Test Specifications for the Examination in Marital and Family Therapy

Practice Domains

Domain 01 The Practice of Marital and Family Therapy (22.5%)

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

Domain 02 Assessing, Hypothesizing, and Diagnosing (22.5%)

This domain encompasses tasks related to assessing the various dimensions of the client system, forming and reformulating hypotheses, and diagnosing the client system in order to guide therapeutic activities.

Domain 03 Designing and Conducting Treatment (32.5%)

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

Domain 04 Evaluating Ongoing Process and Terminating Treatment (7.5%)

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

Domain 05 Maintaining Ethical, Legal, and Professional Standards (15%)

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

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

Task Statements

01 The Practice of Marital and Family Therapy

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

01.06 Establish therapeutic relationship(s) with the client system.

01.07 Attend to the interactional process between the therapist and client (e.g., therapeutic conversation, transference, and counter-transference) throughout the therapeutic process.

02 Assessing, Hypothesizing, and Diagnosing

02.01 Assess client’s verbal and non-verbal communication to develop hypotheses about relationship patterns.

02.02 Identify boundaries, roles, rules, alliances, coalitions, and hierarchies by observing interactional patterns within the system.

02.03 Assess system dynamics/processes.

02.04 Assess how individual members of the client system understand their relational issues.

02.05 Formulate and continually assess hypotheses regarding the client that reflect contextual understanding.

02.06 Review background, history, context, client beliefs, external influences, and current events surrounding the origins and maintenance of the presenting issue(s).

02.07 Identify client’s attempts to resolve the presenting issue(s) and the individuals in the family, community, and professional systems involved in the problem resolution process.

02.08 Assess client’s level of economic, social, emotional, and mental functioning.

02.09 Assess the family life cycle stage of the client.

02.10 Assess the relationship between the individual developmental stage and the family life cycle stage.

02.11 Assess developmental stage of members of the client system for impact on problem formation, maintenance, and resolution.

02.12 Assess strengths and resources available to client.

02.13 Assess level of mental or physical risk or danger to the client (e.g., suicide, domestic violence, elder abuse).

02.14 Administer and review data from standardized and/or non-standardized tests.

02.15 Assess and diagnose client in accordance with formal diagnostic criteria (e.g., DSM and ICD) while maintaining a systems perspective.

02.16 Integrate diagnostic impressions with system(s) perspective/assessment when formulating treatment hypotheses.

02.17 Assess influence of individual diagnosis on the client system.

02.18 Assess influence of biological factors and medical conditions on the client system.

02.19 Identify external factors (events, transitions, illness, trauma, etc.) affecting client functioning.

02.20 Determine need for evaluation by other professional systems.

02.21 Collaborate with client, professional, and community systems, as appropriate, in establishing treatment priorities.

03 Designing and Conducting Treatment

03.01 Create therapeutic contracts.

03.02 Define short- and long-term goals by organizing and interpreting assessment information, in collaboration with client as appropriate.

03.03 Develop a treatment plan reflecting a contextual understanding of presenting issues.

03.04 Develop and monitor safety plan to address identified risk (domestic violence, suicide, elder abuse).

03.05 Develop consensus on the definition of presenting issues.

03.06 Choose interventions based on application of theory and research (individual, couple, group, and
family).

03.07 Construct rationale for selecting a therapeutic intervention.

03.08 Determine sequence of treatment processes and identify which members of the client system will be involved in specific tasks and stages.

03.09 Choose therapeutic modalities and interventions while considering the uniqueness of each client.

03.10 Integrate multiple types and sources of information while conducting therapy.

03.11 Collaborate with collateral systems, as appropriate, throughout the treatment process.

03.12 Use genograms and/or family mapping as therapeutic interventions when appropriate.

03.13 Facilitate change through restructure and reorganization of the client system.

03.14 Identify and explore competing priorities for client issues to be addressed in treatment.

03.15 Assist client(s) in developing decision-making and problem-solving skills.

03.16 Assist client(s) in developing appropriate verbal and non-verbal emotional communication in their relational context(s).

03.17 Attend to the homeostatic process and its impact on the system’s ability to reach therapeutic goals.

03.18 Assist client to change perspective of the presenting issues to facilitate appropriate solution(s).

03.19 Influence behavior and/or perceptions through use of techniques such as metaphor, re-framing, inventiveness, creativity, humor, and prescribing the symptom.

03.20 Enable client to attempt new/alternate ways of resolving problems.

03.21 During treatment planning, identify criteria upon which to terminate treatment.

04 Evaluating Ongoing Process and Terminating Treatment

04.01 Use relevant theory and/or research data in the ongoing evaluation of process, outcomes, and termination.

04.02 Evaluate progress of therapy in collaboration with client and collateral systems as appropriate.

04.03 Modify treatment plan with client and collateral systems as appropriate.

04.04 Collaboratively plan for termination of treatment.

04.05 Terminate therapeutic relationship as appropriate.

05 Maintaining Ethical, Legal and Professional Standards

05.01 Adhere to ethical codes of relevant professional organizations and associations.

05.02 Adhere to relevant statutes, case law, and regulations affecting professional practice.

05.03 Practice in accordance with one’s own area of expertise (i.e., education, training, and experience.

05.04 Maintain awareness of the influence of the therapist’s own issues (e.g., family-of-origin, gender, culture, personal prejudice, value system, life experience, supervisor, etc.).

05.05 Maintain continuing competencies essential to the field (e.g., continuing education, critical reading of professional literature, attendance at workshops and professional meetings, supervision, and consultation).

05.06 Demonstrate professional responsibility and competence in forensic and legal issues (e.g., court-ordered cases, testimony, expert witness, custody hearings, etc).

05.07 Adhere to treatment agreements with clients.

05.08 Respect the rights and responsibilities of clients.

05.09 Assist clients in making informed decisions relevant to treatment (e.g., filing third-party insurance claims, collateral systems, alternative treatments, limits of confidentiality).

05.10 Consult with colleagues and other professionals as necessary regarding clinical, ethical, and legal issues and concerns.

05.11 Respect the roles and responsibilities of other professionals working with the client.

05.12 Maintain accurate, timely, and thorough record keeping.
Integrate technology (e.g., Internet, fax, telephone, email) into the treatment process, as appropriate.

Knowledge Statements

01 Foundations of marital therapy and family therapy (e.g., Sullivan, Jackson, Ackerman, Bowen, Bateson, Weakland, Haley, Satir)
02 History of the marital and family therapy field
03 Family studies and science (e.g., step families, remarriage, blended families)
04 Marital studies and science
05 General Systems Theory
06 Models of family therapy and their clinical application
07 Individually based theory and therapy models (e.g., person-centered, Gestalt, RET, behavioral)
08 Impact of couple dynamics on the system
09 Family belief systems and their impact on problem formation and treatment
10 Family homeostasis as it relates to problem formation and maintenance
11 Family life cycle stages and their impact on problem formation and treatment
12 Human development throughout the lifespan (e.g., physical, emotional, social, psychological, spiritual, cognitive)
13 Human sexual anatomy, physiology, and development
14 Sexually transmitted diseases
15 Theories of personality
16 Child, adolescent, and adult psychopathology
17 Impact of developmental disorders (e.g., child and adolescent, geriatrics) on system dynamics
18 Trauma (e.g., historical, current, and anticipatory trauma)
19 Risk factors for and patterns of abuse, (abandonment, physical, emotional, verbal, sexual)
20 Risk factors, stages, and patterns of grief response for loss (death, sudden unemployment, runaway children)
21 Risk factors and relational patterns of endangerment (rape, domestic violence, suicide, self-injurious behavior)
22 Behaviors, psychological features, or physical symptoms that indicate a need for medical, educational, psychiatric, or psychological evaluation
23 Diagnostic interviewing techniques
24 Diagnostic and Statistical Manual of Mental Disorders (DSM) and International Statistical Classification of Diseases & Related Health Problems (ICD)
25 Standardized psychological assessment tests (e.g., MMPI)
26 Non-standardized assessment tests (e.g., genograms, family maps, scaling questions)
27 Relational diagnostic tests (e.g., Dyadic Adjustment Scale, Marital Satisfaction Inventory, FACES, Prepare/Enrich, etc.)
28 Dynamics of and strategies for managing transference and counter-transference (use of self of therapist, handling/control of the process of therapy)
29 Reference materials regarding medication side effects and classification
30 Effects of non-prescription substances (e.g., over the counter medications, herbals) on the client system
31 Pre-marital education and treatment
32 Divorce
33 Child custody
34 Infertility
35 Adoption
36 Infidelity
37 Trauma intervention models
Crisis intervention models
Sex therapy
Sexual abuse treatment for victims, perpetrators, and their families
Sexual behaviors and disorders associated with Internet and other forms of technology (e.g., Internet and cybersex)
Effect of substance abuse & dependence on individual and family functioning
Effects of addictive behaviors (e.g., gambling, shopping, sexual) on individual and family system
Spiritual and religious beliefs (e.g., eastern and western philosophies) and the impact on the system in treatment
Impact of loss and grief on the client (e.g., death, chronic illness, economic change, roles, and sexual potency)
Research literature and research methodology (including quantitative and qualitative methods) sufficient to critically evaluate assessment tools and therapy models
Methodologies for developing and evaluating programs (e.g., parenting, grief workshops)
Statutes, case law and regulations (e.g., clinical records, informed consent, confidentiality and privileged communication, privacy, fee disclosure, mandatory reporting, professional boundaries, mandated clients)
Codes of ethics
Business practices (e.g., storage and disposal of records, training of office staff, work setting policies, collections, referrals, advertising, and marketing, management of the process of therapy)
Use of technology (e.g., cell phones, fax machines, electronic filing of claims, Internet therapy)
Diversity studies (e.g., race, ethnicity, class, gender, gay & lesbian issues)
Neuropsychology
Community systems (schools, human service agencies)
Group mandated (e.g., anger management, domestic violence treatment, sexual offender programs) or voluntary (divorce recovery, parenting) treatment programs