

Counseling and Social Work MFT

Examination in Marital and Family Therapy Exam

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Question: 1

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

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

Answer: D

Explanation:

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

Question: 2

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

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

Answer: B

Explanation:

Although local and state laws slightly differ, all 50 states require therapists to report all suspected and proven cases of child abuse. Therapists are responsible for reviewing specific situations with clients in which confidential disclosures may be legally required. The MFT must review the limits of confidentiality at the onset of therapy (AAMFT, 2015, Standard 2.1).

Question: 3

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

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

Answer: C

Explanation:

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

Question: 4

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

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

Answer: B

Explanation:

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

Question: 5

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

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

Answer: C

Explanation:

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

Question: 6

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

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

Answer: C

Explanation:

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

Question: 7

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

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

Answer: B

Explanation:

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

Question: 8

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

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

Answer: C

Explanation:

Therapeutic contracts are used at the onset of treatment to underscore legal and ethical guidelines as well as client-counselor responsibilities, roles, and expectations. Therapists use formal therapeutic contracts as transparent, documented agreements to minimize risks and challenges and to promote the ethical principles of autonomy and beneficence. Safety contracts are verbal or signed contracts provided

to suicidal clients. The use of safety contracts alone lacks empirical evidence supporting their efficacy. Treatment plans include documented goals and objectives that the client uses to provide direction and focus with the goal of resolving or minimizing the effects of the presenting problem. Confidentiality agreements are used to describe actions that therapists must take to uphold privacy and exceptions to doing so.

Question: 9

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

- A. Implicit bias.
- B. Immediacy.
- C. Microinvalidation.
- D. Countertransference.

Answer: D

Explanation:

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

Question: 10

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

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

Answer: C

Explanation:

The therapist would use self-disclosure to best enhance the therapeutic relationship. The therapist is aware of his privileged status in relation to his client, which suggests that he is mindful of his own biases. The fact that the client has met some of the agreed-upon treatment goals signifies the likelihood of a therapeutic alliance. The therapist is attuned to his internal emotional state and shared feelings of injustice. Carefully timed self-disclosures can be used to convey genuineness and authenticity. This may involve the therapist sharing emotions evoked in that moment and adopting an openness to addressing

the influence of race on the therapeutic relationship. Relabeling is a strategic family therapy technique in which the therapist alters the meaning of an experience by altering the language used to describe it. Similarly, reframing rephrases a problem or situation by presenting it in a positive light. For the issue of discrimination, relabeling and reframing would discourage a discourse on race rather than encourage or elicit a discussion. Double-sided reflections are used in motivational interviewing (MI) to help the client elicit change talk, which is not indicated for the client's experience of discrimination.

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