

MFT
Exam Set Questions and Answers (2023)

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(The National Marital and Family Therapy Examination Exam Set Questions and Answers (2023))

MFT Licensing Exam Study Guide 2023: MFT Test Questions for
the Marriage and Family Therapy Exam
Best Score - studying Guide 2023

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1. A young woman comes to therapy alone. She has been dating a man for almost a year and they recently began having sexual relations. Although the woman is sexually aroused during intercourse, she is unable to achieve orgasm through either intercourse or clitoral stimulation. The woman says that, while this is her first experience with intercourse, she has masturbated to orgasm several times. In treating the woman a therapist using Masters and Johnson's approach to sex therapy is most likely to recommend that the woman use which of the following techniques?

Select one:

- a. The bridge technique
 - b. The stop-start technique
 - c. Sensate focus
 - d. The squeeze technique - answer
- Although many questions that ask you to choose an intervention are "best answer" questions, this is a "one-correct-answer" question because Masters and Johnson suggest specific procedures for treating each sexual dysfunction. Answer C is correct: In treating secondary Orgasmic Disorder, Masters and Johnson emphasize the sexual value system and recommend giving the couple permission to be sexual, using sensate focus with constant communication of likes and dislikes to the partner, genital play, penile containment without thrusting, and, finally, coitus. Answer A is incorrect: Be careful: this is associated with Kaplan's treatment for secondary Orgasmic Disorder. Answer B is incorrect: This is associated with Kaplan's treatment for Premature Ejaculation. Answer D is incorrect: This technique is associated with Masters and Johnson, but is used to treat male sexual dysfunction, such as Premature Ejaculation.

The correct answer is: Sensate focus

2. Based on the initial evaluation of a 15-year-old boy, a clinician believes the nature and number of his symptoms suggest a DSM-5 diagnosis of Attention-Deficit or Hyperactivity Disorder, predominantly inattentive presentation. Before assigning the diagnosis, the clinician will want to confirm that some symptoms were present before the boy was _____ years of age and that he exhibits them in at least _____

_____ settings

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Select one:

a. 7; 2

b. 12; 2

c. 6; 3

d. 10; 3 - answer
Answer B is correct: For a diagnosis of ADHD, the DSM-5 requires that "several inattentive or hyperactive-impulsive symptoms were present prior to age 12" (p. 60) and that symptoms are present in at least two settings.

Answer A is incorrect: This answer describes the DSM-IV-TR requirements for the diagnosis. The correct answer is: 12; 2

3. Bipolar I Disorder is distinguished from Bipolar II Disorder by the presence of which kind of episode? Select one:

a. Manic episode

b. Psychotic episode

c. Mixed episode

d. Depressed episode - answer
This is another straightforward recall question about diagnosis. Answer A is correct: The presence of a manic episode rules out Bipolar II Disorder. The criteria for diagnosing Bipolar I Disorder include one or more manic episodes. Answer B is incorrect: With psychotic features is a specifier for Bipolar I Disorder, but psychotic episodes are not one of the types of episodes associated with the Bipolar Disorders.

The correct answer is: Manic episode

4. Charles and Martha bring their two children to therapy. The parents are concerned with how disrespectful the youngest child is to the mother. Whenever she tries to discipline him, he engages in name-calling and has threatened violence. The therapist asks the mother to recall a recent event that occurred and notes that the husband rolls his eyes and looks away as she begins to speak. When the therapist calls attention to the husband's response, the youngest child immediately lashes out at his mother. A structural therapist would view this interaction as:

Select one:

a. Conflict-detouring.

b. Reciprocal inhibition.

c. Equifinality.

d. Nonsummativity. - answer Answer A is correct: Conflict-detouring occurs when conflict from one subsystem is detoured to another subsystem. This is often what is occurring in situations where there is a family scapegoat. Reciprocal inhibition is a Behavioral Family therapy term that describes the pairing of responses that are incompatible with anxiety to the previously anxiety-producing stimuli (e.g. systematic desensitization) (B). Equifinality means that the same results may arise from different origins. For example, an inhibited child may develop from experiences of physical abuse or emotional abuse (C). Nonsummativity is the concept that a system cannot be analyzed by isolated segments: "The whole is greater than the sum of its parts" (D).

The correct answer is: Conflict-detouring.

5. Cindy and Tom Thomas come to counseling with their 6-year-old son, Michael, who was adopted from a Romanian orphanage three years ago. Michael has been slow to learn English, is behind at school, and often doesn't seem focused or socially engaged. Cindy and Tom tell you they often fight about Michael and Tom says, "I think that Cindy spoils him and now he doesn't want to do anything himself." Your next step would be to:

Select one:

a. Refer Michael for psychological and psychiatric testing.

b. Refer Cindy and Tom to a parenting class.

c. Normalize Michael's cultural adjustment process.

d. Get a release to speak with his teacher. - answer Answer A is correct: It is important to refer Michael for a psychological and psychiatric evaluation. Because Michael's prenatal and first three years of care are questionable, it cannot be assumed that his problems are acculturation issues or weak parenting. In recent years there have been many couples who have been stunned to find children who were adopted from abroad were not properly cared for during their formative years and permanent cognitive deficits have been the result. Russian and Romanian adoptions have been under specific scrutiny in this regard. Referring Cindy and Tom to a parenting class would not address any possible existing organic or psychological problems. Because Michael's prenatal and first three years of care are questionable, it cannot be assumed that his problems are strictly the result of trial and error parenting attempts (B). Helping to normalize Michael's bicultural adjustment for his parents is not enough in this case (C). Getting a release to speak with Michael's teacher might be somewhat helpful, but it doesn't address the possible organic problems this child may be having as a result of prenatal or early neglect or abuse (D).

The correct answer is: Refer Michael for psychological and psychiatric testing.

6. Clementine, an 18-year-old high school senior, is referred for therapy by her physician. She went to see her doctor due to constipation and menstrual irregularity. Though slightly underweight, Clementine talks excessively about being fat and unattractive. When prompted by the MFT, she admits to thinking that food is a "tyrant" in her life. She also discloses that she sometimes "gorges on food" to a point where she feels sick and throws up, but is quick to add that she does this no more than a couple of times a week.

Based on this information, the most likely diagnosis for Clementine is:

Select one:

a. Anorexia Nervosa, binge eating or purging type.

b. Bulimia Nervosa.

c. Major Depressive Disorder with atypical features.

d. Body Dysmorphic Disorder. - answer
The information presented in this question suggests that Clementine has an eating disorder. Answer A is incorrect: Anorexia and Bulimia share some features (e.g., disturbed body image), but a person with Anorexia refuses to maintain weight over a minimal normal level for her height and age. Answer B is correct: The primary clue indicating that Clementine has Bulimia, rather than Anorexia, is that she is only slightly underweight. Other signs of Bulimia include her lack of control over eating ("food is a tyrant"); her preoccupation with her body shape and weight; and her gorging on food and vomiting. Finally, menstrual irregularity (and even amenorrhea) occurs in some females with Bulimia and constipation can develop in individuals who chronically abuse laxatives. Answer C is incorrect: Major Depressive Disorder with atypical features often includes overeating, but Clementine is not exhibiting other symptoms of depression. Answer D is incorrect: You can rule this out since Clementine clearly seems to have an eating disorder. The essential feature of Body Dysmorphic Disorder is a preoccupation with an imagined or minor physical flaw.

The correct answer is: Bulimia Nervosa.

7. During an initial interview with a patient who was recently admitted to the hospital, a therapist finds that the patient tends to take an unusually long time to answer questions because he spends a lot of time providing minute details and making parenthetical comments. However, the patient doesn't seem to lose track of the point he is trying to make and usually ends up answering the questions. The man's speech pattern is best described by which of the following terms?

Select one:

a. Loosening of associations

b. Circumstantiality

c. Confabulation

d. Flight of ideas - answer A key feature of this person's speech is that he does not lose the original point. Answer B is correct: The man's speech pattern illustrates circumstantiality. His speech wanders somewhat but he continues to be aware of the original point. Answer A is incorrect: Loosening of associations involves incoherent, rambling speech and loss of the original point. Answer C is incorrect: Confabulation involves the fabrication of details or events in order to fill in information gaps resulting from memory loss. Answer D is incorrect: Flight of ideas involves a nearly continuous flow of rapid speech with abrupt changes from one topic to another.

The correct answer is: Circumstantiality

8. During your first session, a new client tells you that she sometimes gets very light-headed and "shaky" and that, during these periods, she has an impending sense of doom and feels like she's going to die. She says these feelings "come and go" and don't seem to be related to anything she's doing at the time. A representative from her insurance company calls a few days after this session and requests a diagnosis. He says the company will not reimburse for the session unless it receives a diagnosis with the first billing. You generally do not like to assign a diagnosis without doing a complete assessment, but you want to get paid. Therefore, you hazard an "educated guess" and assign which of the following diagnoses?

Select one:

a. Panic Disorder

b. Generalized Anxiety Disorder

c. Schizoid Personality Disorder

d. Schizophreniform Disorder - answer This vignette does not offer much in terms of symptoms, so you have to do the best you can to arrive at a tentative diagnosis. Many questions on the MFT exam will not list the full criteria for a diagnosis but will, instead, only hint at the probable diagnosis. Answer A is correct: Panic Disorder requires the occurrence of at least two unexpected panic attacks that include physical symptoms (e.g., light headedness) and cognitive symptoms (fear of dying). Answer B is incorrect: Generalized Anxiety Disorder (GAD) is characterized by excessive anxiety and worry about multiple events. It is not associated with an impending sense of doom or fear of dying. Answer C is incorrect: Schizoid Personality Disorder does not involve the symptoms described in the question. Answer D is incorrect: Schizophreniform Disorder does not fit the clinical picture described here.

The correct answer is: Panic Disorder

9. During your first session with Mr. and Mrs. Desvelo, Mr. Desvelo says his wife has insisted that he get "some help" with his sleep problems. Mrs. Desvelo states that she's awakened by his frightening screams at least once a week, usually a few hours after they go to sleep, and that this is having a negative effect on her mood and their relationship. Mr. Desvelo has no history of trauma or substance abuse, and he says he recently had a physical and his health is good. In response to your questions, Mrs. Desvelo tells you that her husband sometimes wakes up when he screams and seems agitated but usually goes right back to sleep and doesn't respond to her attempts to calm him; and Mr. Desvelo says that, in the morning, he has no memory of the episode and usually can't recall having had any dreams. Mr. Desvelo's symptoms are most suggestive of which of the following DSM-5 diagnoses?

Select one:

- a. Nightmare Disorder
 - b. Sleep Terror Disorder
 - c. Rapid Eye Movement Sleep Behavior Disorder
 - d. Non-Rapid Eye Movement Sleep Arousal Disorder - answer
- Answer D is correct: A person with Non-Rapid Eye Movement Sleep Arousal Disorder, sleep terror type experiences sleep terror episodes that are usually accompanied by a panicky scream. The person shows signs of autonomic arousal, usually does not fully awaken, is unresponsive to the efforts of others to comfort him/her, rarely remembers any dreams he/she may have had, and has amnesia for the episode on awakening in the morning.

Answer A is incorrect: A person with Nightmare Disorder awakens easily and completely and reports having had a vivid dream involving a threat to survival or security.

Answer B is incorrect: Sleep Terror Disorder and Sleepwalking Disorder were separate diagnoses in DSM-IV-TR but are included in the DSM-5 as Non-Rapid Eye Movement Sleep Arousal Disorder.

Answer C is incorrect: Rapid Eye Movement Sleep Behavior Disorder involves episodes of arousal during REM sleep that are usually associated with vocalizations and/or complex motor behaviors that are consistent with the person's dream. Upon awakening, the person is alert and oriented.

The correct answer is: Non-Rapid Eye Movement Sleep Arousal Disorder

10. Eliana, age 32, tells you that she often has trouble concentrating on her work and falling asleep at night because she's constantly worrying about having cancer. She states that her older sister had surgery for breast cancer last year and her mother's sister and uncle both had lung cancer. Eliana says she gets a physical exam every six months and has been reassured by the doctor that she's okay; but she knows that, for some people, there are no symptoms of