

## *Behavioral Health*

*AMFTRB-MFT*

*Association of Marital and Family Therapy Regulatory Boards: Marital and Family Therapist*

**Questions And Answers PDF Format:**

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# Latest Version: 6.0

## Question: 1

All the following are generally true about professional wills EXCEPT:

- A. It is legally required for therapists to have professional wills.
- B. Therapists need to let clients know about the presence of professional wills to obtain authorization during the informed consent.
- C. The individual assigned to take over client care must be given access to records.
- D. Professional wills should designate the executioner of the will.

**Answer: A**

Explanation:

Correct answer: It is legally required for therapists to have professional wills.

It is not legally required, although it is ethically needed.

Wills need executioners, and designated therapists will need access to client records, thus explaining why therapists need to review how this process works and obtain authorization during the informed consent process.

## Question: 2

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:

- A. Nothing - there is not enough information to warrant a diagnosis.
- B. Bulimia nervosa
- C. Purging disorder
- D. Other specified feeding or eating disorder

**Answer: D**

Explanation:

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.

### Question: 3

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:

- A. Mutuality
- B. Fusion
- C. Indebtedness
- D. Fusion anxiety

**Answer: B**

Explanation:

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.

### Question: 4

When helping a client in an acute crisis, you will want to teach them practical coping skills after completing each of the following tasks, EXCEPT:

- A. Creating a recovery plan for the future
- B. Assessing suicidal thoughts
- C. Completing a biopsychosocial assessment
- D. Building therapeutic rapport

**Answer: A**

Explanation:

Correct answer: Creating a recovery plan for the future

You would create a recovery plan for the future after teaching a client healthy coping skills (they need these skills as part of their recovery!).

However, you need to complete a biopsychosocial assessment, assess for suicide, and build rapport before jumping into specific skills.

### Question: 5

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All the following indicate it's likely time for termination from an MRI-Systemic framework, EXCEPT:

- A. The clients have achieved symptom relief.
- B. The clients have accommodated and adjusted to new beliefs.
- C. Second-order change has been created.
- D. The current problem has been resolved.

**Answer: B**

Explanation:

Correct answer: The clients have accommodated and adjusted to new beliefs.

Accommodating and adjusting to new beliefs is a Milan Systemic goal.

Clients resolving their current problems, achieving symptom relief, and experiencing second-order changes are MRI-systemic goals.

### Question: 6

As an IFS therapist, how would you BEST know when your client is ready to terminate treatment?

- A. When your client has shifted their true self into a positive, loving self
- B. When your client's true self is fully in charge of all the other parts
- C. When your client's firefighters can fully protect the exiles
- D. When your client's managers are fully extinct

**Answer: B**

Explanation:

Correct answer: When your client's true self is fully in charge of all the other parts

Ideally, you want their true self to lead the rest of the parts, which will make room for self-empowerment.

It is not likely realistic to extinguish the managers. You want to stop the client's firefighters from needing to so readily protect the exiles (so your goal would be the opposite of this one). Based on this model, the true self is already positive and loving, so it wouldn't be shifting into that.

### Question: 7

Hunter is a newly-licensed therapist who advertises himself as a trauma specialist. He has read a few books and watched several documentaries on the subject. Given this information, Hunter is MOST LIKELY breaching which ethical standard?

- A. Promotional materials
- B. Professional affiliations
- C. Specialization
- D. N/A: Hunter is not breaching any ethical standards

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**Answer: C**

Explanation:

Correct answer: Specialization

It is unlikely that Hunter is a true trauma specialist after reading just a few books and watching a few documentaries. Therefore, identifying himself as such is a form of breaching specialization.

We do not have any indication that he has promotional materials that are inaccurate. He is also not misleading himself as part of a professional affiliation.

### Question: 8

The BEST example of a middle-phase treatment goal that fits within Virginia Satir's framework is:

- A. Explore feelings openly
- B. Incite chaos
- C. Implement the new status quo
- D. Introduce a foreign element

**Answer: B**

Explanation:

Correct answer: Incite chaos

Disrupting homeostasis and inciting chaos is a common middle-phase treatment goal.

Introducing a foreign element is more of an early-phase treatment goal. Implementing the new status quo and exploring feelings openly are later-phase goals.

### Question: 9

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

- A. The DSM may inadvertently promote stigmatization of mental disorders.
- B. The DSM is insufficient for understanding or treating couples or family issues.
- C. The DSM can make it challenging for therapists to define an appropriate presenting problem for family therapy.
- D. The DSM inherently endorses the notion of an identified patient.

**Answer: B**

Explanation:

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.

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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.

### Question: 10

All the following are TRUE about a therapist's scope of competence EXCEPT:

- A. You need to refer clients out if they are not within your scope of competence.
- B. It is an ethical and not a legal concern.
- C. You can expand your scope with proper education, training, and supervision.
- D. You must list your scope of competence on all advertising materials.

**Answer: D**

Explanation:

Correct answer: You must list your scope of competence on all advertising materials.

While this might be helpful, it is not mandatory (so it is not a legal concern).

Scope of competence is an ethical consideration, and you can expand it with the right support, education, and supervision. Ethically, you do need to refer out clients who are not within your scope of competence.

### Question: 11

All the following are TRUE when it comes to modifying treatment plans with clients, EXCEPT?

- A. You should always ensure treatment plans are in compliance with the client's insurance authorization.
- B. You should routinely assess goals and progress towards achieving goals.
- C. It's a good idea to collaborate with clients regularly to review progress.
- D. You should discuss treatment planning during your informed consent process.

**Answer: A**

Explanation:

Correct answer: You should always ensure treatment plans are in compliance with the client's insurance authorization.

Not all clients use insurance for therapy, and you shouldn't just make goals for them to comply with insurance (as this could actually be a form of fraud if the goals aren't appropriate).

However, you should discuss treatment planning during your informed consent process, collaborate with clients regularly to review progress, and routinely assess goals and progress towards achieving goals.

## Question: 12

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:

- A. Cognitive distortion
- B. No-change prescription
- C. Paradox
- D. Positive connotation

**Answer: D**

Explanation:

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).

## Question: 13

Ethically speaking, multiple relationships should:

- A. honor the therapist's informed consent.
- B. always be avoided.
- C. only benefit the client's well-being.
- D. aim to be avoided, although exceptions might exist.

**Answer: D**

Explanation:

Correct answer: aim to be avoided, although exceptions might exist.

Multiple relationships cannot always be avoided, especially in rural areas or in certain job settings.

It is not just about benefiting the client's well-being, although the therapist should always consider that.

A therapist's informed consent should not dictate which multiple relationships can/cannot be allowed.

## Question: 14

All the following are TRUE about conduct disorder EXCEPT:

- A. Symptoms are pervasive in various settings
- B. Symptoms need to persist for at least six months
- C. Symptoms violate social norms
- D. Symptoms may include aggression towards animals

**Answer: B**

Explanation:

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.

### Question: 15

All the following represent key goals of feminist therapy, EXCEPT:

- A. Explore problems related to authority, power, and control within systems
- B. Empower individuals to choose and create their designed roles
- C. Support men to embrace their emotions
- D. Encourage women to improve assertiveness in intimate relationships

**Answer: D**

Explanation:

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.

### Question: 16

According to Carl Whitaker, the late phase of therapy entails:

- A. Families becoming significantly involved in their therapeutic process
- B. Families coping with the upcoming need to terminate therapy
- C. Families implementing new skills and maintaining a level of substantial progress
- D. Families winning the battle for initiative

**Answer: C**

Explanation:

Correct answer: Families implementing new skills and maintaining a level of substantial progress



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Families implementing new skills and maintaining a level of substantial progress is part of the late phase of therapy.

Winning the battle for initiative is an early treatment goal. Coping with the need to terminate therapy is a separation phase goal. Families becoming significantly involved in their therapeutic process is a middle-phase goal.

### Question: 17

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:

- A. Her becoming flooded
- B. Her becoming defensive
- C. Her becoming avoidant
- D. Her becoming stonewalled

**Answer: A**

Explanation:

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.

### Question: 18

Based on DSM criteria, which of the following diagnoses is MOST LIKELY susceptible to hospitalization?

- A. Bipolar I Disorder
- B. Generalized Anxiety Disorder
- C. Attention-Deficit/Hyperactivity Disorder
- D. Social Anxiety Disorder

**Answer: A**

Explanation:

Correct answer: Bipolar I Disorder

People with bipolar 1 disorder are susceptible to manic episodes, which tend to be severe and may lead to hospitalization. They significantly impair someone's functioning.

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It's true that generalized anxiety disorder, ADHD, and social anxiety disorder may lead to serious consequences (which could result in hospitalization), but these are not inherently listed as risk factors in the DSM, and that is not a common trajectory for these conditions.

### Question: 19

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:

- A. Engaging in a genogram
- B. Assessing for instances of criticism, contempt, or stonewalling
- C. Reviewing times when the problem is not the problem
- D. Exploring their primary and secondary emotions

**Answer: C**

Explanation:

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.

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. Engaging in a genogram is a Bowenian intervention.

### Question: 20

Which of the following BEST describes a therapist exercising a client's right to autonomy?

- A. Sharing the risks associated with a client contemplating dropping out of school
- B. Supporting a client choosing to stay in an emotionally abusive relationship
- C. Encouraging the client to stop therapy at any time
- D. Providing motivational interviewing to a client who presents as ambivalent about quitting drinking

**Answer: B**

Explanation:

Correct answer: Supporting a client choosing to stay in an emotionally abusive relationship

Therapists are ethically responsible for exercising a client's right to autonomy, and supporting them despite a difficult situation (such as abuse) falls under this category.

Motivational interviewing may lead to autonomous decision-making, but it does not inherently provide that. Sharing the risks is simply an educational tool. Encouraging clients to actively participate in the termination process is a form of autonomy, but therapists would not likely recommend clients just stop treatment whenever they feel it's best.

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