disorder

Correct answer: Nothing - there is not enough information to warrant a diagnosis.

Although Tina certainly meets more than the necessary number of symptoms required for an ADHD diagnosis, her symptoms are currently only present in one setting (school).

To be diagnosed with ADHD, she needs to have the symptoms present in at least two settings (such as at home or school, or at school and in another activity). Although her symptoms can be considered disruptive, she does not have oppositional defiant disorder symptoms. There is no evidence of reporting anxiety at this time, either.

140.

Shanna (8) is a good student in school and generally well-behaved. However, her teacher has expressed concerns about how withdrawn Shanna can be at recess. She is extremely quiet and subdued. She seems to show no emotion when her parents drop her off or pick her up. When you set up a meeting with Shanna's mother, Ellen, she states Shanna has always enjoyed playing quietly and that she has "never" cuddled, wanted to be held, or comforted by an adult caregiver. Ellen also indicates that she "dated around a lot" when Shanna was between ages 1-4, until she met Shanna's stepfather. She reports being concerned that Shanna seeing so many different ex-boyfriends and 'father figures' made it hard for Shanna to trust that any adult will really be there for her. Based on this information, you would **MOST LIKELY** diagnose Shanna with:

Reactive attachment disorder

Selective mutism

Disinhibited social engagement disorder

Generalized anxiety disorder

Correct answer: Reactive attachment disorder

Shanna presents with numerous symptoms of reactive attachment disorder, and this would be an appropriate preliminary diagnosis.

We have no evidence of other anxiety symptoms or that Shanna doesn't speak, so that rules out generalized anxiety disorder and selective mutism. With disinhibited social engagement disorder, Shanna would be "attaching to everyone" and want to be best friends with seemingly any caregiver (the opposite of which is happening here).

141.

All the following are considered to be **TRUE** about pyromania **EXCEPT**:

Individuals with pyromania can get diagnosed with this condition after they set fire one time.

Individuals with pyromania experience a sense of physical tension or heightened arousal before the act.

Individuals with pyromania experience pleasure or relief after seeing the fire.

Individuals with pyromania do not set things on fire for financial incentives.

Correct answer: Individuals with pyromania can get diagnosed with this condition after they set fire one time.

The DSM states that the individual must set fire on more than one occasion.

The remaining answers all represent key symptoms associated with pyromania (heightened feelings before and after setting a fire and NOT setting fire based on a financial incentive).

142.

Kara (14) is referred to you because her parents are increasingly worried about her eating habits. Kara appears very thin and admits that she "doesn't eat much." She states that she can't stand the texture of most foods, particularly very crunchy or very "wet" foods. She states that she often just gets too busy to eat. She knows her parents are worried about her weight, but she insists she isn't trying to diet.

Based on this information, you would **MOST** likely diagnose Kara with:

Avoidant/restrictive food intake disorder (ARFID)

Anorexia nervosa

Rumination disorder

Generalized anxiety disorder

Correct answer: Avoidant/restrictive food intake disorder (ARFID)

ARFID refers to having disturbances with food based on things like lack of interest or concern about aversive consequences of eating and failing to maintain proper weight or nutrition goals. Kara shows evidence of ARFID.

The motive here is not about weight loss (which makes it different from anorexia).

Rumination would refer to a pattern of chewing and spitting food.

Kara may meet the criteria for an anxiety disorder, but we don't have enough information for that based on this vignette alone.

143.

All the following are **TRUE** about antisocial personality disorder **EXCEPT**:

Individuals must display conduct disorder symptoms before 12 years old.

Individuals show a lack of remorse when hurting others.

Individuals deceive others for personal pleasure.

Individuals disregard the safety of others.

Correct answer: Individuals must display conduct disorder symptoms before 12 years old.

Individuals must have conduct disorder symptoms before age 15 (not 12).

Individuals with antisocial personality disorder DO lack remorse, deceive others for pleasure, and disregard the safety of others.

144.

All the following are symptoms associated with an agoraphobia diagnosis, **EXCEPT**:

The individual experiences panic attacks in agoraphobic situations.

The agoraphobic situations almost always trigger anxiety or fear.

The individual actively seeks to avoid the agoraphobic situations.

The symptoms persist for at least six months.

Correct answer: The individual experiences panic attacks in agoraphobic situations.

Panic attacks may be a symptom, but they are not a mandatory criterion for an agoraphobia diagnosis.

The individual will avoid certain situations and experience heightened anxiety when faced with those situations, and symptoms must persist for at least six months.

145.

Your client, Heather (25), states that she frequently vomits after meals to keep her weight down. She says she's been doing this since she was a teenager, but she "only does it two or three times a week" because she knows it's not good for her body. She denies any patterns associated with binge eating.

Based on this information, you would **MOST** likely diagnose Heather with:

Other specified feeding or eating disorder

Bulimia nervosa

Purging disorder

Nothing; there is not enough information to warrant a diagnosis

Correct answer: Other specified feeding or eating disorder

Heather's behavior is indicative of "purging disorder." However, that disorder is not actually classified in the DSM and is instead categorized under "other specified feeding or eating disorder" (OSFED).

Since there are no patterns of bingeing, that rules out bulimia nervosa.

146.

The Circumplex Model identifies various levels of flexibility. All the following are key levels, **EXCEPT**:

Organized

Chaos

Rigid

Structured

Correct answer: Organized

Organized is not an identified level of flexibility.

Chaos, rigid, and structured are listed levels.

147.

All the following are **TRUE** about Autism Spectrum Disorder, **EXCEPT**:

It is more frequently diagnosed in girls than in boys.

Language, when it exists, tends to be one-sided.

Symptoms are generally recognized within the second year of life.

There may be a strong insistence on adhering to specific routines and patterns.

Correct answer: It is more frequently diagnosed in girls than in boys.

Boys are 4x more likely to have an autism disorder than girls.

It is true that language, when it exists, tends to be one-sided. Symptoms are generally recognized within the second year of life (although some people detect them earlier or later). Furthermore, there may be a strong insistence on adhering to specific routines and patterns.

148.

Your client, Barbara (48) has been referred to you by her attorney after a hefty shoplifting charge. Barbara tearfully acknowledges that she feels "compelled to steal things" even when she can reasonably afford them. She states that it gives her a "high like nothing else." She has been doing this since a teenager and states she's only recently been getting caught for it.

Based on this information, you would **MOST** likely diagnose Barbara with:

Kleptomania

Obsessive-compulsive disorder

Hoarding disorder

Compulsive lying

Correct answer: Kleptomania

Barbara meets the criteria for kleptomania based on her provided symptoms. This disorder involves repeatedly stealing things that someone does not need for monetary value or personal use.

We have no evidence of obsessions or compulsions, ruling out OCD.

While she may be hoarding items, that is not explicitly stated in this vignette.

Compulsive lying is not a mental illness (and we have no evidence that Barbara is explicitly lying about her actions).

149.

Mike (49) is a computer programmer who works from home and has lived alone his entire adult life. He has never been married and only briefly dated one girl in high school. He does not have any real relationship with his family, and he finds having friends "pointless." On weekends, he usually takes solo hikes or plays video games.

Mike **MOST** likely meets the criteria for:

Schizoid personality disorder

Schizotypal personality disorder

Antisocial personality disorder

Major depressive disorder

Correct answer: Schizoid personality disorder

Mike is generally withdrawn and apathetic when it comes to social relationships. This is a persistent pattern, making it fit the criteria for schizoid personality disorder.

He does not show any symptoms of schizotypal personality disorder (odd beliefs, unusual perceptual experiences, odd thinking) or antisocial personality behavior (failure to comply with social norms or aggressiveness).

We also have no evidence that Mike feels depressed about his current situation.

150.

Your male client, Stuart, frequently makes derogatory comments about how the women in his office dress. He states that they are "literally asking for attention," and that their inappropriate attire should be condemned in professional settings.

These types of comments **BEST** represent:

Misogyny

Patriarchy

Emotional abuse

Narcissism

Correct answer: Misogyny

This level of anger/hostility towards women is a prime example of misogyny.

Patriarchy refers to the notion of men having a superior sense of authority (which may be the case here, although it is not certain).

We have no indication that he is emotionally abusing these women.

Although he may show themes of narcissism, misogyny is a more comprehensive answer in this case.

151.

Which of the following is a key difference between schizophreniform disorder and schizophrenia?

Schizophreniform disorder symptoms persist less than 6 months; schizophrenia symptoms persist more than 6 months.

Schizophreniform disorder symptoms persist less than 12 months; schizophrenia symptoms persist more than 12 months.

Schizophreniform disorder symptoms do not include hallucinations or delusions; schizophrenia symptoms include hallucinations or delusions.

Schizophreniform disorder symptoms include only positive symptoms; schizophrenia symptoms include both positive and negative symptoms.

Correct answer: Schizophreniform disorder symptoms persist less than 6 months; schizophrenia symptoms persist more than 6 months.

All symptoms of schizophreniform disorder and schizophrenia are the same (hallucinations, delusions, positive symptoms, negative symptoms), but the timelines differ. The time requirement for schizophreniform disorder is 6 months, whereas it's more than 6 months for schizophrenia.

152.

Which of the following is **TRUE** when examining differences between OCD and eating disorders?

Both may include obsessive and compulsive behavior, but they are limited to food and weight when it comes to eating disorders.

Eating disorders do not typically consist of compulsive behavior.

Eating disorders are a subtype of OCD.

Both may include obsessive and compulsive disorder, but people with OCD do not have insight into their behaviors.

Correct answer: Both may include obsessive and compulsive behavior, but they are limited to food and weight when it comes to eating disorders.

Both OCD and eating disorders may entail obsessive thoughts and rituals, but they are exclusive to food and weight when it comes to eating disorders. Eating disorders DO consist of compulsive behaviors. An ED would not be a subtype of OCD. Finally, most individuals with OCD have good insight into their behavior/condition.

153.

Taylor, an 8-year-old boy, and his father, Steve, have been referred to you after a traumatic car accident that occurred two weeks ago. Since then, his father reports that he hasn't been sleeping well and that he is "terrified" to get in the car. He has also been "acting out" in class by ignoring his teacher and being more aggressive towards other children on the playground. When you meet with Taylor, he tells you that he never wants to go in a car again and that he's scared of his parents dying while they drive to work. His father states he never had these fears before the accident. Given this information, the **MOST LIKELY** diagnosis you would give Taylor is:

Acute stress disorder

Adjustment disorder

Posttraumatic stress disorder

Specific phobia

Correct answer: Acute stress disorder

Taylor is showing trauma-related symptoms that meet the criteria for acute stress disorder.

He would need to have these symptoms for over one month to meet the criteria for PTSD. While he is showing adjustment issues, they are clearly related to the traumatic episode. He does show fears associated with cars, but they are directly connected to the car accident.

154.

Which of the following is **TRUE** when it comes to diagnosing delusional disorder?

The delusions must persist for at least one month

The delusions must cause significant impairment to the individual's life

The delusions can be a result of substance use

The delusions must cause odd, strange, or impaired behavior

Correct answer: The delusions must persist for at least one month

According to the DSM 5-TR, delusions must persist for at least one month.

However, when it comes to delusional disorder, the delusions should not be severe enough that they cause significant impairment, nor should they contribute to odd or impaired behavior.

Likewise, they cannot be attributed to substance use.

155.

When assessing for narcissism, it's important to remember all the following **EXCEPT**:

Narcissistic personality disorder is on the rise.

Narcissistic traits do not inherently mean someone has narcissistic personality disorder.

People with narcissistic personality disorder tend to be very sensitive when it comes to criticism.

People with narcissistic personality disorder often get impatient when hearing about other people's problems.

Correct answer: Narcissistic personality disorder is on the rise.

There is no legitimate research or DSM information indicating that this personality disorder is on the rise (although diagnosing may be more prevalent).

It's true that having narcissistic traits does not necessarily signify having a personality disorder. It's also true that people with narcissistic personality disorder tend to be sensitive to feedback and also become impatient when hearing about other people's feelings, needs, or problems.

156.

Molly, age 9, is referred to you by her teacher because she has been increasingly irritable in class over the past month. Although she once loved learning, she now seems apathetic and pessimistic about everything related to school. She recently drew an abstract picture in class. Upon questioning it further, Molly said it was a picture "about me dying." When you meet with Molly, she tells you that she feels pretty sad about life and that she is always tired. She states she never has a desire to eat, which drives her parents crazy. Given this information, you would **MOST LIKELY** diagnose Molly with:

Major depressive disorder

Oppositional defiant disorder

Attention-deficit hyperactivity disorder

Nothing - there is not enough information to warrant a diagnosis.

Correct answer: Major depressive disorder

Molly has enough symptoms (irritability, lack of appetite, feeling tired, apathetic about school) for a long enough period of time (one month) to warrant a diagnosis for major depressive disorder.

She shows no signs of oppositional defiant disorder or ADHD.

157.

Nikki (24) comes to you after recently being released from a psychiatric hospital following a suicide attempt. Nikki states that she wasn't "actually trying to hurt herself" but that her "last therapist was overly dramatic." Nikki reports a volatile history with past therapists and states that she can never really trust them because they always abandon her. She states she feels the same way with romantic partners. When asked about her coping skills, Nikki laughs and says that she tends to "cut herself" when she gets stressed or "have sex with random guys." Based on this information, you would **MOST LIKELY** diagnose Nikki with:

Borderline personality disorder

Histrionic personality disorder

Posttraumatic stress disorder

Nothing - there is not enough information to warrant a diagnosis.

Correct answer: Borderline personality disorder

Nikki has enough symptoms to meet the criteria for borderline personality disorder.

A further assessment would be needed to rule out histrionic personality disorder, as we don't have enough information to substantiate that diagnosis. We also have no mentioned history of past trauma, ruling out PTSD.

158.

You are a narrative family therapist working with a couple. During the assessment phase, you identify unique outcomes within the couple. This means that you are **MOST LIKELY**:

Intentionally reviewing times where the problem is not the problem

Intentionally reviewing the goals necessary for your clients' satisfaction

Intentionally reviewing the current boundaries present in the relationship

Intentionally reviewing when the problem is most prevalent

Correct answer: Intentionally reviewing times where the problem is not the problem

Identifying unique outcomes refers to understanding when the problem is not the problem. This is a key component in narrative therapy.

Narrative therapists might review boundaries and acknowledge when the problem is most prevalent, but these goals do not adequately describe the intervention of identifying unique outcomes.

159.

All of the following are generally true about manic episodes **EXCEPT**:

Manic episodes typically range between 3-5 days in duration.

Manic episodes significantly impair functioning.

Many people in acute manic episodes resist treatment efforts.

Many people in manic episodes become very goal-oriented and focused.

Correct answer: Manic episodes typically range between 3-5 days in duration.

A manic episode needs to last at least one week.

A manic episode does impair one's functioning, although many people feel more goal-oriented and focused during this time. It's common to resist treatment efforts or intervention while in an acute episode.

160.

Brittany (21) was referred to you because she feels depressed. She states that she feels incredibly insecure about her skin and acne scars. She feels that they make her look hideous. As a result, she devotes hours to perfecting her makeup each day, and she is aiming to save up money for her fourth plastic surgery laser procedure. She often turns down social obligations when she is having "a bad skin day." Based on this information, you would **MOST LIKELY** diagnose Brittany with:

Body dysmorphic disorder

Generalized anxiety disorder

Major depressive disorder

Nothing - there is not enough information to warrant a diagnosis.

Correct answer: Body dysmorphic disorder

Brittany meets the criteria for body dysphoric disorder, as her preoccupation with her perceived flaws is causing significant distress.

There are some symptoms of anxiety, but they are specific to her appearance. She does appear depressed, but it is also specific to her appearance.

161.

Katie is a single mother who calls you for a consultation because she is concerned about her 2-year-old daughter, Bree. Bree was potty-trained at 18 months "without any problems" but is now defecating in her underwear, smearing it on the walls, and sometimes playing with it before her mother catches her. Bree has told Kate she doesn't want to use the potty anymore, and she has asked to use diapers again. Based on this information, you would **MOST LIKELY** diagnose Bree with:

Nothing - there is not enough information to substantiate a diagnosis at this time.

Encopresis

Enuresis

Reactive attachment disorder

Correct answer: Nothing - there is not enough information to substantiate a diagnosis at this time.

We do not have enough information about Bree's behavior, situation, or frequency of defecation. She is also only two, and diagnosing encopresis starts after age 4. Enuresis refers to urination. She does not show symptoms of reactive attachment disorder.

162.

You are referred to work with Kat, a 12 year-old girl, who acknowledges that she has low self-esteem and wants to lose weight because she feels "ugly" next to other girls. She states that she makes some attempts to diet, but she can't lose weight, and she often just "gives up" and then eats candy and chips "like her friends." Based on this information, you would **MOST LIKELY** diagnose Kat with:

Nothing - there is not information to warrant a mental health diagnosis at this time.

Anorexia nervosa

Bulimia nervosa

Body dysmorphic disorder

Correct answer: Nothing - there is not enough information to warrant a mental health diagnosis at this time.

Kat does not show enough symptoms to merit a specific eating disorder at this time.

To have anorexia, we would need evidence that she continuously restricts food and has immense disturbances about her weight. The vignette does not give enough information to indicate that she is bingeing, which is necessary for bulimia (though therapists should assess how she eats candy and chips). We do not have enough information about her body image to determine if she meets the criteria for body dysmorphic disorder, which would refer to an intense fixation on her appearance.

163.

You are meeting with Tommy, a 16-year-old who was recently expelled from school for selling cocaine on campus. He acknowledges that he occasionally snorts cocaine but prefers to "just smoke weed." When you ask him about his cannabis consumption, he admits he's been smoking every day since he was 12. He doesn't believe it's a problem and he says it helps him sleep better and feel more positive about life. He recently started working for a construction company and "had to quit smoking for a couple months" to pass a drug test. He says he's been saving a lot of money since he's given up the weed. Based on this information, you would **MOST LIKELY** diagnose Tommy with

Nothing- there is not enough information to substantiate a diagnosis

Cannabis use disorder

Cocaine use disorder

Oppositional defiant disorder

Correct answer: Nothing - there is not enough information to substantiate a diagnosis.

Although Tommy's cannabis use may be problematic, he does not have enough symptoms to warrant a cannabis use disorder.

Although he smoked every day, we do not know how much, and we cannot ascertain whether it has affected his functioning, grades, or relationships. He is also currently not consuming it at the moment. We have no evidence that he has an issue with cocaine (despite selling it). You would need to engage in further assessment to review the cocaine consumption and his pattern with that drug. We do not have enough evidence that he has an oppositional defiant disorder.

164.

You are working with James, a 32-year-old single male who frequently feels frustrated by his experiences with dating. He complains that he's been meeting women who "expect expensive dates," which he states often clashes with his preference towards frugality. He reports getting upset when they don't want to split a meal or eat lunch instead of dinner to save money. James tells you that he doesn't know why these women are acting "so shallow." As a solution-focused therapist, you would **BEST** conceptualize James's situation as:

Him being a complainant

Him being a visitor

Him being a customer

Him being a victim

Correct answer: Him being a complainant

James is quick to blame women (and acknowledge a problem with dating), but he doesn't address his part in the problem and sees no desire to change.

The visitor isn't interested in change, and often only comes to treatment to appease someone else (which doesn't appear to be the case here). A customer acknowledges the problem and wants to do what he can to solve it. 'Victim' is not a term used by solution-focused therapists.

165.

All the following are true about Cyclothymic Disorder, **EXCEPT**:

Symptoms must have met the full criteria for at least one episode (major depressive, manic, hypomanic)

For children and adolescents, there must be a history of numerous periods of various symptoms over the duration of a year

Symptoms do not meet the full criteria for either a major depressive, manic, or hypomanic episode

The individual has not been without symptoms for more than two months at a time

Correct answer: Symptoms must have met the full criteria for at least one episode (major depressive, manic, hypomanic)

To meet the criteria for Cyclothymic Disorder, the individual cannot have had symptoms that meet the criteria for any episode (depressive, manic, hypomanic).

It is true that children/adolescents experience symptoms for at least one year and that symptoms are consistently present (without being gone for more than two months at a time).

166.

All the following are **TRUE** about binge eating disorder **EXCEPT**:

Obesity is one of the symptoms associated with binge eating disorder.

It's possible to be underweight and have binge eating disorder.

A binge is classified as eating a significant amount of food even when not feeling hungry.

During a binge, people eat much faster than they normally would.

Correct answer: Obesity is one of the symptoms associated with binge eating disorder.

Obesity is not a symptom associated with binge eating disorder, although obesity can be a side effect.

It is possible to be any weight with binge eating disorder. Binges refer to eating a large volume of food very quickly (even when not hungry).

167.

Joe (19) is mandated to therapy after a recent arrest. He has a long history of aggression and intense outbursts towards others. His family expresses that he often destroys property when he gets mad enough (will punch walls, shatter glass). His family reports they are generally "terrified of him" as they never know what's going to set him off. They state it's like a "light switch goes off and he just sees red and becomes violent." Based on this information, you would most likely diagnose Joe with:

Intermittent explosive disorder

Conduct disorder

Oppositional defiant disorder

Antisocial personality disorder

Correct answer: Intermittent explosive disorder

Joe meets enough criteria to warrant an intermittent explosive disorder diagnosis. We do not know if he deliberately enjoys exploiting people or hurting them/property (likely ruling out other three diagnoses). We also do not know the onset age for when this behavior started, which would be necessary for diagnosing the other three conditions.

168.

When assessing for PTSD, it is important for marriage and family therapists to consider all the following, **EXCEPT**:

How PTSD causes increased maladaptive coping responses, such as substance use

How culture can assign different meanings and expressions to trauma

How women have higher rates of PTSD than men across the lifespan

How PTSD correlates with higher rates of suicidal ideation

Correct answer: How PTSD causes increased maladaptive coping responses, such as substance use

Marriage and family therapists do not operate under the assumption that a mental illness causes anything.

Instead, they look at correlations (such as increased suicidal ideation).

They would certainly consider how culture plays a role in shaping and defining trauma.

They would also keep in mind that women do have higher rates of PTSD than men.

169.

Maria (46) comes to you because she recognizes that her house is becoming 'unlivable.' She states that her adult son and daughter will no longer visit her home because they have deemed it unsafe. During your assessment, you discover that she saves almost every receipt, piece of trash, and mail piece. She tearfully tells you that she knows rodents are in the house, but she doesn't know what to do about it. She feels embarrassed that "things have gotten this out of control." However, she states that she finds it difficult to throw things out because she's afraid she might need them at some point later. Based on this information, Maria **MOST LIKELY** has:

Hoarding Disorder, with good or fair insight

Hoarding Disorder, with poor insight

Hoarding Disorder, with absent insight

N/A: Maria does not have a diagnosis based on this information

Correct answer: Hoarding Disorder, with good or fair insight

Maria meets the criteria for Hoarding Disorder. She has good insight into her hoarding disorder and recognizes that it is problematic.

Not recognizing the problem (or not identifying it as actually problematic) would establish the specifiers of poor insight or absent insight.

170.

All the following are specifiers for depressive disorders, **EXCEPT**:

Childhood features

Melancholic features

Mixed features

Psychotic features

Correct answer: Childhood features

Childhood features are not a specifier for depressive disorders.

Melancholic, mixed, and psychotic features are all specifiers.

171.

Trent is a 22-year-old college student who was referred to you after being placed on academic probation. During his intake session, he states that he is currently "very depressed" and has "no motivation to do anything." He states that this depression happens fairly often, and that it usually disappears after a few weeks. He states that, a few times a year, he has short periods (about 5–6 days) where he feels immense surges of energy. During these "surges," he tends to become very disciplined, doesn't need a lot of sleep, and engages in a lot of promiscuous activity. He states that he prefers those surges because he's productive, and he wishes that was his "constant state." He states that, while he sometimes regrets having sex after, nothing bad has happened as a result of having more energy.

Based on this information, you would **MOST** likely give Trent a preliminary diagnosis of:

Bipolar II disorder

Bipolar I disorder

Cyclothymic disorder

Major depressive disorder

Correct answer: Bipolar II disorder

Trent has enough symptoms to justify bipolar II disorder with this information. The patient shows symptoms of a hypomanic episode. He would not meet criteria for a manic episode (as seen in bipolar I disorder), as symptoms have not lasted at least one week, and there is no indication he has required hospitalization to manage symptoms. The client also mentions being depressed, falling in line with the criteria for bipolar II disorder, which requires both a hypomanic and a major depressive episode.

It does not appear Trent has had a manic episode (severe impairment or needing hospitalization), so he does not meet criteria for a bipolar I diagnosis.

A diagnosis of cyclothymic disorder requires symptoms lasting a minimum duration of two years. We do not have information that Trent's symptoms have lasted this long. Furthermore, to be diagnosed with cyclothymic disorder, a person cannot meet full criteria for a major depressive episode or a hypomanic episode at any point. Since it appears Trent has met criteria for both episodes, cyclothymic disorder does not apply.

Finally, major depressive disorder is not the most likely diagnosis, as Trent also has hypomanic symptoms, which are not a part of major depressive disorder.

172.

All the following are **TRUE** about body dysmorphic disorder **EXCEPT**:

Most individuals first experience body dysmorphic disorder symptoms in early adulthood.

Women are likely to have comorbid eating disorders with body dysmorphic disorder.

Body dysmorphic disorder is associated with an increased risk for suicide.

Body dysmorphic disorder is associated with an increased risk of dropping out of school.

Correct answer: Most individuals first experience body dysmorphic disorder symptoms in early adulthood.

Research shows most individuals (about 2/3) first experience this disorder before age 18. The average age of onset is about 12-13.

Women are more likely to have comorbid eating disorders, and BDD is associated with higher rates of prematurely dropping out of school, and suicidal ideation.

173.

Cindy is a therapist working with Katrina, a 27-year-old female, who was referred to her for anxiety. Katrina discloses that she often panics about getting cancer since both her mother and grandmother have battled it. Katrina acknowledges that whenever she gets a cold, her mind goes to the worst-case scenario. She indicates that she goes to the doctor "very frequently" just to get screenings and check-ups to ensure she is okay. She acknowledges that she has never had any cancer-related symptoms, but that she often worries she is missing something. In addition to cancer, she worries about having a random heart attack or stroke. Based on this information, Cindy would **MOST** likely diagnose Katrina with:

Illness anxiety disorder

Conversion disorder

Somatic symptom disorder

Specific phobia

Correct answer: Illness anxiety disorder

Katrina meets the criteria for illness anxiety disorder, a condition based on excessive fears of having a specific illness.

She would need to have a change in functioning if she had conversion disorder. She would need to show exaggerated anxiety about somatic symptoms to potentially meet the criteria for somatic symptom disorder. Fearing cancer can become a phobia, but her cluster of symptoms more indicates illness anxiety disorder.

174.

Caroline (29) enters therapy at her fiance Greg's (30) insistence. Caroline states that she has become increasingly worried about germs and contamination. She knows that her fears are excessive, but she can't help but wash her hands repeatedly and shower several times a day. If she doesn't engage in those rituals, she experiences immense anxiety that she or Greg will catch an incurable virus. She acknowledges that some of her worries are irrational, but she states the rituals do help her feel like she has a sense of control over the situation. Given this information, you would **MOST LIKELY** diagnose Caroline with:

Obsessive-compulsive disorder

Obsessive-compulsive personality disorder

Generalized anxiety disorder

Nothing - there is not enough information to warrant a diagnosis.

Correct answer: Obsessive-compulsive disorder

Caroline shows the symptoms of OCD.

OCPD does not have the same engagement of ritualistic behavior, although it does have some obsessive thoughts (namely about perfectionism, control, and order). Her symptoms are specific to germs and contamination, eliminating GAD.

175.

Which of the following is a **NEGATIVE** symptom associated with schizophrenia?

Diminished emotional expression

Hallucinations

Delusions

Disorganized speech

Correct answer: Diminished emotional expression

Diminished emotional expression is a negative symptom where individuals often present as "flat" or "guarded" with limited eye contact, speech fluctuations, or movements.

The other three symptoms (hallucinations, delusions, and disorganized speech) are considered 'positive' symptoms.

176.

When screening and assessing for personality disorders, it is essential that marriage and family therapists understand all of the following **EXCEPT**:

Personality disorders can be prevented with early professional intervention.

Personality disorders typically have an onset in adolescence or early adulthood.

Personality disorders tend to be co-occurring with other mental illnesses.

Personality disorders are relatively fixed over time.

Correct answer: Personality disorders can be prevented with early professional intervention.

There is no data suggesting that personality disorders (or any mental illnesses) can be prevented. They do typically have an onset during adolescence/early adulthood, remain fixed over time, and often coexist with other mental illnesses.

177.

Bridget (6) is a foster child who was referred to work with you after being placed in a new home. Even though it's your first session, she asks if she can sit in your lap. You know from her past therapist that Bridget becomes very clingy to mental health providers, teachers, and other helping professionals. After the session, she jumps up, gives you a huge hug, and says she wishes you could take her home. She seems completely unfazed when leaving with her foster mom, it's as if they are complete strangers. Based on this information, you would **MOST LIKELY** give Bridget a preliminary diagnosis of:

Disinhibited social engagement disorder

Reactive attachment disorder

Insecure attachment disorder

Nothing - there is not enough information to warrant a diagnosis.

Correct answer: Disinhibited social engagement disorder

Bridget shows symptoms of disinhibited social engagement disorder, as she actively attaches to caretakers and appears to have limited boundaries even around strangers.

Reactive attachment would refer to more withdrawal and minimal social interaction (the opposite of how Bridget presents herself). Insecure attachment disorder is not a mental illness.

178.

All the following are types of neurodevelopmental disorders, **EXCEPT**:

Obsessive-Compulsive Disorder

Childhood-Onset Fluency Disorder

Language Disorder

Speech Sound Disorder

Correct answer: Obsessive-Compulsive Disorder

Obsessive-Compulsive Disorder is part of the obsessive-compulsive and related disorders category.

Childhood-Onset Fluency Disorder, Language Disorder, and Speech Sound Disorder are all specified neurodevelopmental disorders.

179.

You are assessing a client for a possible bipolar I or bipolar II disorder diagnosis.

All the following are true when differentiating between these two diagnoses, **EXCEPT**:

Bipolar I disorder requires that an individual experiences at least one major depressive episode

A hypomanic episode, which can occur in both conditions, must persist for at least four days

For an episode to be considered manic, which is a criterion for bipolar I disorder, symptoms must be severe enough to impact the individual's daily functioning

A manic episode, which occurs in bipolar I disorder, must persist for at least one week

Correct answer: Bipolar I disorder requires that an individual experiences at least one major depressive episode

While depression is a common feature in bipolar I disorder, it is not inherently required for the diagnosis.

It is true that hypomanic episodes can exist in both conditions and that they must last for at least four days.

It is also true that manic episodes, which are a feature of bipolar I disorder, must last at least one week and be severe enough to impact daily functioning.

180.

Which of the following is **TRUE** when it comes to diagnosing Acute Stress Disorder?

Symptoms must last from 3 days to 1 month.

Symptoms must last from 1 day to 1 month.

Symptoms must last from 1 day to 6 months.

Symptoms must last from 3 days to 3 months.

Correct answer: Symptoms must last from 3 days to 1 month.

Acute Stress Disorder symptoms last from 3 days to 1 month after a traumatic event.

Symptoms that happen immediately (but resolve in less than 3 days) do not meet the criteria for ASD. Symptoms that persist for longer than 6 months may meet the criteria for PTSD.

181.

All the following are **TRUE** about conduct disorder **EXCEPT**:

Symptoms need to persist for at least six months

Symptoms violate social norms

Symptoms may include aggression towards animals

Symptoms are pervasive in various settings

Correct answer: Symptoms need to persist for at least six months

To be diagnosed with conduct disorder, the individual must show symptoms for at least 12 months.

Violating social norms, aggression towards animals, and displaying symptoms across multiple settings are all factors of conduct disorder.

182.

Allie (22) has started working with you after a bad break-up with her college boyfriend one year ago. Allie states she's been drinking more often than usual (about 4-5 times per week) and that she sometimes blacks out when she's under the influence. She indicates that she typically drinks about one bottle of wine followed by a few shots. She admits this amount has increased substantially over the past few months. She says there have been a few weeks when she stopped drinking altogether to give herself a "tolerance break." However, one night, after driving drunk, her college roommate sat her down a week ago and told her she should either go to therapy or AA because she "obviously has a problem with alcohol." Based on this information, you would **MOST LIKELY** diagnose Allie with:

Alcohol use disorder

Alcohol withdrawal

Alcoholism

Nothing - there is not enough information to warrant a diagnosis.

Correct answer: Alcohol use disorder

Allie shows enough symptoms to meet the criteria for alcohol use disorder.

Alcohol withdrawal is a diagnosis, but we do not have any information indicating that she is in that phase right now. Alcoholism is sometimes used interchangeably with alcohol use disorder, but it is not a mental illness.

183.

Saanvi (34) is coming to therapy for her third session. She started working with you because she's been feeling increasingly depressed after moving from New Jersey to California last month. She states she isn't sure if she made the right decision, and that she's debating quitting her new job and moving back to her hometown. At times, she feels very sad and finds herself scrolling through social media just to look at what her old friends are doing.

Based on this vignette, you would **MOST** likely diagnose Saanvi with:

Adjustment disorder

Acute stress disorder

Major depressive disorder

Nothing - she does not meet the criteria for any specific condition

Correct answer: Adjustment disorder

Saanvi's symptoms are related to an identifiable stressor (relocating), making it appropriate for an adjustment disorder diagnosis. The symptoms began within three months of the onset of the stressor (moving), in line with diagnostic criteria for adjustment disorder.

While she may show symptoms of MDD and acute stress disorder, we would have to further assess for more symptoms. She meets enough criteria to warrant an adjustment disorder diagnosis.

184.

Your client, Sasha, comes to you stating that she frequently experiences intense moments of physical distress. She describes these moments as "feeling like I'm going to die." She cites that her chest feels tight, she feels dizzy, and she has a pronounced fear of dying. After the moment "passes," she reports feeling extremely exhausted and anxious.

Based on this information, Sasha is **MOST** likely experiencing:

Panic attacks

Hallucinations

Intrusive thoughts

Delusions

Correct answer: Panic attacks

This cluster of symptoms aligns with a panic attack.

She does not report experiencing sensations that are not there (hallucinations) or believing things that are not true outside the anxiety (delusions).

While she may be having some intrusive thoughts about dying, they are within the context of the panic attack itself.

185.

You are working with a mother (Beverly) and her six-year-old daughter (Claire). Beverly expresses that Claire becomes hysterical when she drops her off for school each morning. She cites being afraid of her teacher and not wanting to be away from her mother.

Beverly states that they have similar issues when Claire's babysitter comes to watch her every Friday. She reports that Claire often has nightmares at night and wants Beverly to comfort her. She states this has been going on for at least six or so months.

Given this information, Claire **MOST** likely meets the criteria for:

Separation anxiety disorder

Generalized anxiety disorder

Social anxiety disorder

Panic disorder

Correct answer: Separation anxiety disorder

Showing anxiety at being separated from attachment figures is associated with separation anxiety disorder. Claire meets the required symptom duration of at least four weeks since this has been going on for six months.

We do not have enough evidence to know if Claire is anxious in other settings (which might merit a GAD diagnosis).

She does not indicate being nervous or uncomfortable in social settings (social anxiety disorder), and we have no indication of panic attacks (panic disorder).

Domain 3: Designing and Conducting Treatment

Domain 3: Designing and Conducting Treatment

186.

You are working with James, a 54-year-old man, who states he has all the symptoms of erectile dysfunction. As a marriage and family therapist, your **NEXT** course of action should be:

Encouraging James to discuss this issue with his doctor or provide an appropriate referral to a doctor

Asking James if he wants to work on his erectile dysfunction as a therapy treatment goal

Discussing how James has worked on his erectile dysfunction in the past

Referring James to a sex therapist to help improve his erectile dysfunction symptoms

Correct answer: Encouraging James to discuss this issue with his doctor or provide an appropriate referral to a doctor

Treating sexual dysfunction falls under the category of medical treatment. This is out of a marriage and family therapist's scope of practice.

James might still want to improve his anxiety around ED (which could be a treatment goal), and James might explore how he's treated his condition in the past, but these are not necessarily the next courses of action. You would only provide a sex therapist referral for specific sexual disorders (which are psychological in nature).

187.

In all the following instances, it would likely be better to focus on the therapeutic content instead of the process, **EXCEPT**:

When a current client lies about why they missed last week's session

When a current client discloses suicidal ideation

When a potential client inquires about how therapy works

When a past client requests therapy records

Correct answer: When a current client lies about why they missed last week's session

Content focuses on what is said, whereas process focuses on how it is said. Here, it would likely be more advantageous to explore why a client lied about missing a session and how it pertains to other patterns presented within therapy.

With suicidal ideation, you want to be as direct and content-focused as possible (to avoid any confusion).

The same mindset would apply if a client has logistical concerns, like inquiring about how therapy works or asking for records (unless this has been a repeated pattern or otherwise listed issue).

188.

You are a symbolic-experiential family therapist. You are meeting with Jan, a single mother (45), and her two daughters, Liz (14), and Sara (9). Your early phase goal for treatment would **MOST LIKELY** be:

Winning the battle for structure

Teaching the benefits of individual autonomy

Creating a safe and supportive environment for exploring challenging feelings

Encouraging healthy levels of family spontaneity

Correct answer: Winning the battle for structure

It is imperative that symbolic-experiential family therapists win the battle for structure (bringing the entire family to therapy and reconciling the family's discomfort with meeting together). The other goals may be important, but they would be established after this early phase goal is met.

189.

In structural family therapy, mimesis can be **BEST** described as:

Embracing and implementing the family's communication style

Building rapport with the family

Preparing for enactments with the family

Challenging family assumptions

Correct answer: Embracing and implementing the family's communication style

Mimesis refers to a therapist implementing the family's affect, communication style, and general way of being.

The other answers refer to different structural family therapy interventions that a therapist might use in the session.

190.

When engaging in 'parent management training,' the interventions:

occur at home and are implemented directly by the parents.

occur at home and are implemented directly by the therapist.

occur at school and are implemented directly by the therapist.

occur in the therapy office and are implemented directly by the therapist and parents together.

Correct answer: occur at home and are implemented directly by the parents.

Parent management training occurs at home and the interventions are taught by the parents (not the therapist).

It would not take place at the school or in a professional office.

191.

All the following generally represent key assessment themes when deciding how to design family treatment, **EXCEPT**:

Evaluating which family member is the primary problem

The family's definition of the presenting problem

The current family structure

How the family organizes around the presenting problem

Correct answer: Evaluating which family member is the primary problem

Evaluating which family member is the primary problem runs counter to the foundational theories surrounding family therapy. Family therapy modalities do not view one family member as being the primary problem. Rather, family therapy evaluates how the family interacts and communicates as a system. Thus, it is not one family member who is the problem, but rather how the family organizes around a presenting problem that causes dysfunction.

Focusing on how the family defines the problem, the current family structure, and how the family organizes around the presenting problem are all commonly included in assessments of family dynamics.

192.

You are working with Sara, a 17-year-old girl, who starts raising her voice when she becomes upset with you. You continue remaining calm and even-keeled while interacting with her. Eventually, without you even asking or addressing the issue, she lowers her voice to match yours.

You **MOST** likely intervened by:

Modeling

Transference

Building rapport

Validating

Correct answer: Modeling

Therapists often "model" desired behavior in real time with their clients. This can affect their feelings and reinforce healthy behavior.

Sara may have had transference, but that is not a therapist's intervention.

Building rapport refers to actively striving to connect and understand a client.

Validating would be actively praising or accepting the client's emotions.

193.

A structural family therapist has been meeting with a family every week for two months. On the ninth session, the father blurts out that he's incredibly frustrated with his wife for "always" siding with their teenage daughter.

At this point, how should the therapist **NEXT** intervene?

Focus on creating a functioning parental subsystem

Dismantle the enmeshed boundaries between mother and daughter

Empower the father to set his own boundaries with his daughter

Invite the family to complete a genogram together

Correct answer: Focus on creating a functioning parental subsystem

One of the main goals of structural family therapy is to establish functioning subsystems, including a functioning parental subsystem. This subsystem should be placed at the top of the family hierarchy, and it is responsible for raising children. In this family, it appears the daughter has entered the parental subsystem, where she does not belong from a hierarchical standpoint. The therapist should assist the family with developing a functioning parental subsystem.

This therapist might work on enmeshed boundaries between the mother and daughter, although we have no evidence that enmeshment exists.

Subsequently, the therapist might also empower the father to set boundaries with his daughter, although their current boundaries aren't clear.

Bowenian therapists are more likely to engage in a genogram exercise.

194.

All the following represent Satir techniques, **EXCEPT**:

Genograms

Family sculpting

Humor

I-statements

Correct answer: Genograms

Satir did not mention using genograms in her work (Murray Bowen did).

She did use family sculpting, humor, and I-statements.

195.

All the following represent core goals in symbolic-experiential family therapy
EXCEPT:

Decreasing the level of stress

Separating the generations

Developing a sense of family boundaries

Developing a we/they concept

Correct answer: Decreasing the level of stress

Symbolic-experiential family therapists actively seek to increase the level of stress, as this can be a change agent for supporting other goals related to separating generations, implementing boundaries, and developing a we/they concept.

196.

When treatment planning, which of the following therapists is **MOST LIKELY** to hold sessions at least one month apart?

Milan systemic

Symbolic-experiential

Cognitive-behavioral

Solution-focused

Correct answer: Milan systemic therapists

Milan systemic therapists, at times, hold sessions at least one month apart (this is more common within the Early Milan approach).

Symbolic-experiential, cognitive-behavioral, and solution-focused therapists typically meet with clients either weekly, biweekly, or at least a few times per month.

197.

Which of the following is the **MOST** accurate statement about when it would be appropriate to use Cognitive Behavioral Couple Therapy?

It would be an appropriate intervention for couples showing mild to moderate levels of aggression

It shouldn't be used in cases of infidelity because it can be harmful

It should only be used in White, heterosexual couples because it isn't appropriate for use with diverse samples

It should only be used in cases of individual psychopathology and shouldn't be used with couples

Correct answer: It would be an appropriate intervention for couples showing mild to moderate levels of aggression

This is the correct answer option. Cognitive behavioral couple therapy (CBCT) can be useful for couples displaying mild to moderate levels of aggression. This modality can teach partners how to manage anger using self-soothing practices and time-outs.

The other options here are not correct.

CBCT can be used for infidelity to help couples cope and make better decisions in the future.

It would be incorrect to state that it cannot be used with diverse samples because research has shown it is effective in racially and socioeconomically diverse samples.

Finally, it can be used for both couples and individuals.

198.

As a symbolic-experiential family therapist, you would **MOST LIKELY** have which of the following goals when working with a client?

Grow in a manner that feels congruent to one's authentic self

Decrease individuation within families

Increase congruent communication

Resolve problems and create second-order change

Correct answer: Grow in a manner that feels congruent to one's authentic self

Growing in a way that is authentic is a key tenant of symbolic-experiential therapy.

Decreasing individuation within families is not a goal (it would be the opposite, as symbolic-experiential therapists aim to increase individuation). Congruent communication is more of a Satir goal. Resolving problems and creating second-order change is an MRI Systemic goal.

199.

As an emotionally-focused therapist, you might engage in 'slowing down the processing' when working with clients. This intervention can be **BEST** described as:

Ensuring clients can sit with their primary emotions

Encouraging clients to attune to one another's needs

Highlighting the presence of secondary emotions

Creating a safe place to disclose vulnerable feelings

Correct answer: Ensuring clients can sit with their primary emotions

Slowing down the processing is a core component of EFT, and it relates to having clients learn how to sit with their primary emotions.

Attuning to one another's needs is important, but it does not adequately describe this intervention. Secondary emotions may be part of this processing, but it is not emphasized as essential. EFT therapists do aim to create safe spaces, but this is often part of building a strong alliance with the couple.

200.

You agree to meet with a family for family therapy. However, when you first meet with the family, you notice the oldest child is not present. The mother quickly tells you that he has soccer practice and will "try to make the next appointment."

As a systemic therapist, you might do all the following **EXCEPT**:

Refuse to have the initial session unless everyone can agree they will not talk about the child

Agree to meet the family and assess each family member's thoughts about the child's absence

Agree to meet the family and encourage potentially rescheduling the next session to accommodate the child's schedule

Refuse to have the initial session until you can confirm whether the child will attend subsequent sessions

Correct answer: Refuse to have the initial session unless everyone can agree they will not talk about the child

As part of systemic thinking, it is important to consider the role all family members play in a system (whether they are present or not). It would not be appropriate to expect family members to avoid talking about someone.

You may agree to meet with the family and discuss the absence; you can also agree to reschedule to an appropriate time for later appointments.

Depending on your approach (and the presenting problem), it may also be appropriate to refuse this initial session until confirming that the child will attend future sessions.

201.

You are working with Brad and Molly, a young couple who has been married for two years. They both state that they feel overwhelmed by some of the problems in their marriage, stating that they are not really sure if they are compatible.

As a solution-focused therapist, you would **BEST** intervene by:

Reviewing times when the problem is not the problem

Exploring their primary and secondary emotions

Assessing for instances of criticism, contempt, or stonewalling

Completing a genogram with the couple

Correct answer: Reviewing times when the problem is not the problem

Reviewing times when the problem is not the problem is a major component of solution-focused work. Solution-focused therapy draws attention to times when the problem is not a problem so clients can think about what is different at those times.

Exploring their primary and secondary emotions is part of emotionally-focused couples therapy.

Assessing for instances of criticism, contempt, or stonewalling is part of the Gottman Method.

Completing a genogram is a Bowenian intervention.

202.

You are a narrative family therapist working with Nina, a 44 year-old woman, who reports feeling unsatisfied in her marriage. She states that she often fantasizes about leaving her husband, quitting her job, and traveling the world. Which of the following **BEST** represents a 'landscape of identity' question?

"When you describe feeling unsatisfied with your husband, what do you think that says about you as a person?"

"When you think about feeling unsatisfied in your marriage, what predominant feelings arise?"

"When you describe how unsatisfied you feel in your marriage, what are the first fears that come to mind?"

"Can you tell me more about feeling unsatisfied in your marriage?"

Correct answer: "When you describe feeling unsatisfied with your husband, what do you think that says about you as a person?"

Landscape of identity questions explore how people understand their current identity. This question offers that possibility.

Asking about specific feelings or fears is more of a CBT/DBT intervention. Asking a client to tell you more about a specific circumstance falls under the 'landscape of action' questioning.

203.

When treating families, all the following are **TRUE** about substance use **EXCEPT**:

Family members inherently have some responsibility for causing their loved one's substance use.

There are likely family predispositions towards substance use.

Family members can play a critical role in supporting a loved one's recovery.

Family members have a right to set boundaries about their loved one attending treatment.

Correct answer: Family members inherently have some responsibility for their loved one's substance use.

Therapists do not operate under the belief that people cause issues (such as substance use) in other people.

They do acknowledge that family predispositions could play a role. They also strongly believe families can aid in recovery and set reasonable boundaries for treatment.

204.

You are a CBT therapist working with a client who struggles with symptoms of social anxiety. She has an upcoming presentation, and she reports feeling immense dread and panic at the thought of doing it. You might engage in all the following interventions, **EXCEPT**:

Miracle question

Guided imagery

Change-thought records

Cognitive restructuring

Correct answer: Miracle question

The miracle question aligns more with solution-focused therapy (not CBT).

Guided imagery, change thought records, and cognitive restructuring are all well-known CBT interventions you might use for social anxiety symptoms.

205.

At what point would a Satir-based therapist engage in the 'temperature reading' technique with clients?

During moments of disconnection

During active moments of crisis

During the rapport-building stage

During a family sculpting activity

Correct moments: During moments of disconnection

Temperature reading can be helpful during moments of disconnection, as it seeks to strengthen connections between families/clients.

You wouldn't want to engage in this intervention during a crisis (more important to focus on immediate safety). The rapport-building stage is usually more of validation and adjusting to the therapeutic process. During family sculpting, you would not interrupt the process to introduce this skill.

206.

Hayley (16) struggles with depression. In one of your first sessions, she expresses that she believes "nobody understands her." As a cognitive-behavioral therapist, you might **BEST** intervene by:

providing psychoeducation about the cognitive distortion of dichotomous thinking.

exploring exceptions to discover how she may have felt understood in the past.

externalizing her depression from herself.

engaging in a genogram about her family history of depression.

Correct answer: providing psychoeducation about the cognitive distortion of dichotomous thinking.

Reviewing cognitive distortions is a key tenant of CBT.

Exploring exceptions is more of a solution-focused intervention, externalization is more narrative, and genograms are rooted in systemic therapy.

207.

You are meeting with a new client who has never been to therapy before. During the fourth session, she asks how long you anticipate she will be in treatment. She has made some progress towards her identified treatment goal.

How should you **NEXT** respond?

Tell her the length of treatment varies and then explore the curiosity/feelings behind her question

Tell her that you have no idea because it's only the fourth session and then explore the curiosity/feelings behind her question

Tell her that she can end treatment whenever she wants and then explore the curiosity/feelings behind her question

Tell her that you can certainly decide an end date together and then explore the curiosity/feelings behind her question

Correct answer: Tell her the length of treatment varies and then explore the curiosity/feelings behind her question

Generally, you would tell a client that the length of treatment varies based on their goals/needs.

You would not just say that you have no idea (as this may sound unprofessional and even incompetent).

You could tell her that she has the right to end treatment whenever it's best, but she's looking to you for guidance with this question.

You probably would not establish a specific end date at this time, unless you indicate doing time-sensitive, brief work.

208.

A therapist's ability to intervene client situations appropriately and effectively is **BEST** defined as:

Maneuverability

Appropriate standard of care

Scope of competence

Privilege

Correct answer: Maneuverability

Maneuverability is the best definition.

Appropriate standard of care is how the majority of professionals would intervene in a situation. Scope of competence refers to a therapist's professional background and training. Privilege refers to a client's right to privacy.

209.

You are working with Landon, a 16-year-old male, who is in the process of coming out as gay to his friends and family. During this work, you should consider all the following, **EXCEPT**:

Recognizing that coming out inherently entails significant challenges

Recognizing that coming out may create ongoing stress

Recognizing that coming out can coincide with suicidal ideation

Recognizing that coming out is inherently unique for each client

Correct answer: Recognizing that coming out inherently entails significant challenges

Coming out may coincide with several challenges (ongoing stress, suicidal ideation) but that is not ALWAYS the case, and therapists should not assume obstacles are inherent.

It's more important to remember that coming out is a unique process that will affect each individual differently.

210.

A therapist is meeting with a young girl and her parents for family therapy. The parents are contemplating divorce, and they want to provide a supportive environment for their child should they separate.

What early-phase goal would a family therapist applying Milan systemic theory have for this family?

Support family members in opening up to the therapist's hypothesizing

Invite everyone to explore the system and share their thoughts on what could improve

Psychoeducate family members on the various dyads maintaining the family structure

Explore healthy solutions for creating systemic change

Correct answer: Support family members in opening up to the therapist's hypothesizing

Milan systemic therapists embrace the concepts of therapist neutrality. They obtain information about the family's goals and needs, and often ask circular questions that support clients in understanding the best outcome for their situation.

In the beginning stages of treatment, the Milan therapist engages in hypothesizing, in which the therapist presents their view of the family's behavior and invites them to consider this new perspective on their life. So, an important early goal would be getting the family members to open up to hypothesizing so they can accept new views about their problems. This can help the family to change their usual "family game."

While the other answers represent potential goals, they would not be the first course of action in beginning treatment.

211.

During the first phase of emotionally-focused couples therapy, your **MAIN** priority as a therapist would be:

to conceptualize and clarify core relationship issues as attachment-based.

to help clients recognize their suppressed attachment needs.

to acknowledge the role attachment plays in relationship distress.

to collaborate with the clients in deciding how to best treat attachment wounds.

Correct answer: to conceptualize and clarify core relationship issues as attachment-based.

EFT therapists view problems within the scope of systemic distress being rooted in attachment.

Therefore, it wouldn't just be enough to acknowledge how attachment affects relationship distress (because attachment largely IS relationship distress). Recognizing attachment needs comes after this primary goal. EFT therapists wouldn't openly collaborate with clients in discussing/treating attachment wounds during the first phase of treatment.

212.

Structural therapists largely aim to:

change a family's organizational structure.

change resistant family patterns.

change cognitive distortions in families.

change inefficient family boundaries.

Correct answer: change a family's organizational structure.

Structural family therapists focus on structure, so enhancing that is their main goal.

Changing family patterns is more of a Milan Systemic goal. Changing cognitive distortions is more of a CBT goal. Changing boundaries certainly might be a structural goal, but it is part of the overarching attempt to change the organizational structure.

213.

All the following represent parts of the five-part session in the classic Milan therapeutic format, **EXCEPT**:

Last session

Precession

Intercession

Intervention

Correct answer: Last session

Last session was not a part originally listed in the five-part format.

Precession, intercession, and intervention are (along with the session and the post-session discussion).

214.

You are a symbolic-existential family therapist meeting with Brenda (45), Thomas (45), Sarah (12), and Liam (6) for family therapy. During the first session, Liam announces that he'd rather be at soccer practice. Thomas replies to Liam, "Stop talking and listen to what the therapist has to say."

At this point, you might establish the following goal for this family:

Develop a stronger sense of family boundaries

Emphasize each family member's individual strengths

Accommodate new beliefs to maintain a healthy systemic functioning

Reestablish the overall structure of the family system

Correct answer: Develop a stronger sense of family boundaries

Developing a sense of boundaries is a core goal that helps family members individuate from one another. This is a core goal in symbolic-existential family therapy.

Emphasizing strengths and accommodating new beliefs may represent beneficial goals, but they would not be appropriate given the material presented in this specific vignette.

Focusing on changing the structure is not a standard goal in symbolic-experiential family therapy.

215.

Which of the following is the **BEST** example of asking a client the miracle question?

Let's say you woke up tomorrow, and that problem no longer existed. What do you think would be different?

Let's say you finally figured out that problem. What do you think you did to fix it?

Let's say you realize that problem no longer has an intense hold over you. How much of a hold do you think would be reasonable?

Let's say the problem becomes worse over time. What do you think the most likely culprit is?

Correct answer: Let's say you woke up tomorrow, and that problem no longer existed. What do you think would be different?

The miracle question is a solution-focused intervention focused on recognizing how problems are solved. This question also encourages clients to think about how their lives might be different if that problem no longer existed.

Asking how a client fixed the problem may be part of solution-focused work, but it does not adequately capture the miracle question.

Recognizing how much a problem "has a hold" is more of a scaling question.

Solution-focused therapists would not generally focus on what makes problems worse.

216.

You are a strategic family therapist working with two parents and their teenage son. Which of the following **BEST** represents a straightforward directive?

Telling the parents to stop looking through their son's phone

Telling the parents why looking through their son's phone may potentially invade his privacy

Telling the son to ask his parents if they would stop looking through his phone

Telling the family that it's important they establish clear rules about privacy

Correct answer: Telling the parents to stop looking through their son's phone

Telling the parents to stop looking through their son's phone is a clear form of a straightforward directive.

Exploring why this boundary is helpful is not straightforward (although it may be used). You could tell the son to ask his parents directly, although straightforward directives usually take on the form of direct coaching (where the therapist tells people to do). You also highlight the importance of everyone setting rules about privacy, but this is not a straightforward directive.

217.

Your client, Jenna, has been referred to you for social anxiety. She makes a comment about how hurt she feels that her coworkers purposefully excluded her from inviting her to lunch that day. Based on this information, Jenna is **MOST LIKELY** experiencing which cognitive distortion?

Personalization

Dichotomous thinking

Minimization

Overgeneralization

Correct answer: Personalization

Jenna is likely personalizing that her coworkers intentionally did not include her for lunch.

*Dichotomous thinking would sound like, "My coworkers never invite me to lunch."
Minimization would sound like, "They didn't invite me to lunch, but it's no big deal. I don't care."
Overgeneralization would sound like, "They didn't invite me to lunch, so I guess they hate me."*

218.

How does the American Association of Marriage and Family Therapy (AAMFT) currently regard reparative therapy?

They do not perceive homosexuality as a disorder and view reparative therapy as having no legitimate basis.

They do not perceive homosexuality as a disorder and view reparative therapy as a choice individual clients can independently make for themselves.

They do not perceive homosexuality as a disorder unless it creates significant distress for the client.

They do not perceive homosexuality as a disorder, but advocate for reparative therapy if the client's religious leader recommends it.

Correct answer: They do not perceive homosexuality as a disorder and view reparative therapy as having no legitimate basis.

AAMFT has gone on record stating that homosexuality is not a disorder that requires treatment. They do not perceive any legitimate basis for providing reparative therapy.

They would not advocate that clients engage in this therapy due to religious reasons or as an autonomous choice. They would explore the client's distress and create treatment goals around mitigating that distress instead of engaging in reparative therapy.

219.

As a humanistic-experiential therapist, how would you **BEST** support families to own their feelings and communicate them explicitly?

Introduce and reinforce the concept of I-statements

Provide psychoeducation on the dangers of unhealthy communication habits

Engage in empty-chair exercises

Use family sculpting to assess problems with communication

Correct answer: Introduce and reinforce the concept of I-statements

I-statements are an essential part of humanistic-experiential therapy.

Psychoeducation about poor communication habits may be used, but these therapists are more likely to empower families with proactive solutions (like I-statements).

Empty-chair exercises are not commonly used in this mode of therapy. You might use family sculpting to assess problems with communication, but that intervention doesn't teach families how to communicate their feelings explicitly.

220.

All the following represent key goals in emotionally-focused couples therapy, **EXCEPT:**

Assuming personal ownership for relationship attachment wounds

Increasing awareness of relationship attachment needs

Embracing new cycles of relationship attachment behavior

Deescalating barriers that maintain relationship attachment problems

Correct answer: Assuming personal ownership for attachment wounds

While recognizing one's own part in the attachment cycle is important, an EFT therapist would focus more on how both people contribute to the relationship attachment behavior/problems. It is not about just one person taking full responsibility.

Increasing awareness of attachment needs, embracing new cycles of attachment behavior, and deescalating barriers that maintain attachment problems are all core EFT goals.

221.

A client shares that she recently loved a book she read about depression. Upon hearing the title, the therapist states that she also loved the book. This therapist intervened by:

engaging in self-disclosure

validating the client's feelings

building rapport

practicing bibliotherapy

Correct answer: engaging in self-disclosure.

The therapist revealed something personal about herself, which is self-disclosure.

Validating the client's feelings would include her reflecting on the client's feelings or praising her for reading the book. Self-disclosure can be a part of building rapport, but building rapport does not adequately define this intervention. Bibliotherapy typically refers to assigning reading, which we don't have evidence of the therapist doing.

222.

You are working with a couple, Dave and Louise. You notice that Dave rolls his eyes whenever Louise cries in session. As an emotionally-focused couples therapist, you would **MOST LIKELY** address this pattern by:

exploring how both Dave and Louise engage with one another and identify each person's role in the dynamic.

reviewing the times when Dave has not rolled his eyes when Louise cries.

asking Dave to become more aware of his habit to see how this insight changes the dynamic.

encouraging Louise to authentically express how she feels when Dave rolls his eyes at her.

Correct answer: exploring how both Dave and Louise engage with one another and identify each person's role in the dynamic.

Emotionally-focused couples therapists often "look between," meaning they explore how both partners regularly engage with one another. They look at how each part works within the system.

Reviewing exceptions is more of a solution-focused intervention. Focusing on Dave's awareness may shift blame onto his behavior, which does not adequately address the full dynamic. Similarly, focusing on Louise's feelings may disregard his feelings about the situation.

223.

Which of the following is **NOT** considered a critical component of Symbolic-Experiential Therapy?

Mapping the family structure

Use of cotherapy

Depathologizing of human experience

Battle for structure

Correct answer: Mapping the family structure

Mapping the family structure is part of Structural Family Therapy.

The other factors described here are central to Symbolic-Experiential Therapy.

224.

Which of the following is **MOST** accurate about the treatment duration of MRI Systemic therapy?

It is brief (even if symptom relief isn't achieved).

It is brief (unless symptom relief isn't achieved).

It is long-term (until symptom relief is achieved).

It depends on the family goals and compliance in therapy.

Correct answer: It is brief (even if symptom relief isn't achieved).

This model emphasizes brief (fewer than 10 sessions) therapy, even if symptom relief isn't fully achieved.

It is not based on the family's goals or compliance.

225.

You are a structural family therapist working with a family who entered treatment because they are concerned about their teenage son's alcohol consumption. You have referred the son for a medical evaluation and have ruled out a substance-use disorder.

Based on this information, how would you map the influence of the problem?

Ask the son to consider what factors within the family might be contributing to his drinking

Ask the parents to discuss how the son's drinking affects their parenting

Ask the son what he thinks his drinking says about him as a person

Ask the son about times he chooses not to drink

Correct answer: Ask the son to consider what factors within the family might be contributing to his drinking

Mapping the influence of the family problem looks at how family relationships and interactions maintain family problems. In this case, evaluating the factors within the family that might contribute to the drinking would constitute mapping the influence of the problem.

Simply asking the parents about their thoughts (or the son about his identity with drinking) is more of a landscape of meaning or identity question.

Asking the son about times he chooses not to drink focuses only on exceptions.

None of these other options address the ways that family relationships are contributing to the identified problem of the son's drinking.

226.

When it comes to supporting men, one of the key goals in feminist family therapy is:

Supporting them to become more aware and attuned to their emotions

Supporting them to empower women

Supporting them to dismantle the patriarchy

Supporting them to become more assertive when establishing power

Correct answer: Supporting them to become more aware and attuned to their emotions

Feminist family therapists aim to support men in recognizing and attuning to their own emotions.

This may inadvertently help them empower women and recognize inherent patriarchal problems (although those aren't the essential, primary goals). Establishing power is not an inherent goal in feminist family therapy.

227.

All the following represent key goals for structural family therapists, **EXCEPT**:

Accommodate to new information and beliefs

Increase problem-solving abilities

Promote individual growth

Create clear boundaries between all individuals and subsystems

Correct answer: Accommodate to new information and beliefs

Accommodating to new information and beliefs is more of a Milan systemic goal.

Increasing problem-solving abilities, promoting individual growth, and creating clear boundaries between all individuals and subsystems are all structural family therapy goals.

228.

What is the **BEST** reason symbolic-experiential therapists encourage all members of the family to attend early therapy sessions?

They believe all members must actively participate in order to achieve sustainable change.

They believe all members must assert and receive healthy boundaries.

They believe all members must understand the covert rules within the family system.

They believe all members need to rewrite the story of how the family functions.

Correct answer: They believe all members must actively participate in order to achieve sustainable change.

Symbolic-experiential therapists believe all members need to present to achieve family therapy goals. They will often prohibit only seeing parts of the family.

They might believe that members should focus on healthy boundaries, but this is not a key motivator behind encouraging all family members to attend sessions. Covert rules and rewriting stories are not components of symbolic-experiential family therapy.

229.

You regularly consult with several therapists to provide the best treatment for a family. You all work together to hypothesize interventions and even work with the family directly.

Based on this information, you are **MOST** likely practicing from which theoretical framework?

MRI Systemic

Milan Systemic

Symbolic-Experiential

Structural

Correct answer: MRI Systemic

MRI Systemic therapists often work within a team setting, and this is a well-known part of their treatment.

Milan systemic, symbolic-experiential, and structural therapists do not inherently operate from this approach (although exceptions may apply).

230.

You are a Milan systemic therapist. At one point during a family session, the parents express their concern over their daughter's resistance to do her homework. You state, "It sounds like she's a very good independent thinker who likes to think critically about what's best for her." This statement can be **BEST** described as a:

Positive connotation

Paradox

No-change prescription

Cognitive distortion

Correct answer: Positive connotation

This is an example of reframing, where you highlight the benefits of potentially "bad" behavior.

A paradox refers to ideas that contradict each other (not the case here). A no-change prescription is more of an example of a specific paradoxical intervention. This is not a cognitive distortion (and that would be more of a CBT take).

231.

Which of the following represents a **MAIN** goal in MRI Systemic therapy?

Offer symptom relief and foster second-order change

Offer symptom relief and foster first-order change

Offer symptom relief and decrease family anxiety

Offer symptom relief and prescribe the symptoms

Correct answer: Offer symptom relief and foster second-order change

Therapists attempt to focus on more sustainable changes within the system (known as second-order change).

First-order changes tend to be more temporary, so that would not be the main focus. Decreasing family anxiety is a Bowenian goal. Prescribing the symptoms is an intervention and not a goal.

232.

When working with a family system, a structural family therapist would **MOST LIKELY** request to work with:

The entire nuclear family

The parents within a family system

The entire nuclear family and any relevant extended family members

Whichever family members show an interest in attending therapy

Correct answer: The entire nuclear family

Structural family therapists prefer working with the entire nuclear family, as each member plays a pivotal role in maintaining structural patterns.

They are focused on present issues, which means working with extended relatives is not as important. Structural family therapists might work with whichever family members commit to therapy, but they will emphasize the benefits of having everyone attend.

233.

You are a narrative therapist trying to determine your upcoming schedule as it pertains to your availability. In alignment with narrative therapy, your length of treatment is **MOST LIKELY**:

varied based on the client.

brief.

long-term.

somewhere in the middle of brief and long-term.

Correct answer: varied based on the client.

Narrative therapists engage in therapy until their clients achieve a favorable narrative, and the length of this process can be highly varied. Therefore, it can be either brief, long-term, or somewhere in the middle, but it is not specifically defined.

234.

As a CBT therapist, you would **MOST** likely teach a client relaxation techniques when:

The client expresses feeling anxious about an upcoming performance

The client discloses suicidal ideation

The client brings in their spouse for a conjoint session

The client expresses the desire to end treatment

Correct answer: The client expresses feeling anxious about an upcoming performance

Relaxation techniques would certainly be appropriate when working with anxiety. These techniques are utilized to reduce tension, making them ideal for addressing anxiety.

Proper assessment would trump CBT techniques when it comes to suicide.

You wouldn't likely teach this skill to a couple (you'd be focusing more on their relationship).

Likewise, you'd be focusing more on why a client wants to terminate treatment rather than trying to teach them to relax.

235.

Your client, Jim, tells you that he feels completely anxious most of the time. He rates his anxiety as 10/10, meaning it's as bad as it can possibly be.

If you practice from a solution-focused framework, you would **BEST** intervene by:

Asking Jim what it would take for his anxiety to drop to a level 9

Asking Jim if he is willing to engage in progressive muscle relaxation

Asking Jim what he believes most triggers his anxiety

Asking Jim to describe the worst-case scenario he anticipates happening

Correct answer: Asking Jim what it would take for his anxiety to drop to a level 9

This is a scaling question, and it would be an appropriate solution-focused intervention.

Progressive muscle relaxation, exploring triggers, and imagining worst-case scenarios fall more under the lines of cognitive-behavioral therapy interventions.

236.

Which of the following is **TRUE** when it comes to the research on treating adolescents with substance-use disorders?

Family therapy is proven to be highly effective in maintaining abstinence.

Family therapy is proven to be highly effective in preventing substance-use disorders.

Family therapy is proven to be highly effective in motivating adolescents to attend treatment.

Family therapy yields worse outcomes for adolescent substance-use disorder recovery.

Correct answer: Family therapy is proven to be highly effective in maintaining abstinence.

Research shows that family therapy helps support adolescents engage and maintain abstinence.

Family therapy does not "prevent" substance-use disorders (or any other mental illnesses). It may not encourage a client's motivation to attend treatment, although it can help. It may sometimes yield worse outcomes, but research proves it tends to be beneficial.

237.

All the following represent various Milan systemic therapy interventions, **EXCEPT**:

Explicit directives

Odd/even days prescription

Reflexive questions

Triadic questioning

Correct answer: Explicit directives

Explicit directives are strategic family therapy interventions.

Odd/even day prescriptions, reflexive questions, and triadic questioning all fit within the Milan systemic therapy framework.

238.

Your client, Brett, is struggling with feeling anxious during math class. He states that he becomes easily distracted and starts worrying about how he will ever pass his test. As a strategic family therapist, you decide to engage in a paradoxical ordeal. In doing this, you would **BEST**:

Instruct Brett to exercise for twenty minutes after school and dedicate his math class worries to that time.

Instruct Brett to practice deep breathing during math class.

Instruct Brett to consider changing math classes altogether.

Instruct Brett to imagine the worst-case scenario associated with failing his math class.

Correct answer: Instruct Brett to work out for twenty minutes after school and dedicate his math class worries to that time.

Paradoxical ordeals entail directing clients to focus on their symptoms during an unrelated time (like when working out).

Deep breathing or imagining worst-case scenarios are more commonly-prescribed during CBT. A therapist would likely not tell Brett to consider changing his math class (unless we had a significant reason for doing so).

239.

With respect to boundaries, a structural family therapist would prioritize that:

All individuals and subsystems establish transparent boundaries.

All rigid boundaries become diffused.

All subsystems align with the same boundaries.

Therapists prioritize healthy boundaries above any other therapeutic task.

Correct answer: All individuals and subsystems have transparent boundaries.

Structural therapists aim to establish clear boundaries within all individuals and subsystems.

You wouldn't want rigid boundaries to become diffused (you'd want both to become clear). It's not necessary for everyone to have the same boundaries. Likewise, boundaries are important, but without other information, we have no way of knowing that they are the most important task (especially if there are safety or crisis issues).

240.

A therapist might recommend premarital counseling for a young, engaged couple for all of the following reasons **EXCEPT**:

Eliminating tension within the relationship

Improving assertive communication

Gaining clarity on shared values

Expressing individual needs within the relationship

Correct answer: Eliminating tension within the relationship

While reducing tension might be a goal, a therapist would likely not expect "eliminating tension" as a viable outcome.

The remaining answers all represent appropriate goals for premarital counseling.

241.

You are working with an individual from an object-relations model. Using that approach, you would **MOST** likely set the following goal:

Cultivate a healthy central-ego

Increase levels of differentiation

Achieve symptom relief

Accommodate and adjust to new patterns

Correct answer: Cultivate a healthy central-ego

Developing a healthy central-ego is one of the main goals of object-relations work.

Increased levels of differentiation is a Bowenian goal. Achieving symptom relief is more of a strategic or cognitive goal. Accommodating and adjusting to new patterns is a Milan systemic goal.

242.

You are working from a Satir Human Validation Process Model framework when intervening with a new family. The mother, Carol, states that she strongly believes her daughter, Janie, has depression. Janie states that she agrees with her mother. Based on this information, you should **NEXT**:

Explore how the family system may contribute to depression

Thoroughly assess Janie for depression

Assess Janie for suicidal ideation

Engage in a genogram

Correct answer: Explore how the family system may contribute to depression

Satir was non-pathologizing and did not necessarily engage in individual diagnoses (as her framework was far more systemic). Thus, it would make sense to explore the family's role in her symptoms.

You might still assess Janie, but you would also want to have the family involved. At this time, we don't have enough information to assess her for suicidal ideation right off the bat. Satir did not use genograms in her work.

243.

As a therapist, the **BEST** example of a validating statement is:

"Based on what you told me, it makes complete sense that you would feel..."

"Based on what you told me, I would assume you feel..."

"Based on what you told me, I think you should..."

"Based on what you told me, I hope you're able to..."

Correct answer: "Based on what you told me, it makes complete sense that you would feel..."

Highlighting and accepting feelings is a key component in validation.

Assuming how someone feels is not part of validation (same with giving advice or telling someone what you hope they might do next).

244.

All the following represent key goals of feminist therapy, **EXCEPT**:

Encourage women to improve assertiveness in intimate relationships

Empower individuals to choose and create their designed roles

Explore problems related to authority, power, and control within systems

Support men to embrace their emotions

Correct answer: Encourage women to improve assertiveness in intimate relationships

This may be a goal in feminist therapy, but it would ultimately depend on the client's individual situation, needs, and desires. It is never assumed that all women need to improve their assertiveness.

245.

You are working with Krista (15), who states that she feels like she's always stuck raising her younger brother, Joey (8). You invite her mother, Kelly (45), to a family session, and she states that she also raised her younger brother and doesn't understand why Krista is acting so selfishly.

As a structural family therapist, the next **BEST** intervention would be:

Validating how both clients feel

Assessing both clients for safety

Encouraging both clients to set clear boundaries

Directing clients to listen to one another

Correct answer: Validating how both clients feel

Validating is an important part of the joining process, and it can help both clients feel safe and supported. This joining has to occur before the therapist can work with the family system to restructure it.

There is no information indicating safety issues at this time.

You might encourage clients to listen to one another or set boundaries, but that would come after validating their feelings.

Domain 4: Evaluating Ongoing Process and Terminating Treatment

Domain 4: Evaluating Ongoing Process and Terminating Treatment

246.

A solution-focused therapist is working with an adult man with depression. The man reports that it's "hard to get out of bed and go to work each day." He insists that therapy hasn't been helpful in the past, but that he's willing to give it one more chance. This therapist would **MOST LIKELY** create a middle-phase treatment goal that consists of:

Collaborating with the client on how the problem will be solved and how they will know it's been solved

Identifying unexplored solutions that exist in the client's life

Increasing the client's self-esteem as it relates to his depression

Improving the client's motivation for therapy

Correct answer: Collaborating with the client on how the problem will be solved and how they will know it's been solved

This is one of the most common goals in the middle phase of solution-focused therapy.

Identifying unexplored solutions is typically an early phase goal. We do not know if the client has low self-esteem, and we also do not know that the client is unmotivated for therapy.

247.

You are working with Joe, a male client who struggles with feeling incompetent in his management role. He frequently complains that he feels like he's an imposter and that it's only a matter of time before other people catch onto him. He states that he feels like "less of a man" because of his feelings, and that he's annoyed that he can't just power through despite his insecurity. As a feminist therapist, you would **MOST LIKELY** set which goal for Joe?

Challenge societal beliefs about what it means to be male in modern society

Challenge the status quo in his workplace

Challenge societal beliefs about what it means to be a manager in modern society

Challenge the distorted thoughts maintaining his insecurity and inferiority

Correct answer: Challenge societal beliefs about what it means to be male in modern society

A feminist therapist would encourage Joe to challenge societal beliefs about what it means to be male in modern society.

We don't know that the workplace status quo is problematic based on this information, so that would not be an appropriate goal. We also don't know what Joe's thoughts are about being a manager (only that he feels insecure as one), so challenging that probably wouldn't be a feasible goal. Challenging the distorted thoughts maintaining his insecurity and inferiority is viable, but it is more of a CBT goal.

248.

You are working with Krista (44) and her husband, Allen (44) for issues related to Allen's recent affair. Whenever any of you start talking about the affair, Krista becomes visibly distressed, as evidenced by intense crying and comments along the lines of, "I just can't do this...I can't talk about this." Her reaction **BEST** highlights:

Her becoming flooded

Her becoming defensive

Her becoming avoidant

Her becoming stonewalled

Correct answer: Her becoming flooded

Such hyperarousal likely indicates Krista becoming flooded during the session.

If she kept rationalizing her behavior, that might be a form of defensiveness. Although she may want to avoid talking about the topic, her intense physiological symptoms show that flooding is more likely the case than becoming avoidant. Becoming avoidant might look like intellectualizing or even minimizing the impact. Stonewalling would typically include having a stoic, detached, withdrawn stance.

249.

Which of the following **BEST** describes a client achieving differentiation-of-self in their family?

Being able to practice self-care when they feel stressed

Being able to share their feelings with their family

Being able to engage in individual therapy

Being able to recognize how family members feel

Correct answer: Being able to practice self-care when they feel stressed

Practicing self-care is a form of differentiation that honors a client's autonomy and desire to achieve emotional wellness.

Sharing feelings with a family member may be a form of differentiation, but it depends on how the individual shares the feeling (dumping or projecting them onto someone else isn't effective).

Engaging in therapy alone isn't a sign of differentiation.

Being able to recognize how family members feel is more of a form of attunement and/or empathy.
