



**BOARD OF BEHAVIORAL SCIENCES**  
1625 N. Market Blvd., Suite S-200, Sacramento, CA 95834  
Telephone (916) 574-7830  
TDD (916) 322-1700  
Website Address: <http://www.bbs.ca.gov>



## MEETING NOTICE

### Marriage and Family Therapist Education Committee July 21, 2006

Hilton Burbank Airport and Convention Center  
Hollywood/Glendale Room  
2500 Hollywood Way  
Burbank, CA 91502

**9:30 a.m. – 12:00 p.m.**

- I. Introductions
- II. Purpose of the Committee
- III. Draft Environmental Scan
- IV. Presentation on DACUM by Mr. Jose Luis Flores
- V. Review of MFT Occupational Analysis
- VI. Future Meeting Dates
- VII. Suggestions for Future Agenda Items

*Public Comment on items of discussion will be taken during each item. Time limitations will be determined by the Chairperson. Items will be considered in the order listed. Times are approximate and subject to change. Action may be taken on any item listed on the Agenda.*

THIS AGENDA AS WELL AS BOARD MEETING MINUTES CAN BE FOUND ON THE BOARD OF BEHAVIORAL SCIENCES WEBSITE AT [www.bbs.ca.gov](http://www.bbs.ca.gov)

NOTICE: The meeting facilities are accessible to persons with disabilities. Please make requests for accommodations to the attention of Christina Kitamura at the Board of Behavioral Sciences, 1625 N. Market Boulevard, Suite S-200, Sacramento, CA 95834, or by phone at 916-574-7835, no later than one week prior to the meeting. If you have any questions please contact the Board at (916) 574-7830.

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# Item III

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**State of California  
Board of Behavioral Sciences**

**Memorandum**

**To:** MFT Education Committee

**Date:** July 6, 2006

**From:** Paul Riches  
Executive Officer

**Telephone:** (916) 574-7840

**Subject:** Environmental Scan

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As the committee begins its work, it is useful to lay out the sources of information and key stakeholders that staff and the committee members have identified.

Information Sources:

1. BBS Occupational Analysis for Marriage and Family Therapy
2. Mental Health Planning Council DACUM report
3. Commission on Accreditation of Marriage and Family Therapy Education Standards
4. WASC Accreditation Standards
5. Mental Health Services Act
6. California Demographic Information
7. MFT Workforce Demographics
8. MFT Student Demographics
9. Mental Health Consumer Statistics and Demographics
10. Incidence and Severity Data for Mental Illness

Key Stakeholders

1. Marriage and Family Therapists
2. Marriage and Family Therapist Interns
3. Marriage and Family Therapy Students
4. Marriage and Family Therapy Educators
5. Clinical Supervisors
6. Mental Health Consumers
7. Degree Granting Institutions
8. Educational Administrators
9. Public and Private Mental Health Agencies
10. MFT Educator Consortia

These are all preliminary and we encourage all interested parties as to provide additional sources of information and stakeholders. Staff hopes to identify additional sources of information and input throughout the committee process.

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# Item IV

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# DACUM Competency Profile for Marriage and Family Therapist

A Marriage and Family Therapist is a clinician who utilizes systemic and/or relational interventions to provide multiple systems.

Duties		Tasks				
<b>A</b>	<b>Complete Service Intake</b>	A-1 Verify eligibility criteria	A-2 Record brief description of substance abuse / mental health problem	A-3 Obtain provisional diagnosis	A-4 Determine financial status and ability to pay	A-5 Discuss and complete consent to treat forms
		B-1 Determine appropriate participants	B-2 Review client related documentation	B-3 Establish presenting problem	B-4 Obtain family and cultural history	B-5 Obtain education and employment history
<b>B</b>	<b>Conduct Bio-Psychosocial Assessment</b>	B-13 Determine current support services and resources	B-14 Establish level of care	B-15 Provide brief description of available services	B-16 Develop treatment plan recommendations	B-17 Determine the need for psychological testing
		C-1 Review assessment	C-2 Engage client in culturally and linguistically relevant treatment	C-3 Develop treatment plan with client driven goals	C-4 Establish measurable and observable outcomes with client	C-5 Determine evidence based treatment modality
<b>C</b>	<b>Provide Mental Health Treatment</b>	C-13 Provide supportive counseling	C-14 Implement motivational interviewing	C-15 Provide interventions with children that are cognitive and behavioral	C-16 Provide non-verbal therapies	C-17 Provide intensive therapeutic services
		C-25 Receive clinical supervision from clinical team	C-26 Arrange for on-going care	C-27 Administer client satisfaction surveys	C-28 Terminate treatment and discharge	
		D-1 Develop a service plan for case management	D-2 Provide cultural facilitation (i.e. interpreting) for client and/or family members	D-3 Assist clients and family members to understand and navigate the mental health system	D-4 Assist in enrollment for financial entitlements	D-5 Provide benefits counseling
<b>D</b>	<b>Provide Case Management</b>	D-13 Attend Individualized Education Plan and other school meetings	D-14 Refer clients and family members to self help and peer support services	D-15 Observe home living environment	D-16 Provide extended on-site services for employed consumers	D-17 Coordinate treatment and discharge planning in higher level treatment facilities
		D-25 Assist in obtaining and maintaining educational and vocational goals	D-26 Complete annual financial updates (UMDAPs)	D-27 Coordinate and participate in client celebratory events		

<b>E</b> <b>Provide Crisis Intervention Services</b>	E-1 Receive a crisis referral	E-2 Perform mental status evaluation	E-3 Perform lethality assessment	E-4 Complete duty to warn if indicated (Tarasoff)	E-5 Evaluate substance abuse status
	E-13 Report to supervisor	E-14 Determine appropriate level of care	E-15 Negotiate a no harm contract	E-16 Complete 5150 as required	E-17 Locate available hospital bed or crisis program
<b>F</b> <b>Coordinate Client Care</b>	F-1 Collaborate with psychiatrist to ensure continuity of care	F-2 Collaborate with case managers to ensure continuity of care	F-3 Collaborate with specialty mental health services to ensure continuity of care	F-4 Participate in case conferences or daily treatment team meetings	F-5 Identify and involve family members
<b>G</b> <b>Provide Education</b>	G-1 Provide education to clients about client rights	G-2 Educate client to advocate for self	G-3 Provide education to clients and family on mental illness and recovery	G-4 Refer to peer-facilitated support and education groups	G-5 Provide education to clients about medications
	G-13 Provide education to consumer providers about work in the mental health field	G-14 Provide education on parenting skills	G-15 Provide education to erase the stigma about mental illness	G-16 Provide education on foster parenting skills	G-17 Educate community about co-occurring and other mental illnesses and recovery
<b>H</b> <b>Perform Administrative Functions</b>	H-1 Adhere to agency policies and procedures	H-2 Participate in quality assurance	H-3 Attend staff meetings	H-4 Perform weekly supervision	H-5 Track productivity levels of staff
	H-13 Maintain all required documentation	H-14 Participate in staff performance evaluations	H-15 Monitor MediCal eligibility through MIS (Management Information Systems)	H-16 Participate in program development and design	H-17 Complete billing procedures and logs
<b>I</b> <b>Promote Professional Development</b>	I-1 Promote culturally competent, ethnically diverse professional services	I-2 Utilize clinical supervision	I-3 Practice self care to prevent compassion fatigue	I-4 Maintain CEU requirements	I-5 Participate in and promote mandatory trainings
	I-13 Participate in career development opportunities				

## **(Public or Community-Based Mental Health Services)**

mental health services including assessment, treatment, and referral for individuals, families, and children within

A-6 Discuss and complete consent to release forms	A-7 Complete application form	A-8 Discuss and obtain signatures on HIPAA disclosure forms	A-9 Discuss limits of confidentiality	A-10 Refer to appropriate service		
B-6 Obtain medical, mental health, and substance abuse history	B-7 Obtain legal and criminal justice history	B-8 Evaluate for abuse	B-9 Conduct mental status exam	B-10 Establish the diagnosis	B-11 Assess independent living skills	B-12 Assess client and family strengths
C-6 Commence mental health treatment	C-7 Initiate discharge planning	C-8 Refer to appropriate resources	C-9 Provide individual therapy	C10 Provide family therapy	C-11 Provide behavioral therapy	C-12 Provide cognitive therapy
C-18 Provide milieu therapy	C-19 Facilitate skills based groups	C-20 Facilitate support groups	C-21 Facilitate therapy groups	C-22 Review progress with client toward stated goals	C-23 Chart progress toward objectives	C-24 Update treatment plan
D-6 Obtain required signatures from clients or family members on needed reports	D-7 Provide linkages to community services	D-8 Generate reports for schools and courts	D-9 Represent mental health in Lantcman, Petrus, Short conservatorship process [5250's]	D-10 Assist in obtaining and/or maintaining housing	D-11 Assist in accessing medical prescriptions	D-12 File Adult Protective Services and Child Protective Services reports
D-18 Refer and monitor clients w/ medical needs to appropriate treatment and resources	D-19 Assist in obtaining and maintaining financial resources	D-20 Arrange follow-up of 5150's	D-21 Respond to subpoenas	D-22 Provide legal testimonies in court	D-23 Provide support services for medical treatment	D-24 Provide client transportation

E-6 Obtain medical clearance	E-7 Request psychiatric consult for medication evaluation	E-8 Consult with treatment team	E-9 Provide crisis counseling	E-10 Determine relational resources	E-11 Assess family strengths, coping skills and resources	E-12 Determine need for family involvement while obtaining release
E-18 Arrange for admission	E-19 Provide directive to family to utilize resources	E-20 Provide necessary follow-up	E-21 Facilitate crisis debriefing	E-22 Provide on-call support as required		
F-6 Advocate for clients with other systems	F-7 Collaborate with schools to ensure continuity of care	F-8 Coordinate with point of authorization	F-9 Collaborate with other agencies involved in care			
G-6 Provide anger management education	G-7 Provide client education on life skills	G-8 Educate law enforcement workers about mental illness and recovery	G-9 Educate students & interns about adult and child systems of care and coordinated services	G-10 Educate clients and families about wellness / prevention and recovery	G-11 Provide domestic violence education	G-12 Provide education to clients, families, and staff about employment and vocational srvc
H-6 Gather performance outcome data	H-7 Review client service data reports	H-8 Monitor agency contracts	H-9 Handle consumer/family complaints and grievances	H-10 Supervise consumer staff volunteers	H-11 Triage new referrals / determine dispositions	H-12 Write clinical reports
H-18 Write grants and contracts	H-19 Participate in hiring panels	H-20 Outreach to find new clients	H-21 Develop referral and community resource manuals			
I-6 Maintain memberships in professional organizations	I-7 Enhance skills by learning new therapeutic techniques	I-8 Adopt strategies to maintain wellness	I-9 Mentor potential mental health workers	I-10 Promote development/use of systemic, relational interventions in public mental health systems	I-11 Develop community mental health training programs	I-12 Attend professional events.

# **DACUM Competency Profile for**

## **Marriage and Family Therapist (Public or Community-Based Mental Health Services)**

December 20 - 21, 2005

### **Produced by:**

California Community College

Economic and Workforce Development Program

Health Initiative

Butte College – RHORC

3536 Butte Campus Drive

Oroville, CA 95965

(530) 879-9049

## **DACUM PANEL MEMBERS**

Marianne Baptista, MFT, CPRP  
Curriculum & Training Coordinator  
CASRA  
Martinez, CA

Rick DeGette, MA, MFT  
Director of Vocational Services  
Alameda County Vocational Program  
Oakland, CA

Jose Luis Flores, MFT  
MFT Program Director  
Phillip's Graduate Institute  
Encino, CA

Mariko Kahn, MFT  
Executive Director  
WRAP Family Services  
Los Angeles, CA

J. Rodney Kennedy, LMFT  
Senior Manager  
Solano County Health & Social Services  
Fairfield, CA

### **DACUM FACILITATOR**

Linda Zorn, RHORC Director  
Regional Health Occupations Resource Center  
Butte College  
2050 Talbert Dr Ste 500  
Chico, CA 95928  
(530) 879-9049 Fax (530) 879-0179  
[zornli@butte.edu](mailto:zornli@butte.edu)

Parel Mathai, LMFT  
Sr. Mental Health Clinician  
Dept of Children & Family Services  
Fresno, CA

Michael McGlathery, PhD, MFT  
Supervising Clinician/Behavioral Health  
Solano County  
Fairfield, CA

Noel J. O'Neill, LMFT  
Division Manager  
Mendocino County Mental Health  
Ukiah, CA

Norma Scarborough, DMFT, LMFT  
Administrator  
Secure Transitions Foster Family Agency  
Culver City, CA

Alexis J. Woods, MFT  
System Administrator  
Kern County Mental Health  
Bakersfield, CA

### **DACUM ASSISTANT**

Patty Perkins, RHORC Director  
Interior Bay Area  
CCSF  
1600 Holloway, HSS 301  
San Francisco, CA 94132  
(415) 405-0777

## General Knowledge and Skills

Americans with Disabilities Act (ADA)  
Archetypes in dreams  
Child development and assessment  
Community resources including peer support  
Computer skills–electronic records/data reporting/access  
Criminal justice system (including juvenile justice and prison system)  
Cultural competence  
Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision published by the American Psychiatric Association (DSM IV TR)  
Differential diagnosis  
Domestic violence treatment programs  
Domestic violence shelters  
Dual Diagnosis/co-morbidity  
Evidence-based best practices  
Fair housing laws  
Family court system  
Family systems and their utilization  
Financial assist programs for MFT students  
General information on larger systems (SSI, Foster Care, DSS, Regional Center, Schools, Residential Care, etc)  
Generational issues–needs of children/elderly  
Genogram preparation  
Geriatric information & referrals  
Group process  
HIPAA regulations  
Homeless shelters  
Housing regulations and resources  
ICD-9-CM Codes  
Individual Educational Plan  
Lantermann, Petrus, and Short (LPS) laws/codes  
Life span development  
Limits of confidentiality  
MediCal/MediCare regs and doc requirements  
Mental illnesses/how difficult clients can be  
Mental Health Service Act (Prop 63)  
Parenting Wisely Program  
Psychopharmacology  
Psychosis  
Psychosocial rehabilitation  
Recovery philosophy  
Recovery-oriented practice  
Reporting requirements  
Resiliency qualities in youth  
Schizophrenia  
Strengths-based engagement process  
Subsidized housing

Supported education  
Techniques for working with various population groups–children, older adults, etc  
Transition age youth  
Treatment modalities  
Aggression replacement therapy  
Anger management groups  
Art therapy  
Behavior modification  
Behavioral family therapy  
Cognitive behavioral therapy  
Crisis intervention  
Day treatment milieu therapy  
Dialectical behavioral therapy  
Domestic violence groups (victims/perpetrators)  
Dual diagnosis groups  
Incredible years  
Integrated behavioral therapy  
Family therapy  
Functional family therapy  
Grief counseling  
Matrix  
Motivational interviewing  
Multifamily therapy  
Multifunctional foster care  
Multisystemic family therapy  
Narrative therapy  
Parent child groups  
Parent child interactive therapy  
Peer support  
Play therapy  
Roadmap to recovery  
Sex offender groups  
Skills based groups (examples)  
Assertiveness  
Budgeting  
Communication  
Conflict Resolution  
Employment Interviewing  
Solution focused therapy  
Strategic family therapy  
Support groups (vocational, family, HIV, medication, etc)  
Supportive counseling  
Therapy groups (depression, anxiety, etc)  
Therapeutic behavioral services  
Wrap around services  
Triple P Parenting Program  
Vocational rehabilitation

Substance abuse treatment programs  
System of care  
Systemic and relational theories of practice

Welfare and institutions codes  
Working with clients in the field

### **Tools, Equipment, Supplies and Materials**

Art supplies	DC-03	Subscriptions / professional organizations
Beck; Duke Depression Invtry	Evidence Based Practices tool kits (E.B.P. Tool Kits)	Subscriptions / journals
Books on Psychopharm	Laptops	Substance Abuse and Mental Health Services Administration tool kits (SAMHSA Tool Kits)
Book: Adolescent Tx and their Families	Merck Manual	Testing instruments
Books: child therapy + play	One way mirror	Therapeutic and safe toys such as doll house, anatomically correct dolls, puppets, therapeutic games, wooden blocks, etc.
Car/van	PDR: physicians' desk reference	Therapeutic tools for children
Cell phone/pager	Resource manuals (paper/electronic)	Video camera
Client education materials	Rocking chair	
Computer/software templates/forms	Sand tray + figures	
Craft supplies	Scale (weight)	
Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision published by the American Psychiatric Association (DSM IV TR)	Secure email / electronic records	

### **Worker Characteristics/Behaviors**

Ability to convey & sustain a non-anxious presence	Flexibility	Resiliency
Ability to maintain appropriate boundaries	Good common sense/judgment	Respect others
Ability to tolerate governmental process	Good listening skills	Self awareness
Able to handle stress	Good range of life experiences	Self-disciplined
Absence of paternalism	Good sense of humor	Strong professional identity
Accepting of consumer staff/volunteers	Good writing skills	Team player
Analytical	Mature	Understanding essential role of multidisciplinary team
Bilingual skills preferred/not mandatory	Openness	Understands boundaries and respects them
Compassionate/empathetic	Organized	Willing to consult w/ others
Conscientious	Patience	Willing to speak up about agency problems
Creative	Perceptive	Willing to identify/adjust personal biases that impact ability to work with various populations
Culturally aware	Positive/hopeful	Willing to work "out of the office"
Detail oriented	Possess strong follow thru	
Energetic	Problem-solving	
	Public speaking skills a plus for community work (not mandatory)	

### **Future Trends and Concerns**

- Client-directed treatment plans
- Elderly population growing, increased pressure on various systems
- Evidence-based practice
- Expanding consumers and family member employment in the mental health workforce
- Increasing use of technology for communication and documentation
- Integrated systems of service provision
- Internet therapy and consultations
- Promoting the diversity and cultural competence of the workforce
- Recovery and resiliency as a guiding principle for the development and implementation of training and retraining programs
- “Whatever it takes” provision of the Mental Health Service Act
- Development of full partnership programs
- Parity for MH Insurance
- Simultaneous treatment for co-occurring disorders
- Increase in incidence of youth self mutilating (cutting)
- Development of Birth to Five programs for screening and assessment
- Increase in the number of children prescribed medication
- Integration of Primary Care, Mental Health and Substance Abuse
- Train staff to work with consumer staff at the agency
- Acknowledge increase in influence of the self help groups in the treatment plan
- Use of videoconferencing to increase treatment accessibility, especially interpreter’s services
- Move away from services provided at the agency to services in community locations or in the client’s home

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# Item V

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## **Memorandum**

**To:** MFT Education Committee  
**From:** Christy Berger  
Legislation Analyst  
**Date:** July 10, 2006  
**Telephone:** (916) 574-7847  
**Subject:** V. Review of MFT Occupational Analysis

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### What is an Occupational Analysis?

An occupational analysis is a method for identifying the tasks performed in a profession or on a job and the knowledge, skills, and abilities required to perform that job competently. It also provides a comprehensive description of current practice. The results of an occupational analysis are used to form the basis of a licensing examination, helping to ensure that it is job-related.

### The MFT Occupational Analysis and Examination Outline

Last performed in 2002 for MFTs, the occupational analysis began with telephone interviews of licensees to gather information about the tasks that are performed in MFT practice and the knowledge required to perform those tasks. That information was reviewed and refined during several workshops with licensees, and was then incorporated into a questionnaire. The questionnaire asked MFTs to rate the importance of each task and knowledge area associated with the respondent's own practice, as well as the frequency with which each task is performed by that MFT.

The questionnaires were mailed to 2,207 MFTs throughout California, and 895 completed questionnaires were included in the analysis. Several panels of MFTs reviewed the results of the questionnaire in order to create a new MFT examination outline. This process included a review of the mean rating (critical index score) calculated for each task and knowledge statement, as discussed on page 23 of the validation report. These ratings were used to help evaluate the criticality of each task and knowledge statement. For purposes of formulating an examination outline that reflects content critical to practice, the panels were asked to determine a cutoff point, which resulted in nine tasks and six knowledge statements being dropped.

Next, the panels worked to link each remaining task to one or more relevant knowledge statements. Therefore, knowledge statements may appear more than once throughout the examination outline shown beginning on page 7 of the validation report, while tasks will appear only once. The MFT examination outline consists of six overall content areas which are weighted proportionately relative to other content areas, based on the number of task statements included in that content area and the total of the tasks' critical index ratings.

An overview of the resulting MFT examination outline is as follows:

**I. Clinical Evaluation (28%)**

- A. Initial Assessment (8%)
- B. Clinical Assessment (16%)
  - 1. Developmental History (1%)
  - 2. Physical Condition (3%)
  - 3. Psychological Condition (3%)
  - 4. Family/ Personal History (4%)
  - 5. Social Factors (5%)
- C. Diagnosis (4%)

**II. Crisis Management (13%)**

- A. Assessment (9%)
- B. Strategies (4%)

**III. Treatment Planning (10%)**

- A. Goal Setting (3%)
- B. Formulation of Treatment Plan (7%)
  - 1. Theoretical Orientation (1%)
  - 2. Clinical Factors (6%)

**IV. Treatment (19%)**

- A. Therapeutic Relationship (4%)
- B. Interventions (10%)
  - 1. Theoretical Orientation (5%)
  - 2. Clinical Factors (5%)

**V. Ethics (13%)**

- A. Informed Consent (5%)
- B. Therapeutic Boundaries (3%)
- C. Management of Ethical Issues (5%)

**VI. Law (17%)**

- A. Confidentiality and Privilege (6%)
- B. Exceptions (3%)
- C. Professional Conduct (8%)

A new MFT occupational analysis is scheduled to begin later this year.

Attachment

Marriage and Family Therapist (Validation Report)

# **Attachment A**

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BOARD OF BEHAVIORAL SCIENCES

MARRIAGE AND FAMILY THERAPIST



This report was written and produced by  
the staff of the Office of Examination Resources,  
California Department of Consumer Affairs.

Tracy A. Ferrel, Ph.D., Chief

October 2002  
(REVISED)

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## CHAPTER 1. INTRODUCTION

### PURPOSE OF THE OCCUPATIONAL ANALYSIS

The Board of Behavioral Sciences (BBS) requested that the Department of Consumer Affairs, Office of Examination Resources (OER), conduct a validation study to identify critical job activities performed by marriage and family therapists (MFT). This occupational analysis is part of the Board's comprehensive review of the practice of marriage and family therapy in California. The purpose of the occupational analysis is to define practice for MFTs in terms of the actual tasks that new licensees must be able to perform safely and competently. The results of this occupational analysis serve as the basis for the examination program for the MFT.

### CONTENT VALIDATION STRATEGY

To ensure that the occupational analysis reflects the actual tasks performed by MFTs, OER implemented a content validation strategy to describe the content of the job. The content validation strategy establishes the link between the job tasks and the knowledges utilizing the technical expertise of MFTs.

### UTILIZATION OF EXPERTS

The Board identified MFTs that represent diverse practice settings. These MFTs provided technical expertise in all phases of the occupational analysis. Some of the MFTs participated in individual interviews, and others participated in panel meetings to develop and review job task and knowledge statements. A number of recently licensed MFTs were included in interviews and panel meetings to ensure that the results of the occupational analysis reflect current practice.

### ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

Several statutes, guidelines, and case law serve as standards for the basis of licensure, certification, and registration programs in California. These include the Section 139 of the Business and Professions Code, Government Code, Section 12944, Federal Uniform Guidelines for Employee Selection, and the Civil Rights Act of 1991. For a licensure program to meet these standards, it must be based upon the job activities that MFTs perform on the job.



## CHAPTER 2. EXAMINATION OUTLINE

### OVERVIEW

The examination outline is structured into six content areas (see Tables 1 and 2). Each content area is weighted proportionately relative to other content areas. The examination outline specifies the job tasks that an MFT is expected to master at the time of licensure. Examinations are based directly on the examination outline.

Table 1 - Summary of content areas

Content area	Number of Tasks in Content Area	Number of Tasks in Content Subarea	Number of Tasks in Content Sub-section	Task Indices in Content Area	Task Indices in Content Subarea	Task Indices in Content Sub-section	Area Weight (%)	Subarea Weight (%)	Sub-section Weight (%)
I. Clinical Evaluation	27	-	-	405.43	-	-	28	-	-
A. Initial Assessment	-	7	-	-	118.56	-	-	8	-
B. Clinical Assessment	-	16	-	-	221.60	-	-	16	-
1. Development History	-	-	1	-	-	16.56	-	-	1
2. Physical Conditions	-	-	2	-	-	34.08	-	-	3
3. Psychological Condition	-	-	3	-	-	38.02	-	-	3
4. Family/Personal History	-	-	4	-	-	58.39	-	-	4
5. Social Factors	-	-	6	-	-	74.55	-	-	5
C. Diagnosis	-	4	-	-	65.24	-	-	4	-
II. Crisis Management	11	-	-	182.23	-	-	13	-	-
A. Assessment	-	7	-	-	122.07	-	-	9	-
B. Strategies	-	4	-	-	60.16	-	-	4	-
III. Treatment Planning	10	-	-	133.40	-	-	10	-	-
A. Goal Setting	-	3	-	-	45.86	-	-	3	-
B. Formulation of Treatment Plan	-	7	-	-	87.54	-	-	7	-
1. Theoretical Orientation	-	-	1	-	-	12.46	-	-	1
2. Clinical Factors	-	-	6	-	-	75.08	-	-	6
IV. Treatment	12	-	-	272.27	-	-	19	-	-
A. Therapeutic Relationships	-	2	-	-	65.27	-	-	4	-
B. Interventions	-	7	-	-	138.81	-	-	10	-
1. Theoretical Orientations	-	-	4	-	-	74.09	-	-	5
2. Clinical Factors	-	-	3	-	-	64.72	-	-	5
C. Termination	-	3	-	-	68.19	-	-	5	-
V. Ethics	12	-	-	186.61	-	-	13	-	-
A. Informed Consent	-	4	-	-	75.26	-	-	5	-
B. Therapeutic Boundaries	-	3	-	-	43.90	-	-	3	-
C. Management of Ethical Issues	-	5	-	-	67.45	-	-	5	-
Content area	Number of Tasks in Content Area	Number of Tasks in Content Subarea	Number of Tasks in Content Sub-section	Task Indices in Content Area	Task Indices in Content Subarea	Task Indices in Content Sub-section	Area Weight (%)	Subarea Weight (%)	Sub-section Weight (%)

						section			
VI. Law	14	-	-	229.48	-	-	17	-	-
A. Confidentiality and Privilege	-	5	-	-	76.84	-	-	6	-
B. Exception	-	3	-	-	37.56	-	-	3	-
C. Professional Conduct	-	6	-	-	115.08	-	-	8	-
TOTAL	86	-	-	1409.42	-	-	100	-	-

## NARRATIVE DESCRIPTION OF CONTENT AREAS

Narrative descriptions were developed for each content area to provide a broad perspective of each area in terms of a defining theme. The examination outline presented in Table 2 includes these narrative descriptions.

## CONTENT AREAS AND SUBAREA WEIGHTS

When developing task statements, standard protocol was followed with the exception of one content area, “Treatment.” Within the Treatment content area, the intent was to make the tasks broader and address practice within general theoretical orientations rather than specific treatment activities. This strategy was based on the complexity of the profession and the difficulty of trying to represent all relevant treatment activities.

The Office of Examination Resources (OER) was aware that a statistical artifact would be created from writing fewer, more general tasks, and thus would reduce the weight of this content area. In order to address this artifact, OER had subject matter experts evaluate the percentage of each of the content areas with respect to Treatment. A rationale methodology was used to adjust the percentage of the Treatment content area to better represent the practice. The Treatment content area was increased five percent by applying a weight of 1.5 to each of the tasks in the content area. To reflect the increased weight in “Treatment,” the content area “Clinical Evaluation” was decreased by five percent by applying a decrease in weight of 0.5 to each of the tasks in this content area.

TABLE 2 - EXAMINATION OUTLINE FOR MARRIAGE AND FAMILY THERAPIST

**I. Clinical Evaluation (28%)** – This area assesses the candidate’s ability to identify presenting problems and collect information to assess clinical issues and formulate a diagnostic impression within the client’s interpersonal and cultural context.

<i>Subarea</i>	<i>Section</i>	<i>Job Tasks</i>	<i>Associated Knowledges</i>
A. Initial Assessment (8%)		<p>T1. Identify presenting problems by assessing client’s initial concerns to determine purpose for seeking therapy.</p> <p>T2. Identify unit of treatment (e.g., individual, couple, family) to determine a strategy for therapy.</p> <p>T3. Assess client’s motivation for and commitment to therapy by discussing client’s expectations of therapeutic process.</p> <p>T4. Evaluate client’s previous therapy experience to determine impact on current therapeutic process.</p> <p>T5. Identify human diversity factors to determine how to proceed with client’s treatment.</p> <p>T6. Assess for indicators of substance use, abuse and dependency to plan for client’s treatment.</p> <p>T7. Assess the impact of client’s substance use, abuse, and dependency on family members and significant others to determine how to proceed with treatment.</p>	<p>K1. Knowledge of therapeutic questioning methods.</p> <p>K2. Knowledge of active listening techniques.</p> <p>K3. Knowledge of procedures to gather initial intake information.</p> <p>K4. Knowledge of observation techniques to evaluate verbal and nonverbal cues.</p> <p>K5. Knowledge of factors influencing the choice of unit of treatment.</p> <p>K28. Knowledge of the impact of cultural context on family structure and values.</p> <p>K6. Knowledge of the role of client motivation in therapeutic change.</p> <p>K7. Knowledge of techniques to facilitate engagement of the therapeutic process with involuntary clients.</p> <p>K8. Knowledge of the effects of previous therapy on current therapeutic process.</p> <p>K10. Knowledge of the effects of human diversity factors on the therapeutic process.</p> <p>K11. Knowledge of cultural beliefs regarding therapy and mental health.</p> <p>K28. Knowledge of the impact of cultural context on family structure and values.</p> <p>K13. Knowledge of criteria for classifying substance use, abuse, and dependency.</p> <p>K14. Knowledge of the effects of substance use, abuse, and dependency on psychosocial functioning and family relationships.</p> <p>K12. Knowledge of the impact of substance use, abuse, and dependency on affective, behavioral, cognitive, and physical functioning.</p> <p>K14. Knowledge of the effects of substance use, abuse, and dependency on psychosocial functioning and family relationships.</p>

**I. Clinical Evaluation (28%)** – This area assesses the candidate’s ability to identify presenting problems and collect information to assess clinical issues and formulate a diagnostic impression within the client’s interpersonal and cultural context.

<i>Subarea</i>	<i>Section</i>	<i>Job Tasks</i>	<i>Associated Knowledges</i>
B. Clinical Assessment (16%)	1. Developmental History (1%)	T8. Gather information regarding developmental history to determine impact on client’s functioning.	K15. Knowledge of developmental processes of individual growth and change. K16. Knowledge of behavioral and psychological indicators of developmental disorders. K17. Knowledge of stages of family life-cycle development.
	2. Physical Condition (3%)	T9. Gather information regarding physical conditions or symptoms to determine impact on client’s presenting problems.	K18. Knowledge of the effects of physical condition on psychosocial functioning. K19. Knowledge of the relationship between medical conditions and psychosocial functioning.
		T10. Evaluate client’s medical history and current complaints to determine need for medical referral.	K18. Knowledge of the effects of physical condition on psychosocial functioning. K20. Knowledge of psychological features or symptoms that indicate need for a medical evaluation.
3. Psychological Condition (3%)		T11. Administer mental status exam to identify client’s mood and levels of affective and cognitive functioning.	K21. Knowledge of administration and application of informal mental status examinations.
		T12. Identify client’s thought processes and behaviors that indicate a need for psychiatric referral.	K22. Knowledge of psychological features or behaviors that indicate need for a psychiatric evaluation.
		T13. Identify client’s affective, behavioral, and cognitive functioning that indicates a need for referral for testing.	K23. Knowledge of affective, behavioral, and cognitive factors that indicate need for further testing.

**I. Clinical Evaluation (28%)** – This area assesses the candidate’s ability to identify presenting problems and collect information to assess clinical issues and formulate a diagnostic impression within the client’s interpersonal and cultural context.

<i>Subarea</i>	<i>Section</i>	<i>Job Tasks</i>	<i>Associated Knowledges</i>
B. Clinical Assessment (16%) (CONT)	4. Family/ Personal History (4%)	<p>T14. Explore human diversity issues to determine impact on client functioning.</p> <p>T15. Gather information regarding family history to assess impact of significant relationships and events on client’s presenting problems.</p> <p>T16. Gather information about family structure by evaluating impact of significant relationships and events.</p> <p>T19. Gather information from other involved parties to contribute to development of a clinical impression of client.</p>	<p>K24. Knowledge of the implications of human diversity issues on client relationships.</p> <p>K36. Knowledge of transitional stages of acculturation.</p> <p>K25. Knowledge of techniques to collect family history.</p> <p>K26. Knowledge of methods to assess impact of family history on family relationships.</p> <p>K27. Knowledge of the effects of family structure and dynamics on development of identity.</p> <p>K28. Knowledge of the impact of cultural context on family structure and values.</p> <p>K31. Knowledge of methods to gather information from professionals and other involved parties.</p>

**I. Clinical Evaluation (28%)** – This area assesses the candidate’s ability to identify presenting problems and collect information to assess clinical issues and formulate a diagnostic impression within the client’s interpersonal and cultural context.

<i>Subarea</i>	<i>Section</i>	<i>Job Tasks</i>	<i>Associated Knowledges</i>
B. Clinical Assessment (16%) (CONT)	5. Social Factors (5%)	<p>T17. Gather information regarding client’s employment history to determine how patterns of behavior manifest in occupational settings.</p> <p>T18. Gather information regarding client’s educational history to determine how patterns of behavior manifest in educational settings.</p> <p>T21. Assess primary caregiver’s willingness and ability to support dependent client’s therapy.</p> <p>T22. Gather information regarding social relationships to identify client’s support systems.</p> <p>T23. Identify differences in degrees of acculturation to determine potential source of conflicts among client and family members.</p> <p>T24. Assess economic, political, and social climate to determine the impact on client’s presenting problems and treatment.</p>	<p>K29. Knowledge of the relationship between behavior and the work environment.</p> <p>K30. Knowledge of the relationship between behavior and the educational setting.</p> <p>K33. Knowledge of techniques to identify the primary caregiver’s level of involvement in therapy.</p> <p>K34. Knowledge of techniques to identify support systems within social network.</p> <p>K35. Knowledge of the effects of acculturation on family structure and values. K36. Knowledge of transitional stages of acculturation.</p> <p>K37. Knowledge of the impact of economic factors and stressors on presenting problems and treatment. K38. Knowledge of the impact of the sociopolitical climate on the therapeutic process. K41. Knowledge of the impact of psychosocial stressors on presenting problems and current functioning.</p>

**I. Clinical Evaluation (28%)** – This area assesses the candidate’s ability to identify presenting problems and collect information to assess clinical issues and formulate a diagnostic impression within the client’s interpersonal and cultural context.

<i>Subarea</i>	<i>Section</i>	<i>Job Tasks</i>	<i>Associated Knowledges</i>
C. Diagnosis (4%)		<p>T25. Formulate a diagnostic impression based on assessment information to use as a basis for treatment planning.</p> <p>T26. Identify precipitating events related to client’s presenting problems to determine contributing factors.</p> <p>T28. Assess impact of medication on client’s current functioning to develop a diagnostic impression.</p> <p>T29. Compare clinical information with diagnostic criteria to differentiate between closely related disorders.</p>	<p>K39. Knowledge of Diagnostic and Statistical Manual criteria for determining diagnoses.</p> <p>K40. Knowledge of procedures to integrate assessment information with diagnostic categories.</p> <p>K41. Knowledge of the impact of psychosocial stressors on presenting problems and current functioning.</p> <p>K42. Knowledge of the impact associated with onset, intensity, and duration of symptoms for developing a diagnostic impression.</p> <p>K44. Knowledge of the impact of medication on physical and psychological functioning.</p> <p>K39. Knowledge of Diagnostic and Statistical Manual criteria for determining diagnoses.</p> <p>K45. Knowledge of procedures to develop a differential diagnosis.</p>

**II. Crisis Management (13%)** – This area assesses the candidate’s ability to identify, evaluate, and manage crisis situations.

<i>Subarea</i>	<i>Job Tasks</i>	<i>Associated Knowledges</i>
A. Assessment (9%)	<p>T33. Identify nature of client’s crises to determine what immediate intervention is needed.</p> <p>T35. Evaluate severity of crisis situation by assessing the level of impairment in client’s life.</p> <p>T36. Identify type of abuse by assessing client to determine level of intervention.</p> <p>T39. Assess trauma history to determine impact on client’s current crisis.</p> <p>T34. Assess for suicide potential by evaluating client’s lethality to determine need for and level of intervention.</p> <p>T38. Evaluate potential for self-destructive and/or self-injurious behavior to determine level of intervention.</p>	<p>K52. Knowledge of techniques to identify crisis situations. K70. Knowledge of the principles of crisis management.</p> <p>K58. Knowledge of methods to assess strengths and coping skills. K59. Knowledge of methods to evaluate severity of symptoms. K69. Knowledge of techniques to assess for grave disability of client.</p> <p>K60. Knowledge of criteria to determine situations that constitute high risk for abuse. K61. Knowledge of indicators of abuse. K62. Knowledge of indicators of neglect. K63. Knowledge of indicators of endangerment. K64. Knowledge of indicators of domestic violence.</p> <p>K68. Knowledge of the effects of prior trauma on current functioning.</p> <p>K53. Knowledge of risk factors that indicate potential for suicide within age, gender, and cultural groups. K54. Knowledge of physical and psychological indicators of suicidality. K55. Knowledge of the effects of precipitating events on suicide potential.</p> <p>K66. Knowledge of physical and psychological indicators of self-destructive and/or self-injurious behavior. K67. Knowledge of risk factors that indicate potential for self-destructive behavior.</p>

**II. Crisis Management (13%)** – This area assesses the candidate’s ability to identify, evaluate, and manage crisis situations.

<i>Subarea</i>	<i>Job Tasks</i>	<i>Associated Knowledges</i>
A. Assessment (9%) (CONT)	T37. Evaluate level of danger client presents to others to determine need for immediate intervention (e.g., 5150).	K59. Knowledge of methods to evaluate severity of symptoms. K65. Knowledge of risk factors that indicate client’s potential for causing harm to others.
B. Strategies (4%)	<p>T40. Develop a plan with client who has indicated thoughts of causing harm to self to reduce potential for danger.</p> <p>T41. Develop a plan for a client who has indicated thoughts of causing harm to others to reduce potential for danger.</p> <p>T42. Develop a plan with client in a potentially abusive situation to provide for safety of client and family members.</p> <p>T44. Identify resources available (e.g., referrals, collateral services) to assist with management of client’s crisis.</p>	<p>K56. Knowledge of procedures to manage client’s suicidal ideation that do not require hospitalization.</p> <p>K57. Knowledge of techniques to provide suicide intervention in emergency situations.</p> <p>K71. Knowledge of strategies to reduce incidence of self-destructive/self-injurious behavior.</p> <p>K72. Knowledge of techniques (e.g., contract) to manage suicidality.</p> <p>K73. Knowledge of strategies to deal with dangerous clients.</p> <p>K74. Knowledge of strategies for anger management.</p> <p>K76. Knowledge of strategies to manage situations dangerous to therapists.</p> <p>K75. Knowledge of strategies to address safety in situations of abuse.</p> <p>K78. Knowledge of support systems to manage crisis.</p> <p>K79. Knowledge of referral sources to manage crisis.</p> <p>K80. Knowledge of methods to coordinate collateral services.</p>

**III. Treatment Planning (10%)** – This area assesses the candidate’s ability to develop a complete treatment plan and prioritize treatment goals based on assessment, diagnoses, and a theoretical model.

<i>Subarea</i>	<i>Section</i>	<i>Job Tasks</i>	<i>Associated Knowledges</i>
A. Goal Setting (3%)		<p>T45. Assess client’s perspective of presenting problems to determine consistency of therapist and client treatment goals.</p> <p>T46. Prioritize treatment goals to determine client’s course of treatment.</p> <p>T47. Identify evaluation criteria to monitor client’s progress toward treatment goals and objectives.</p>	<p>K81. Knowledge of means to integrate client and therapist understanding of the goals in treatment planning.</p> <p>K88. Knowledge of techniques for establishing a therapeutic framework within diverse populations.</p> <p>K82. Knowledge of factors influencing the frequency of therapy sessions.</p> <p>K83. Knowledge of stages of treatment.</p> <p>K84. Knowledge of strategies to prioritize treatment goals.</p> <p>K85. Knowledge of methods to formulate short- and long-term treatment goals.</p> <p>K90. Knowledge of third party specifications (eg., managed care, court mandated, EAP) impacting treatment planning.</p> <p>K86. Knowledge of criteria to monitor therapeutic progress.</p> <p>K87. Knowledge of procedures to measure qualitative and quantitative therapeutic changes.</p>
B. Formulation of Treatment Plan (7%)	1. Theoretical Orientation (1%)	T49. Formulate a treatment plan within a theoretical orientation to provide a framework for client’s therapy.	<p>K89. Knowledge of theoretical modalities to formulate a treatment plan.</p> <p>K102. Knowledge of the assumptions, concepts, and methodology associated with a cognitive-behavioral approach.</p> <p>K105. Knowledge of the assumptions, concepts, and methodology associated with a humanistic-existential approach.</p> <p>K108. Knowledge of the assumptions, concepts, and methodology associated with a postmodern approach (e.g. narrative, solution-focused).</p> <p>K111. Knowledge of the assumptions, concepts, and methodology associated with a psychodynamic approach.</p> <p>K114. Knowledge of the assumptions, concepts, and methodology associated with a systems approach.</p> <p>K117. Knowledge of the assumptions, concepts, and methodology associated with group therapy.</p>

**III. Treatment Planning (10%)** – This area assesses the candidate’s ability to develop a complete treatment plan and prioritize treatment goals based on assessment, diagnoses, and a theoretical model.

<i>Subarea</i>	<i>Section</i>	<i>Job Tasks</i>	<i>Associated Knowledges</i>
B. Formulation of Treatment Plan (7%) (CONT)	2. Clinical Factors (6%)	<p>T48. Develop a treatment plan within context of client’s culture to provide therapy consistent with client’s values and beliefs.</p> <p>T51. Determine the need for referral for adjunctive services to augment client’s treatment.</p> <p>T53. Integrate medical information obtained from physician/psychiatrist to formulate treatment plan.</p> <p>T54. Integrate information obtained from collateral consultations (e.g., educational, vocational) to formulate treatment plan.</p> <p>T31. Develop a termination plan by assessing client needs within framework of third party specifications (e.g., managed care, court-mandated, EAP).</p> <p>T55. Coordinate mental health services to formulate a multidisciplinary treatment plan.</p>	<p>K81. Knowledge of means to integrate client and therapist understanding of the goals in treatment planning.</p> <p>K88. Knowledge of techniques for establishing a therapeutic framework within diverse populations.</p> <p>K9. Knowledge of methods to assess client’s ability to access resources.</p> <p>K91. Knowledge of methods to identify need for adjunctive services.</p> <p>K92. Knowledge of adjunctive services within community/culture to augment therapy.</p> <p>K94. Knowledge of methods to integrate information obtained from physician/psychiatrist.</p> <p>K95. Knowledge of methods to integrate information obtained from collateral sources (e.g., educational, vocational).</p> <p>K47. Knowledge of issues related to the process of termination.</p> <p>K48. Knowledge of techniques to assess when to initiate termination.</p> <p>K49. Knowledge of the impact of third-party specifications (e.g., managed care, court-mandated, EAP) on termination.</p> <p>K32. Knowledge of the impact of combining treatment modalities in treating problems or disorders.</p> <p>K96. Knowledge of factors associated with use of a multidisciplinary team approach to treatment.</p>

**IV. Treatment (19%)** – This area assesses the candidate’s ability to implement, evaluate, and modify clinical interventions consistent with treatment plan and theoretical model.

<i>Subarea</i>	<i>Section</i>	<i>Job Tasks</i>	<i>Associated Knowledges</i>
A. Therapeutic Relationships (4%)		<p>T56. Establish a therapeutic relationship with client to facilitate treatment.</p> <p>T57. Provide feedback to client throughout the therapeutic process to demonstrate treatment progress.</p>	<p>K97. Knowledge of the components (e.g., safety, rapport) needed to develop the therapeutic relationship.</p> <p>K98. Knowledge of strategies to develop a therapeutic relationship.</p> <p>K99. Knowledge of the impact of value differences between therapist and client on the therapeutic process.</p> <p>K99. Knowledge of the impact of value differences between therapist and client on the therapeutic process.</p> <p>K101. Knowledge of strategies to acknowledge treatment progress.</p>
B. Interventions (10%)	1. Theoretical Orientations (5%)	<p>T62. Develop strategies consistent with systems theories to facilitate client’s treatment.</p> <p>T58. Develop strategies consistent with cognitive-behavioral theories to facilitate client’s treatment.</p> <p>T61. Develop strategies consistent with psychodynamic theories to facilitate client’s treatment.</p> <p>T59. Develop strategies consistent with humanistic-existential theories to facilitate client’s treatment.</p>	<p>K115. Knowledge of the theory of change and the role of therapist from a systems approach.</p> <p>K116. Knowledge of the use of interventions associated with systems theories.</p> <p>K103. Knowledge of the theory of change and the role of therapist from a cognitive-behavioral approach.</p> <p>K104. Knowledge of the use of interventions associated with cognitive-behavioral theories.</p> <p>K100. Knowledge of the impact of transference and countertransference dynamics.</p> <p>K112. Knowledge of the theory of change and the role of therapist from a psychodynamic approach.</p> <p>K113. Knowledge of the use of interventions associated with psychodynamic theories.</p> <p>K106. Knowledge of the theory of change and the role of therapist from a humanistic-existential approach.</p> <p>K107. Knowledge of the use of interventions associated with humanistic-existential theories.</p>

**IV. Treatment (19%)** – This area assesses the candidate’s ability to implement, evaluate, and modify clinical interventions consistent with treatment plan and theoretical model.

<i>Subarea</i>	<i>Section</i>	<i>Job Tasks</i>	<i>Associated Knowledges</i>
B. Interventions (10%) (CONT)	2. Clinical Factors (5%)	<p>T64. Develop strategies to include the impact of crisis issues on client’s treatment.</p> <p>T65. Develop strategies consistent with developmental theories to facilitate client’s treatment.</p> <p>T66. Develop strategies to address client issues regarding lifestyle into treatment.</p>	<p>K119. Knowledge of intervention methods for treating substance abuse.</p> <p>K120. Knowledge of intervention methods for treating abuse (e.g., child, elder) within families.</p> <p>K121. Knowledge of intervention methods for treating the impact of violence (e.g., rape, terrorism, Tarasoff).</p> <p>K122. Knowledge of interventions for treating situational crises (e.g., loss of job, natural disasters, poverty).</p> <p>K123. Knowledge of the use of interventions associated with developmental processes (e.g., cognitive, moral, psychosocial).</p> <p>K124. Knowledge of techniques to assist client to adjust to cognitive, emotional, and physical changes associated with the life cycle (e.g., children, adolescents, elders).</p> <p>K125. Knowledge of techniques to address variations in the life cycle process (e.g., divorce, blended families, grief/loss).</p> <p>K99. Knowledge of the impact of value differences between therapist and client on the therapeutic process.</p> <p>K126. Knowledge of approaches to address issues associated with variations in lifestyles (e.g., gay, lesbian, bisexual, transgender).</p>
C. Termination (5%)		<p>T30. Determine client’s readiness for termination by evaluating whether treatment goals have been met.</p> <p>T32. Develop a termination plan with client to maintain gains after treatment has ended.</p> <p>T52. Integrate community resources to provide ongoing support to the client following termination of treatment.</p>	<p>K46. Knowledge of changes in functioning that indicates readiness to terminate therapy.</p> <p>K47. Knowledge of issues related to the process of termination.</p> <p>K48. Knowledge of techniques to assess when to initiate termination.</p> <p>K50. Knowledge of techniques to maintain therapeutic gains outside therapy.</p> <p>K51. Knowledge of relapse prevention techniques.</p> <p>K93. Knowledge of methods to integrate available community resources into treatment planning.</p>

**V. Ethics (13%)** – This area assesses the candidate’s ability to apply and manage ethical standards and principles in clinical practice to advance the welfare of the client.

<i>Subarea</i>	<i>Job Tasks</i>	<i>Associated Knowledges</i>
A. Informed Consent (5%)	<p>T67. Address client’s expectations about therapy to promote understanding of the therapeutic process.</p> <p>T68. Discuss management of fees and office policies to promote client’s understanding of treatment process.</p> <p>T69. Inform client of parameters of confidentiality to facilitate client’s understanding of therapist’s responsibility.</p> <p>T70. Inform parent/legal guardian and minor client about confidentiality issues and exceptions.</p>	<p>K132. Knowledge of approaches to address expectations of the therapeutic process. K141. Knowledge of cultural differences which may affect the therapeutic alliance.</p> <p>K133. Knowledge of methods to explain management of fees and office policies.</p> <p>K134. Knowledge of methods to explain confidentiality parameters. K135. Knowledge of methods to explain mandated reporting.</p> <p>K135. Knowledge of methods to explain mandated reporting. K136. Knowledge of minor client’s right to confidentiality and associated limitations.</p>
B. Therapeutic Boundaries (3%)	<p>T72. Manage countertransference to maintain integrity of the therapeutic relationship.</p> <p>T78. Manage potential dual relationship to avoid loss of therapist objectivity or exploitation of client.</p> <p>T79. Manage client’s overt/covert sexual feelings toward the therapist to maintain integrity of the therapeutic relationship.</p>	<p>K138. Knowledge of strategies to manage countertransference issues.</p> <p>K140. Knowledge of the impact of gift giving and receiving on the therapeutic relationship. K147. Knowledge of business, personal, professional, and social relationships that create a conflict of interest within the therapeutic relationship.</p> <p>K148. Knowledge of the implications of sexual feelings/contact within the context of therapy. K149. Knowledge of the implications of physical contact within the context of therapy. K150. Knowledge of strategies to maintain therapeutic boundaries.</p>

**V. Ethics (13%)** – This area assesses the candidate’s ability to apply and manage ethical standards and principles in clinical practice to advance the welfare of the client.

<i>Subarea</i>	<i>Job Tasks</i>	<i>Associated Knowledges</i>
C. Management of Ethical Issues (5%)	<p>T71. Manage confidentiality issues to maintain integrity of the therapeutic contract.</p> <p>T73. Manage client’s concurrent relationships with other therapists to evaluate impact on treatment.</p> <p>T75. Manage clinical issues outside therapist’s scope of competence in order to meet client needs.</p> <p>T76. Assist client to obtain alternate treatment when therapist is unable to continue therapeutic relationship.</p> <p>T77. Determine competency to provide professional services by identifying therapist’s cognitive, emotional, or physical impairments.</p>	<p>K137. Knowledge of confidentiality issues in therapy.</p> <p>K139. Knowledge of effects of concurrent therapeutic relationships on treatment process.</p> <p>K142. Knowledge of criteria to identify limits of therapist’s scope of competence. K143. Knowledge of areas of practice requiring specialized training.</p> <p>K144. Knowledge of ethical considerations for interrupting or terminating therapy. K145. Knowledge of alternative referrals to provide continuity of treatment.</p> <p>K146. Knowledge of effects of therapist’s cognitive, emotional, or physical limitations on the therapeutic process.</p>

**VI. Law (17%)** – This area assesses the candidate’s ability to apply and manage legal standards and mandates in clinical practice.

<i>Subarea</i>	<i>Job Tasks</i>	<i>Associated Knowledges</i>
<p>A. Confidentiality and Privilege (6%)</p>	<p>T82. Maintain client confidentiality within limitations as defined by mandated reporting requirements.</p> <p>T85. Obtain client’s authorization for release to disclose or obtain confidential information.</p> <p>T86. Comply with client’s requests for records as mandated by law.</p> <p>T90. Comply with legal standards regarding guidelines for consent to treat a minor.</p> <p>T94. Assert client privilege regarding requests for confidential information within legal parameters.</p>	<p>K157. Knowledge of exceptions to confidentiality pertaining to mandated reporting requirements.</p> <p>K160. Knowledge of conditions and requirements to disclose or obtain confidential information.</p> <p>K161. Knowledge of laws regarding client’s requests for records.</p> <p>K165. Knowledge of laws regarding consent to treat a minor. K166. Knowledge of custody issues of minor client to determine source of consent.</p> <p>K170. Knowledge of laws regarding privileged communication. K171. Knowledge of laws regarding holder of privilege. K172. Knowledge of laws regarding therapist response to subpoenas.</p>
<p>B. Exceptions (3%)</p>	<p>T80. Report to authorities cases of abuse as defined by mandated reporting requirements (e.g., child, dependent adult, elder).</p> <p>T81. Report expressions of intent to harm by client to others as defined by mandated reporting requirements.</p> <p>T83. Assess client’s level of danger to self or others to determine need for involuntary hospitalization.</p>	<p>K154. Knowledge of laws pertaining to mandated reporting of suspected or known abuse (e.g., child, dependent adult, elder).</p> <p>K155. Knowledge of laws pertaining to mandated reporting of client’s intent to harm others. K156. Knowledge of techniques to evaluate client’s plan, means, and intent for dangerous behavior.</p> <p>K158. Knowledge of legal criteria for determining involuntary hospitalization.</p>

**VI. Law (17%)** – This area assesses the candidate’s ability to apply and manage legal standards and mandates in clinical practice.

<i>Subarea</i>	<i>Job Tasks</i>	<i>Associated Knowledges</i>
C. Professional Conduct (8%)	<p>T84. Provide information associated with provision of therapeutic services to client as mandated by law.</p> <p>T87. Maintain security of client’s records as mandated by law.</p> <p>T88. Maintain documentation of clinical services as mandated by law.</p> <p>T89. Comply with legal standards regarding sexual contact, conduct, and relations with client.</p> <p>T93. Comply with legal standards regarding scope of practice in the provision of services.</p> <p>T95. Comply with legal standards regarding advertising to inform public of therapist’s qualifications and services provided.</p>	<p>K159. Knowledge of laws regarding disclosing fees for professional services.</p> <p>K168. Knowledge of situations requiring distribution of the State of California, Department of Consumer Affairs’ pamphlet entitled “Professional Therapy Never Includes Sex.”</p> <p>K162. Knowledge of laws regarding security of client records.</p> <p>K163. Knowledge of laws regarding documentation of clinical services.</p> <p>K164. Knowledge of laws regarding sexual conduct between therapist and client.</p> <p>K168. Knowledge of situations requiring distribution of the State of California, Department of Consumer Affairs pamphlet entitled “Professional Therapy Never Includes Sex.”</p> <p>K169. Knowledge of laws which define scope of practice.</p> <p>K173. Knowledge of laws regarding advertisement and dissemination of information pertaining to professional qualifications and services.</p>

## CHAPTER 3. DEVELOPMENT OF EXAMINATION OUTLINE

### USE OF CRITICAL INDICES

The critical indices for tasks and knowledge were used as guidelines by a panel of subject matter experts to establish the criticality of individual items and evaluate the consequences of selecting a particular “cutoff” value. There were approximately nine tasks and six knowledge statements eliminated (see Appendices A and B).

### CRITICAL TASK INDEX

To obtain a critical task index for each job task, the frequency (F) and importance (I) ratings were multiplied for each task. Next, the mean, or average, of the critical task indices was calculated for each task.

$$\text{mean critical task index} = \text{mean} (F \times I)$$

A panel of MFTs evaluated the task indices and selected a mean critical task index of 9.35 as the boundary above which tasks would be retained and below which tasks would be eliminated. Nine tasks were eliminated (see shaded item in Appendix A).

### CRITICAL KNOWLEDGE INDEX

To obtain a critical knowledge index for each knowledge statement, the mean importance (I) ratings for each knowledge was calculated.

$$\text{mean critical knowledge index} = (\text{mean } I)$$

The same panel of MFTs who evaluated the tasks evaluated the knowledge indices and selected a mean critical value of 2.15 as the boundary above which knowledge statements would be retained and below which statements would be eliminated. Six of the knowledge statements were eliminated (see shaded items in Appendix B).

### LINKAGE OF KNOWLEDGES TO JOB TASKS

The last step in the development of the examination outline was to establish a linkage between job tasks and knowledge statements to define the content areas in the examination outline. The linkage was established by the same panel of MFTs who evaluated the results of the occupational analysis. The panelists achieved the linkage by assigning specific knowledge statements to specific job tasks so that every task had a set of knowledges associated with it and every knowledge statement was associated with a task.



## CHAPTER 4. QUESTIONNAIRE

### INTERVIEWS

During the semistructured onsite and telephone interviews, MFTs were asked to identify major content areas of their practice and the job tasks performed in each content area. They were also asked to identify the knowledge necessary to perform each job task safely and competently.

### LIST OF JOB TASKS AND KNOWLEDGES

Using the information gathered during the interviews and prior occupational analysis work, OER developed a preliminary list of job tasks and knowledge statements so that the statements had a consistent format and language. The list was then organized into functional dimensions or content areas of practice.

Three panels of MFTs were convened to evaluate the technical and conceptual accuracy and comprehensiveness of the content areas, including the job tasks and knowledge statements. The panels also determined whether the scope of the task and knowledge statements was independent and nonoverlapping. New task and knowledge statements were developed as needed.

OER then developed a questionnaire (see Appendix D) based on the list of job tasks and knowledge statements. A draft of the questionnaire was evaluated by approximately 19 MFTs who served as subject matter experts in earlier phases of the occupational analysis. Their comments were incorporated into the final questionnaire. (Note: Items 127 - 131 and 151 - 153 were intentionally omitted from the final questionnaire.)

### DISTRIBUTION OF QUESTIONNAIRE AND RESPONSE RATE

The questionnaire was distributed to MFTs practicing in California (N=2,207). These MFTs were asked to provide general background information about themselves and their practice. Further, the respondents were asked to rate each job task in terms of how often they performed the task (FREQUENCY) and how important the task was to performance of their current job (IMPORTANCE). Similarly, respondents were asked to rate each knowledge statement in terms of how important a knowledge (IMPORTANCE) was to performance of their current job.

Nine hundred and forty-five MFTs (45%) returned the questionnaire. This response rate reflects two adjustments. One adjustment was made as a result of questionnaires being returned as “undeliverable.” Specifically, the adjustment is five percent of the original sample size (N of 2,097 = .05 x 2,207). Another adjustment was made due to 50 questionnaires being returned as “nonactive.” The total sample size included in the data analysis is 895.

## RELIABILITY OF RATINGS

All ratings from the questionnaire were evaluated with a standard index of reliability called coefficient alpha ( $\alpha$ ). Coefficient alpha is an estimate of internal-consistency reliability of the respondents' ratings of job tasks and knowledge statements in the questionnaire. Coefficients were calculated for all respondent ratings of tasks and knowledges, including tasks and knowledges that were eliminated after analysis.

Tables 3 and 4 list the reliability coefficients for the tasks and knowledges in each content area. Overall, the reliability coefficients were highly significant ( $p < .01$ ). That is, respondents rated the task and knowledge statements consistently throughout the questionnaire.

**TABLE 3 – RELIABILITY COEFFICIENTS FOR TASKS**

Content area		Number of tasks	$\alpha_{\text{frequency}}$	$\alpha_{\text{importance}}$
I.	Clinical Evaluation	32	.93	.92
II.	Crisis Management	12	.95	.91
III.	Treatment Planning	11	.86	.86
IV.	Treatment	11	.78	.79
V.	Ethics	13	.86	.86
VI.	Law	16	.88	.88

**TABLE 4 - RELIABILITY COEFFICIENTS FOR KNOWLEDGES**

Content area		Number of Knowledges	$\alpha_{\text{importance}}$
I.	Clinical Evaluation	51	.96
II.	Crisis Management	29	.98
III.	Treatment Planning	16	.94
IV.	Treatment	30	.93
V.	Ethics	19	.94
VI.	Law	20	.95

## DEMOGRAPHIC RESULTS

Most of the respondents could be described in terms of the following demographic data (see Figures 1-8 and Tables 5):

- licensed 0 – 5 years as an MFT;
- primarily working in an urban setting; and,
- maintaining a private practice.

FIGURE 1 – NUMBER OF YEARS AS A MARRIAGE AND FAMILY THERAPIST

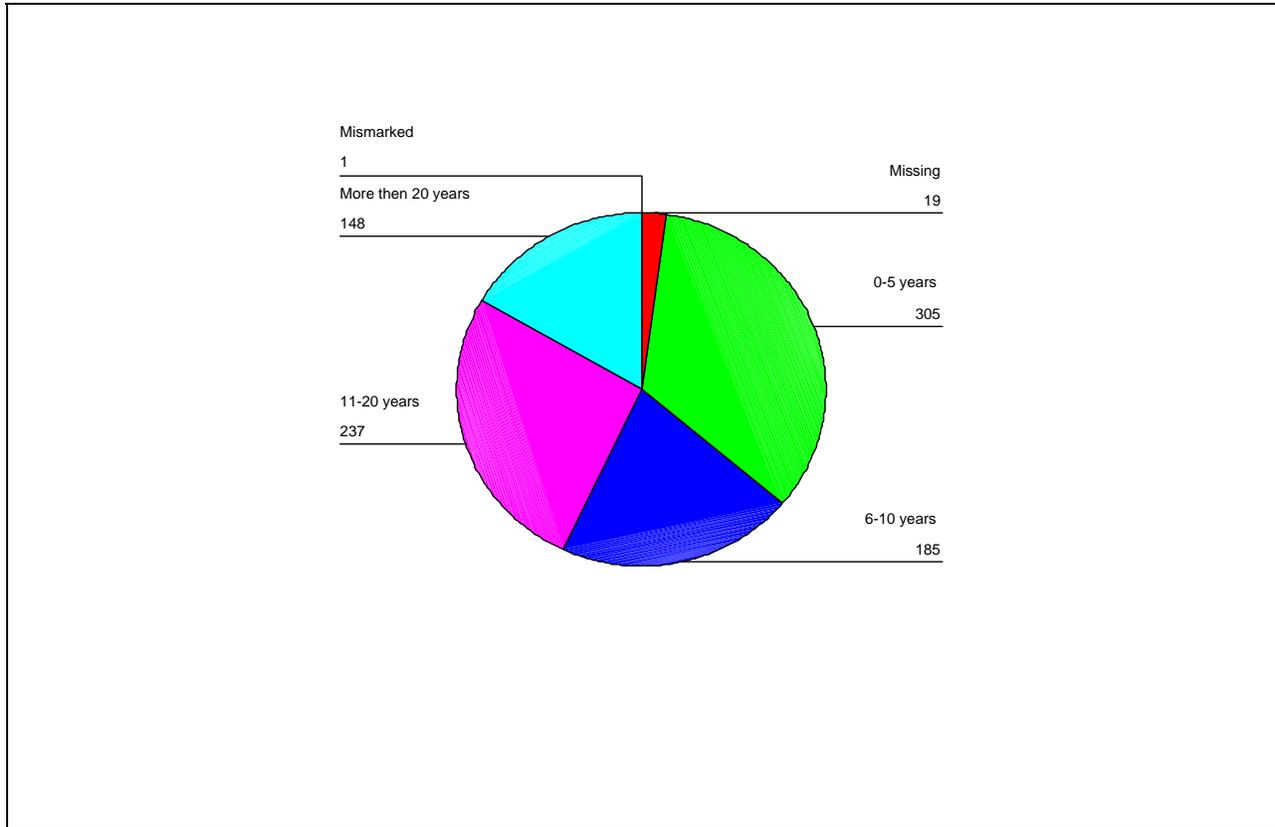


FIGURE 2 – HIGHEST LEVEL OF EDUCATION ACHIEVED

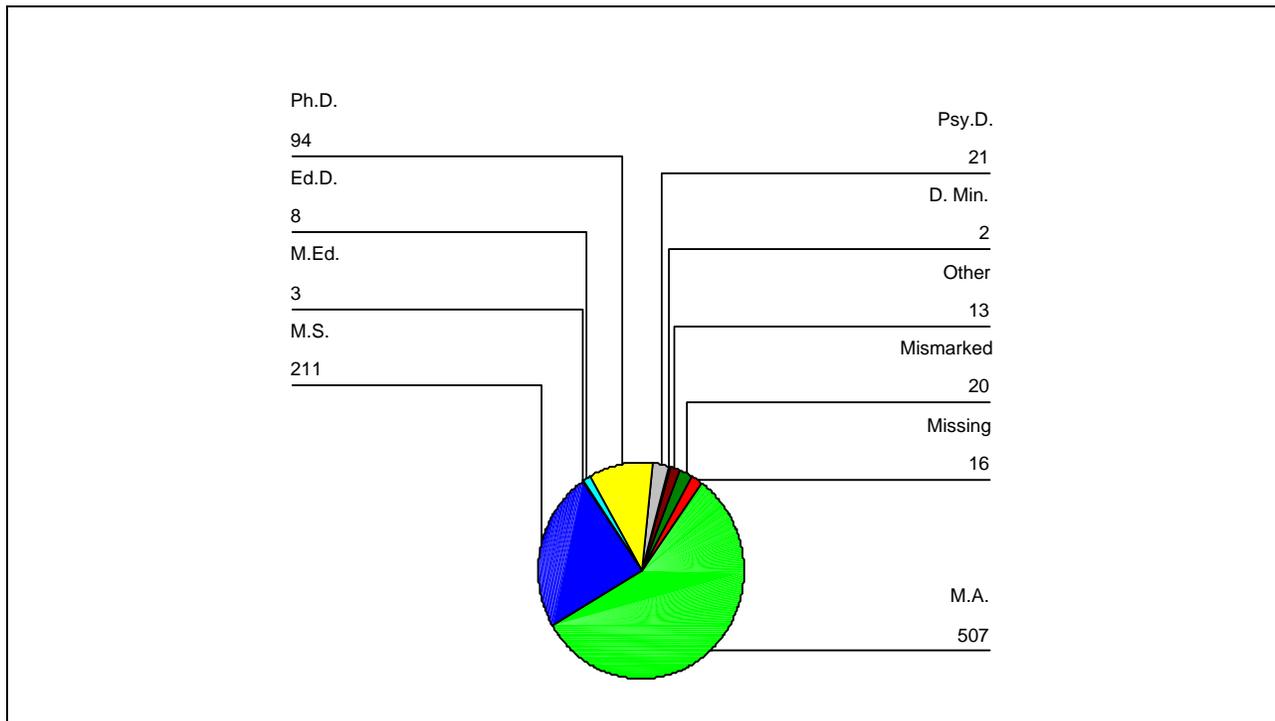


FIGURE 3 – JOB CATEGORY

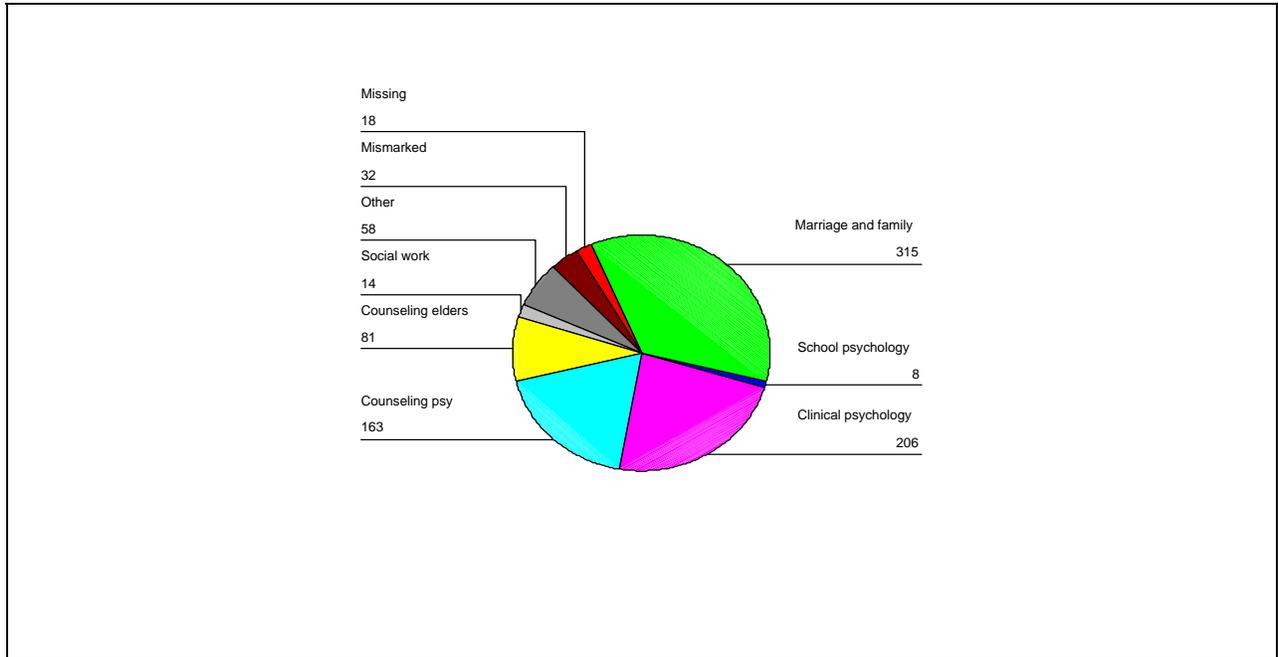


FIGURE 4 – LOCATION OF PRIMARY WORK SETTING

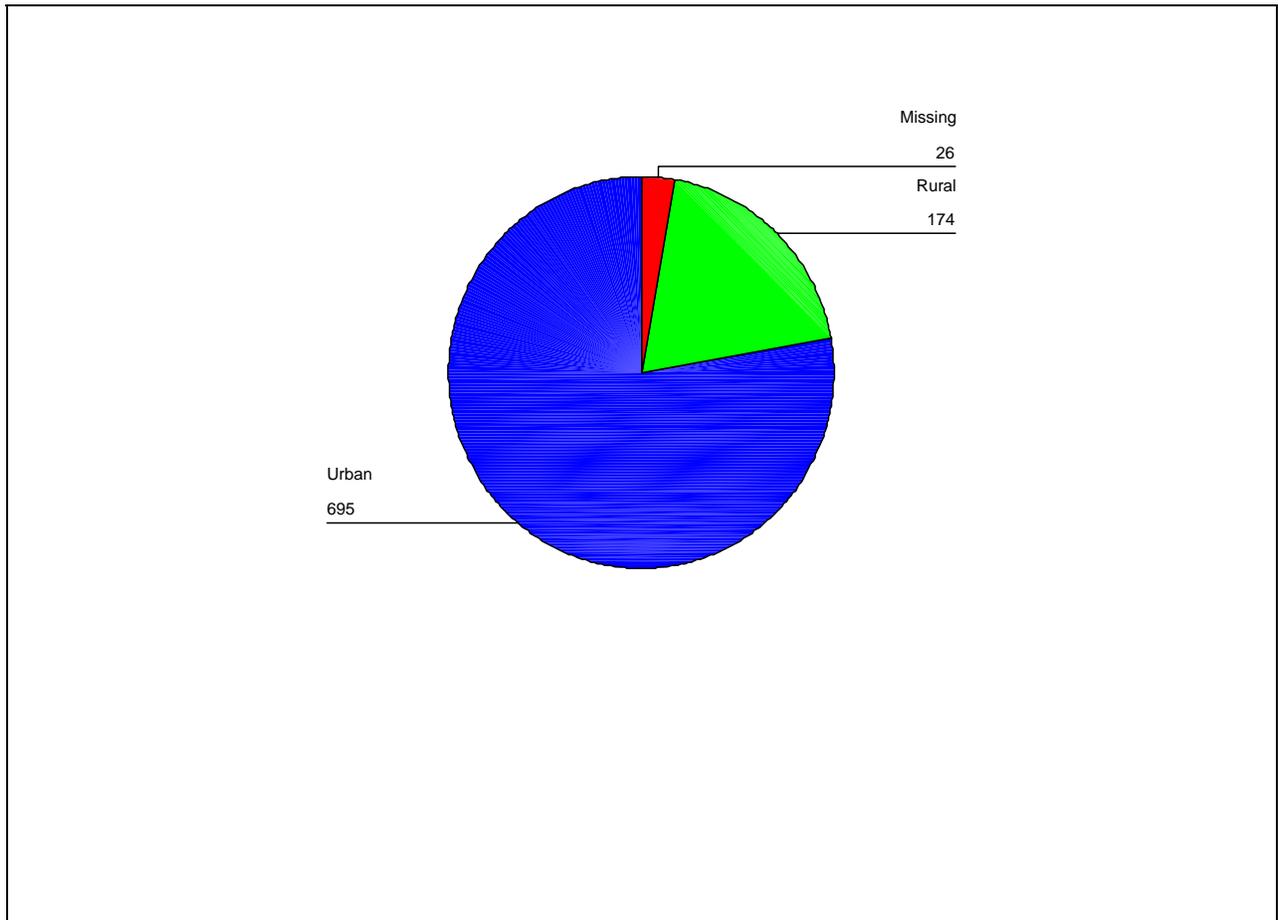


FIGURE 5 – REGION OF PRACTICE

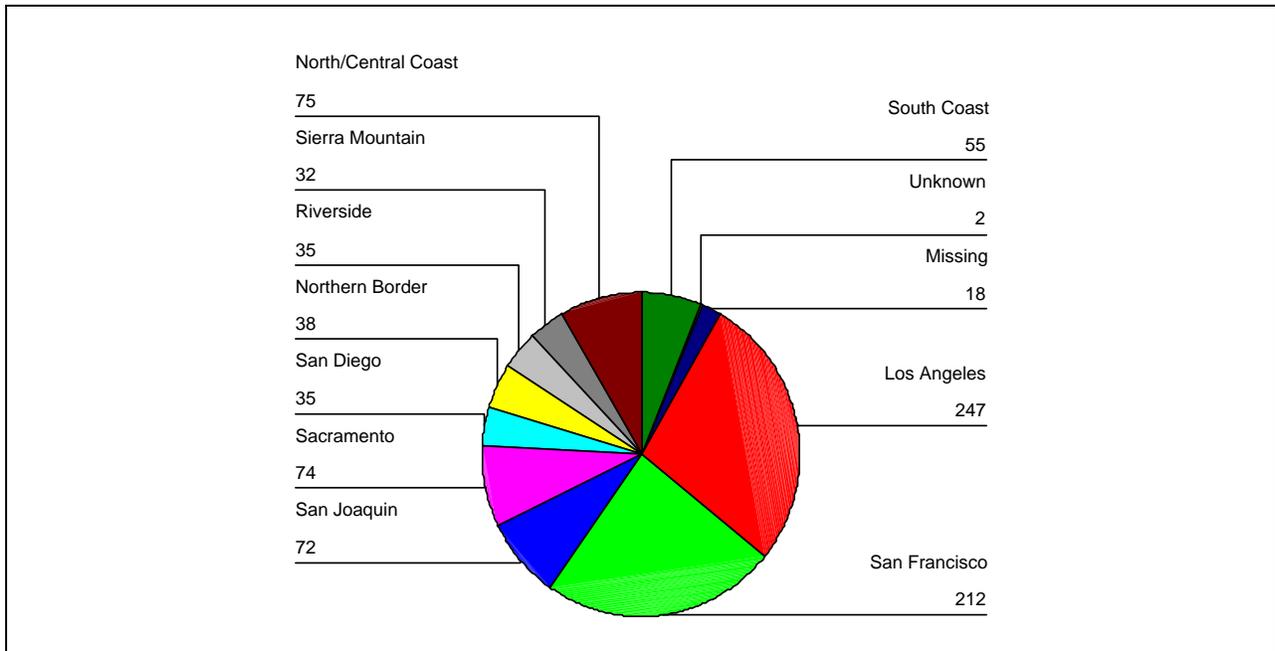


FIGURE 6 – TYPE OF PRIMARY WORK SETTING

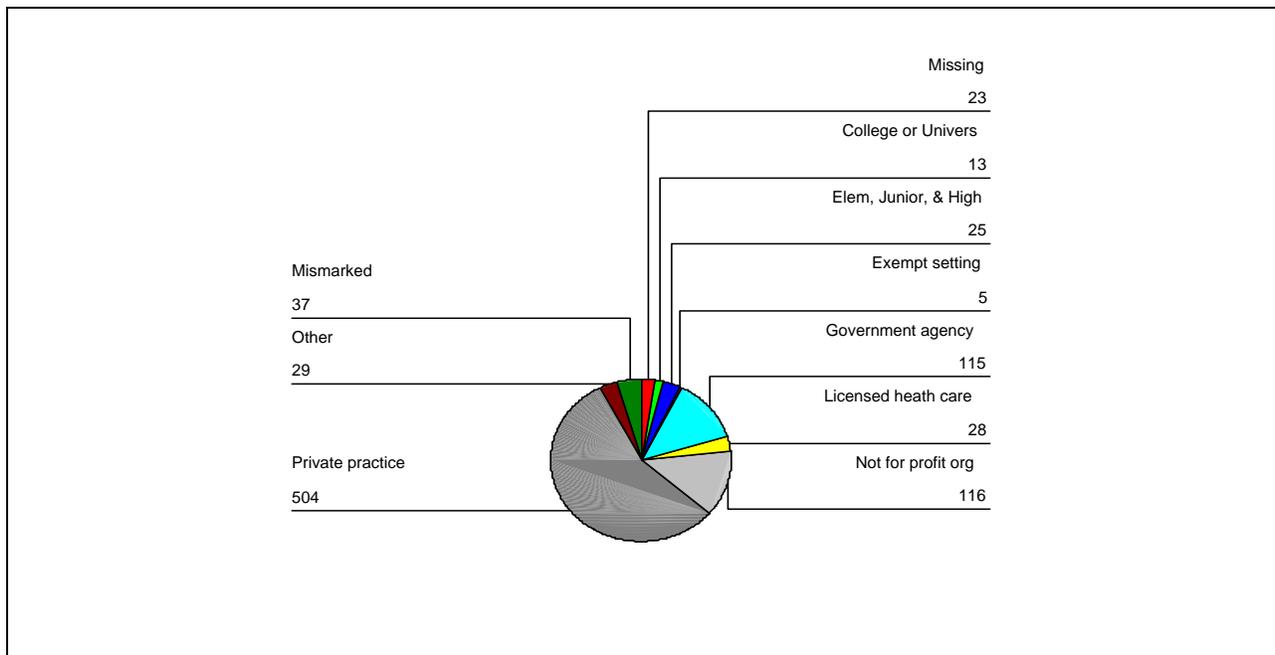


FIGURE 7 – TYPE OF SECONDARY WORK SETTING

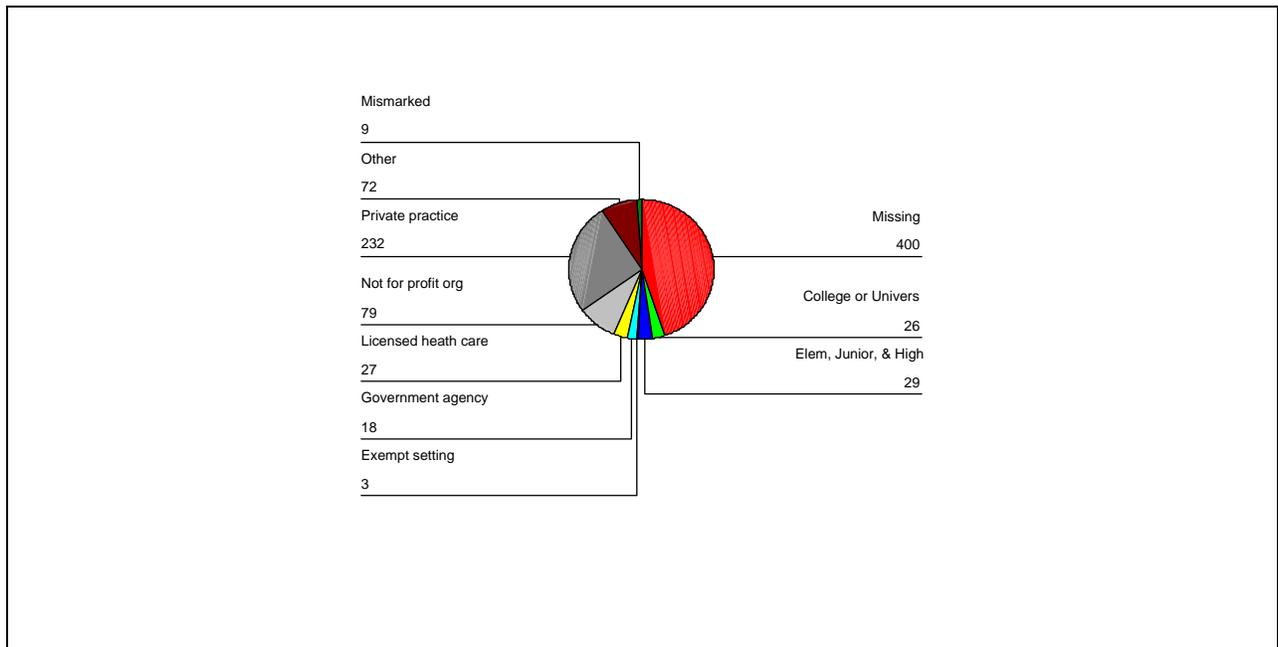


FIGURE 8 – HOURS WORKED PER WEEK AS A MARRIAGE AND FAMILY THERAPIST

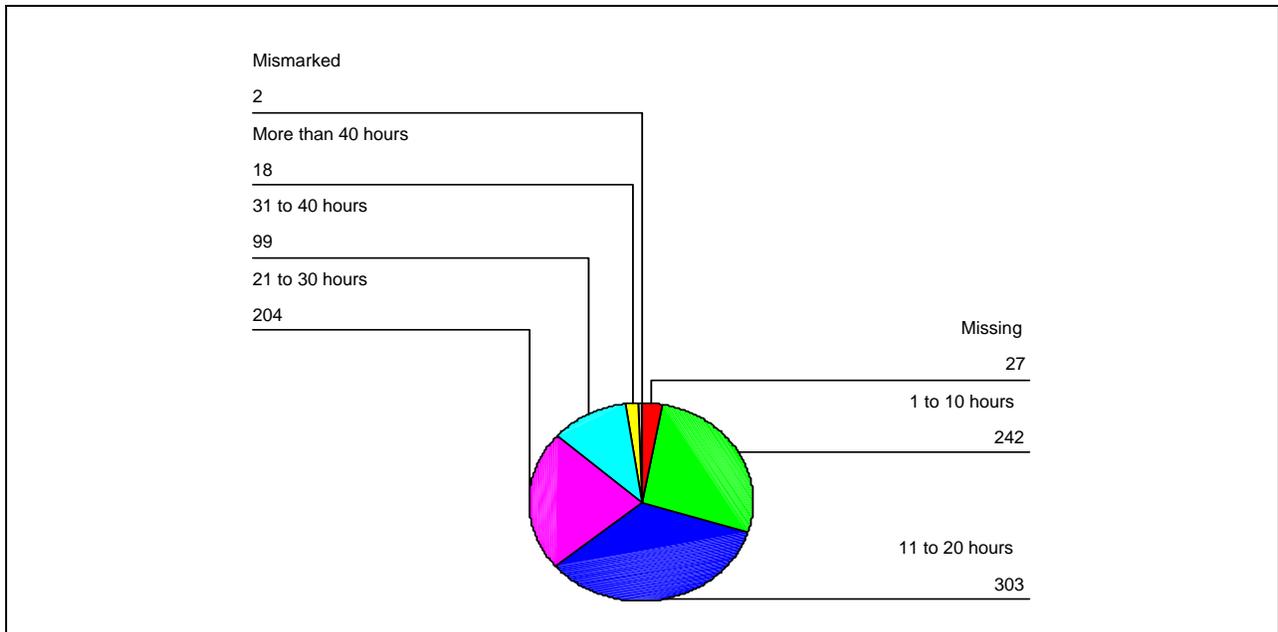


TABLE 5 – OTHER ISSUED LICENSES HELD

None	607
Licensed Clinical Social Worker	16
Licensed Educational Psychologist	7
Psychologist	23
Other	147
Missing	95



## CHAPTER 5. CONCLUSION

The occupational analysis of the marriage and family therapist profession described in this report provides a comprehensive description of current practice. The procedures of the occupational analysis are based upon a content validation strategy to ensure that the results accurately represent practice in California. By adopting the examination outline in this report, the Board ensures that their examination program is job related. This report provides all documentation necessary to verify that the analysis has been implemented in accordance with legal, professional, and technical standards.



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APPENDIX A – CRITICAL INDICES FOR ALL TASKS



## I. Clinical Evaluation

ITEM	JOB TASK	MEAN TASK FREQ	MEAN TASK IMP	MEAN CRITICAL TASK INDEX (F X I)
1.	Identify presenting problems by assessing client's initial concerns to determine purpose for seeking therapy.	4.58	4.58	21.44
26.	Identify precipitating events related to client's presenting problems to determine contributing factors.	4.46	4.45	20.33
6.	Assess for indicators of substance use, abuse, and dependency to plan for client's treatment.	4.38	4.47	20.21
15.	Gather information regarding family history to assess impact of significant relationships and events on client's presenting problems.	4.41	4.39	19.95
25.	Formulate a diagnostic impression based on assessment information to use as a basis for treatment planning.	4.26	4.20	18.89
22.	Gather information regarding social relationships to identify client's support systems.	4.22	4.23	18.43
10.	Evaluate client's medical history and current complaints to determine need for medical referral.	4.12	4.28	18.30
2.	Identify unit of treatment (e.g., individual, couple, family) to determine a strategy for therapy.	4.12	4.11	18.24
16.	Gather information about family structure by evaluating impact of significant relationships and events.	4.17	4.15	18.08
9.	Gather information regarding physical conditions or symptoms to determine impact on client's presenting problems.	4.10	4.12	17.58
3.	Assess client's motivation for and commitment to therapy by discussing client's expectations of therapeutic process.	4.08	4.09	17.56
8.	Gather information regarding developmental history to determine impact on client's functioning.	4.07	4.08	17.43
12.	Identify client's thought processes and behaviors that indicate a need for psychiatric referral.	3.86	4.20	17.20
7.	Assess the impact of client's substance use, abuse, and dependency on family members and significant others to determine how to proceed with treatment.	3.95	4.08	17.10
30.	Determine client's readiness for termination by evaluating whether treatment goals have been met.	3.94	4.03	16.96
5.	Identify human diversity factors to determine how to proceed with client's treatment.	3.84	3.90	16.02
28.	Assess impact of medication on client's current functioning to develop a diagnostic impression.	3.66	3.98	15.95
32.	Develop a termination plan with client to maintain gains after treatment has ended.	3.63	3.90	15.41
4.	Evaluate client's previous therapy experience to determine impact on current therapeutic process.	3.76	3.53	14.23
14.	Explore human diversity issues to determine impact on client functioning.	3.46	3.61	13.74

ITEM	JOB TASK	MEAN TASK FREQ	MEAN TASK IMP	MEAN CRITICAL TASK INDEX (F X I)
29.	Compare clinical information with diagnostic criteria to differentiate between closely related disorders.	3.34	3.55	13.50
21.	Assess primary caregiver's willingness and ability to support dependent client's therapy.	3.04	3.37	13.13
23.	Identify differences in degrees of acculturation to determine potential source of conflicts among client and family members.	3.05	3.41	11.87
17.	Gather information regarding client's employment history to determine how patterns of behavior manifest in occupational settings.	3.21	3.22	11.79
13.	Identify client's affective, behavioral, and cognitive functioning that indicates a need for referral for testing.	3.02	3.36	11.67
24.	Assess economic, political, and social climate to determine the impact on client's presenting problems and treatment.	3.12	3.23	11.63
18.	Gather information regarding client's educational history to determine how patterns of behavior manifest in educational settings.	3.23	3.20	11.62
11.	Administer mental status exam to identify client's mood and levels of affective and cognitive functioning.	2.80	3.09	11.15
31.	Develop a termination plan by assessing client needs within framework of third party specifications (e.g., managed care, court-mandated, EAP).	2.58	2.77	10.21
19.	Gather information from other involved parties to contribute to development of a clinical impression of client.	2.70	2.97	9.69
20.	Gather information regarding client's use of alternative treatments (e.g., acupuncture, herbs, massage) to assist with development of a clinical impression.	2.64	2.53	8.27
27.	Administer standardized assessment instruments within scope of practice and competence to obtain diagnostic information.	1.57	1.86	5.29

## II. Crisis Management

ITEM	JOB TASK	MEAN TASK FREQ	MEAN TASK IMP	MEAN CRITICAL TASK INDEX (F X I)
34.	Assess for suicide potential by evaluating client's lethality to determine need for and level of intervention.	3.83	4.70	18.59
35.	Evaluate severity of crisis situation by assessing the level of impairment in client's life.	3.88	4.44	17.96
38.	Evaluate potential for self-destructive and/or self-injurious behavior to determine level of intervention.	3.68	4.60	17.59
39.	Assess trauma history to determine impact on client's current crisis.	3.87	4.31	17.42
40.	Develop a plan with client who has indicated thoughts of causing harm to self to reduce potential for danger.	3.44	4.54	16.57
44.	Identify resources available (e.g., referrals, collateral services) to assist with management of client's crisis.	3.55	4.31	16.11
36.	Identify type of abuse by assessing client to determine level of intervention.	3.52	4.21	16.07
37.	Evaluate level of danger client presents to others to determine need for immediate intervention (e.g., 5150).	3.10	4.27	14.77
42.	Develop a plan with client in a potentially abusive situation to provide for safety of client and family members.	3.10	4.31	14.74
41.	Develop a plan for a client who has indicated thoughts of causing harm to others to reduce potential for danger.	2.67	4.07	12.74
43.	Develop a plan for therapist safety by implementing measures to manage dangerous situations.	2.09	3.56	9.34

### III. Treatment Planning

ITEM	JOB TASK	MEAN TASK FREQ	MEAN TASK IMP	MEAN CRITICAL TASK INDEX (F X I)
45.	Assess client's perspective of presenting problems to determine consistency of therapist and client treatment goals.	3.93	4.00	16.58
46.	Prioritize treatment goals to determine client's course of treatment.	3.78	3.84	15.65
51.	Determine the need for referral for adjunctive services to augment client's treatment.	3.71	3.93	15.47
48.	Develop a treatment plan within context of client's culture to provide therapy consistent with client's values and beliefs.	3.51	3.86	14.79
53.	Integrate medical information obtained from physician/psychiatrist to formulate treatment plan.	3.32	3.85	14.05
47.	Identify evaluation criteria to monitor client's progress toward treatment goals and objectives.	3.45	3.57	13.63
52.	Integrate community resources to provide ongoing support to client following termination of treatment.	3.21	3.58	13.09
49.	Formulate a treatment plan within a theoretical orientation to provide a framework for client's therapy.	3.30	3.27	12.46
54.	Integrate information obtained from collateral consultations (e.g., educational, vocational) to formulate treatment plan.	2.68	3.16	10.39
55.	Coordinate mental health services to formulate a multidisciplinary treatment plan.	2.51	3.10	10.17
50.	Develop a treatment plan responsive to third party specifications (e.g., managed care, court-mandated, EAP) to meet client needs.	2.42	2.49	8.67

#### IV. Treatment

ITEM	JOB TASK	MEAN TASK FREQ	MEAN TASK IMP	MEAN CRITICAL TASK INDEX (F X I)
56.	Establish a therapeutic relationship with client to facilitate treatment.	4.77	4.82	23.39
57.	Provide feedback to client throughout the therapeutic process to demonstrate treatment progress.	4.38	4.40	20.12
64.	Develop strategies to include the impact of crisis issues on client's treatment.	3.69	4.00	15.90
58.	Develop strategies consistent with cognitive-behavioral theories to facilitate client's treatment.	3.61	3.51	14.13
66.	Develop strategies to address client issues regarding lifestyle into treatment.	3.53	3.64	14.03
62.	Develop strategies consistent with systems theories to facilitate client's treatment.	3.44	3.48	13.50
65.	Develop strategies consistent with developmental theories to facilitate client's treatment.	3.37	3.51	13.22
61.	Develop strategies consistent with psychodynamic theories to facilitate client's treatment.	2.93	2.92	10.94
59.	Develop strategies consistent with humanistic-existential theories to facilitate client's treatment.	3.00	2.94	10.82
60.	Develop strategies consistent with postmodern theories (e.g., narrative, solution-focused) to facilitate client's treatment.	2.41	2.45	8.10
63.	Develop strategies consistent with group therapy theories to facilitate client's treatment.	1.83	2.06	6.61

## V. Ethics

ITEM	JOB TASK	MEAN TASK FREQ	MEAN TASK IMP	MEAN CRITICAL TASK INDEX (F X I)
71.	Manage confidentiality issues to maintain integrity of the therapeutic contract.	4.64	4.77	22.61
69.	Inform client of parameters of confidentiality to facilitate client's understanding of therapist's responsibility.	4.61	4.69	22.07
72.	Manage countertransference to maintain integrity of the therapeutic relationship.	4.14	4.47	19.33
67.	Address client's expectations about therapy to promote understanding of the therapeutic process.	4.10	4.20	18.11
68.	Discuss management of fees and office policies to promote client's understanding of treatment process.	3.89	3.94	17.57
70.	Inform parent/legal guardian and minor client about confidentiality issues and exceptions.	3.66	4.08	17.51
78.	Manage potential dual relationship to avoid loss of therapist objectivity or exploitation of client.	2.91	4.05	13.60
76.	Assist client to obtain alternate treatment when therapist is unable to continue therapeutic relationship.	2.66	3.88	11.92
75.	Manage clinical issues outside therapist's scope of competence to meet client needs.	2.59	3.30	11.31
77.	Determine competency to provide professional services by identifying therapist's cognitive, emotional, or physical impairments.	2.53	3.40	11.05
79.	Manage client's overt/covert sexual feelings toward therapist to maintain integrity of the therapeutic relationship.	2.38	3.98	10.97
73.	Manage client's concurrent relationships with other therapists to evaluate impact on treatment.	2.56	3.28	10.56
74.	Manage impact of gifts from clients to maintain integrity of therapeutic relationship.	2.23	3.12	9.24

## VI. Law

ITEM	JOB TASK	MEAN TASK FREQ	MEAN TASK IMP	MEAN CRITICAL TASK INDEX (F X I)
87.	Maintain security of client's records as mandated by law.	4.63	4.71	22.43
89.	Comply with legal standards regarding sexual contact, conduct, and relations with client.	4.49	4.77	22.11
88.	Maintain documentation of clinical services as mandated by law.	4.61	4.48	21.22
93.	Comply with legal standards regarding scope of practice in the provision of services.	4.24	4.53	20.24
82.	Maintain client confidentiality within limitations as defined by mandated reporting requirements.	4.16	4.65	20.18
85.	Obtain client's authorization for release to disclose or obtain confidential information.	3.99	4.66	19.22
90.	Comply with legal standards regarding guidelines for consent to treat a minor.	3.50	4.10	16.89
84.	Provide information associated with the provision of therapeutic services to client as mandated by law.	3.49	4.08	15.80
83.	Assess client's level of danger to self or others to determine need for involuntary hospitalization.	3.01	4.46	14.49
80.	Report to authorities cases of abuse as defined by mandated reporting requirements (e.g., child, adult dependent, elder).	2.84	4.51	13.71
95.	Comply with legal standards regarding advertising to inform public of therapist's qualifications and services provided.	2.88	3.53	13.28
94.	Assert client privilege regarding requests for confidential information within legal parameters.	2.24	3.85	10.51
86.	Comply with client's requests for records as mandated by law.	2.23	3.70	10.04
81.	Report expressions of intent to harm by client to others as defined by mandated reporting requirements.	1.95	4.06	9.36
91.	Comply with legal standards regarding guidelines for consent to treat a dependent adult.	1.54	2.75	7.22
92.	Provide mandated materials to a client who indicates sexual involvement with a previous therapist.	1.33	3.26	6.20



APPENDIX B –CRITICAL INDICES FOR ALL KNOWLEDGES



## I. Clinical Evaluation

ITEM	KNOWLEDGE	MEAN IMP
2.	Knowledge of active listening techniques.	4.65
4.	Knowledge of observation techniques to evaluate verbal and nonverbal cues.	4.47
1.	Knowledge of therapeutic questioning methods.	4.27
3.	Knowledge of procedures to gather initial intake information.	4.27
41.	Knowledge of the impact of psychosocial stressors on presenting problems and current functioning.	4.15
12.	Knowledge of the impact of substance use, abuse, and dependency on affective, behavioral, cognitive, and physical functioning.	4.14
6.	Knowledge of the role of client motivation in therapeutic change.	4.03
14.	Knowledge of the effects of substance use, abuse, and dependency on psychosocial functioning and family relationships.	4.00
15.	Knowledge of the developmental processes of individual growth and change.	3.97
42.	Knowledge of the impact associated with onset, intensity, and duration of symptoms for developing a diagnostic impression.	3.84
39.	Knowledge of Diagnostic and Statistical Manual criteria for identifying diagnoses.	3.83
20.	Knowledge of psychological features or symptoms that indicate need for a medical evaluation.	3.81
27.	Knowledge of the effects of family structure and dynamics on development of identity.	3.79
26.	Knowledge of methods to assess impact of family history on family relationships.	3.78
22.	Knowledge of psychological features or behaviors that indicate need for a psychiatric evaluation.	3.75
46.	Knowledge of changes in functioning that indicates readiness to terminate therapy.	3.67
25.	Knowledge of techniques to collect family history.	3.66
13.	Knowledge of criteria for classifying substance use, abuse, and dependency.	3.65
47.	Knowledge of issues related to the process of termination.	3.65
40.	Knowledge of procedures to integrate assessment information with diagnostic categories.	3.59
37.	Knowledge of the impact of economic factors and stressors on presenting problems and treatment.	3.55
11.	Knowledge of cultural beliefs regarding therapy and mental health.	3.54
5.	Knowledge of factors influencing the choice of unit of treatment.	3.50
44.	Knowledge of the impact of medication on physical and psychological functioning.	3.50
50.	Knowledge of techniques to maintain therapeutic gains outside therapy.	3.49
10.	Knowledge of the effects of human diversity factors on the therapeutic process.	3.48
32.	Knowledge of the impact of combining treatment modalities in treating problems or disorders.	3.47
28.	Knowledge of the impact of cultural context on family structure and values.	3.46
19.	Knowledge of the relationship between medical conditions and psychosocial functioning.	3.45
48.	Knowledge of techniques to assess when to initiate termination.	3.44
34.	Knowledge of techniques to identify support systems within social network.	3.43
51.	Knowledge of relapse prevention techniques.	3.41
45.	Knowledge of procedures for developing a differential diagnosis.	3.36
17.	Knowledge of the stages of family life-cycle development.	3.31

31.	Knowledge of methods to gather information from professionals and other involved parties.	3.29
16.	Knowledge of behavioral and psychological indicators of developmental disorders.	3.28
18.	Knowledge of the effects of physical condition on psychosocial functioning.	3.27
24.	Knowledge of the implications of human diversity issues on client relationships.	3.27
9.	Knowledge of methods to assess client's ability to access resources.	3.21
8.	Knowledge of the effects of previous therapy on current therapeutic process.	3.18
23.	Knowledge of affective, behavioral, and cognitive factors that indicate need for further testing.	3.01
35.	Knowledge of the effects of acculturation on family structure and values.	2.98
30.	Knowledge of the relationship between behavior and the educational setting.	2.97
29.	Knowledge of the relationship between behavior and the work environment.	2.93
7.	Knowledge of techniques to facilitate engagement of the therapeutic process with involuntary clients.	2.74
36.	Knowledge of the transitional stages of acculturation.	2.67
21.	Knowledge of administration and application of mental status examinations.	2.63
33.	Knowledge of techniques to identify the primary caregiver's level of involvement in therapy.	2.62
38.	Knowledge of the impact of sociopolitical climate on the therapeutic process.	2.57
49.	Knowledge of the impact of third-party specifications (e.g., managed care, court-mandated, EAP) on termination.	2.47
43.	Knowledge of methods and administration of standardized assessment instruments.	1.61

## II. Crisis Management

ITEM	KNOWLEDGE	MEAN IMP
52.	Knowledge of techniques to identify crisis situations.	4.14
54.	Knowledge of physical and psychological indicators of suicidality.	4.13
58.	Knowledge of methods to assess strengths and coping skills.	4.13
59.	Knowledge of methods to evaluate severity of symptoms.	4.11
55.	Knowledge of the effects of precipitating events on suicide potential.	4.06
53.	Knowledge of risk factors that indicate potential for suicide within age, gender, and cultural groups.	4.03
61.	Knowledge of indicators of abuse.	4.02
56.	Knowledge of procedures to manage client's suicidal ideation that do not require hospitalization.	3.99
68.	Knowledge of the effects of prior trauma on current functioning.	3.97
60.	Knowledge of criteria to determine situations that constitute high risk for abuse.	3.95
57.	Knowledge of techniques to provide suicide intervention in emergency situations.	3.88
70.	Knowledge of the principles of crisis management.	3.87
67.	Knowledge of risk factors that indicate potential for self-destructive behavior.	3.84
66.	Knowledge of physical and psychological indicators of self-destructive and/or self-injurious behavior.	3.81
74.	Knowledge of strategies for anger management.	3.79
72.	Knowledge of techniques (e.g., contract) to manage suicidality.	3.77
62.	Knowledge of indicators of neglect.	3.67
71.	Knowledge of strategies to reduce incidence of self-destructive/self-injurious behavior.	3.66
79.	Knowledge of referral sources to manage crisis.	3.64
64.	Knowledge of indicators of domestic violence.	3.62
63.	Knowledge of indicators of endangerment.	3.59
78.	Knowledge of support systems to manage crisis.	3.58
75.	Knowledge of strategies to address safety in situations of abuse.	3.55
65.	Knowledge of risk factors that indicate client's potential for causing harm to others.	3.41
80.	Knowledge of methods to coordinate collateral services.	3.24
73.	Knowledge of strategies to deal with dangerous clients.	2.98
76.	Knowledge of strategies to manage situations dangerous to therapists.	2.78
69.	Knowledge of techniques to assess for grave disability of client.	2.65
77.	Knowledge of intervention strategies used with gravely disabled clients.	2.02

### III. Treatment Planning

ITEM	KNOWLEDGE	MEAN IMP
81.	Knowledge of means to integrate client and therapist understanding of the goals in treatment planning.	3.69
86.	Knowledge of criteria to monitor therapeutic progress.	3.68
85.	Knowledge of methods to formulate short- and long-term treatment goals.	3.65
84.	Knowledge of strategies to prioritize treatment goals.	3.63
82.	Knowledge of factors influencing the frequency of therapy sessions.	3.48
83.	Knowledge of methods to manage the stages of treatment.	3.39
94.	Knowledge of methods to integrate information obtained from physician/psychiatrist.	3.38
89.	Knowledge of theoretical modalities to formulate a treatment plan.	3.37
92.	Knowledge of adjunctive services within community/culture to augment therapy.	3.27
91.	Knowledge of methods to identify need for adjunctive services.	3.23
93.	Knowledge of methods to integrate available community resources into treatment planning.	3.15
87.	Knowledge of procedures to measure qualitative and quantitative therapeutic changes.	3.13
88.	Knowledge of techniques for establishing a therapeutic framework within diverse populations.	2.92
95.	Knowledge of methods to integrate information obtained from collateral sources (e.g., educational, vocational).	2.80
96.	Knowledge of factors associated with use of a multidisciplinary team approach to treatment.	2.60
90.	Knowledge of third party specifications (e.g., managed care, court-mandated, EAP) impacting treatment planning.	2.46

#### IV. Treatment

ITEM	KNOWLEDGE	MEAN IMP
98.	Knowledge of strategies to develop a therapeutic relationship.	4.50
97.	Knowledge of the components (e.g., safety, rapport) needed to develop the therapeutic relationship.	4.49
100.	Knowledge of the impact of transference and countertransference dynamics.	4.10
99.	Knowledge of the impact of value differences between therapist and client on the therapeutic process.	4.00
125.	Knowledge of techniques to address variations in the life cycle process (e.g., divorce, blended families, grief/loss).	3.85
101.	Knowledge of strategies to acknowledge treatment progress.	3.84
124.	Knowledge of techniques to assist client to adjust to cognitive, emotional, and physical changes associated with the life cycle (e.g., children, adolescents, elders).	3.58
122.	Knowledge of interventions for treating situational crises (e.g., loss of job, natural disasters, poverty).	3.54
102.	Knowledge of the assumptions, concepts, and methodology associated with a cognitive-behavioral approach.	3.38
114.	Knowledge of the assumptions, concepts, and methodology associated with a systems approach.	3.36
116.	Knowledge of the use of interventions associated with systems theories.	3.36
123.	Knowledge of the use of interventions associated with developmental processes (e.g., cognitive, moral, psychosocial).	3.35
104.	Knowledge of the use of interventions associated with cognitive-behavioral theories.	3.34
115.	Knowledge of the theory of change and the role of therapist from a systems approach.	3.33
120.	Knowledge of intervention methods for treating abuse (e.g., child, elder) within families.	3.25
103.	Knowledge of the theory of change and the role of therapist from a cognitive-behavioral approach.	3.20
121.	Knowledge of intervention methods for treating the impact of violence (e.g., rape, terrorism, Tarasoff).	3.18
119.	Knowledge of intervention methods for treating substance abuse.	3.11
111.	Knowledge of the assumptions, concepts, and methodology associated with a psychodynamic approach.	2.96
112.	Knowledge of the theory of change and the role of therapist from a psychodynamic approach.	2.94
113.	Knowledge of the use of interventions associated with psychodynamic theories.	2.93
126.	Knowledge of approaches to address issues associated with variations in lifestyles (e.g., gay, lesbian, bisexual, transgender).	2.86
105.	Knowledge of the assumptions, concepts, and methodology associated with a humanistic-existential approach.	2.83
107.	Knowledge of the use of interventions associated with humanistic-existential theories.	2.79
106.	Knowledge of the theory of change and the role of therapist from a humanistic-existential approach.	2.77
117.	Knowledge of the assumptions, concepts, and methodology associated with group therapy.	2.16

108.	Knowledge of the assumptions, concepts, and methodology associated with a postmodern approach (e.g., narrative, solution-focused).	2.15
118.	Knowledge of the use of interventions associated with group therapy theories.	2.13
110.	Knowledge of the use of interventions associated with postmodern theories.	2.07
109.	Knowledge of the theory of change and the role of therapist from a postmodern approach.	2.06

## V. Ethics

ITEM	KNOWLEDGE	MEAN IMP
137.	Knowledge of confidentiality issues in therapy.	4.55
134.	Knowledge of methods to explain confidentiality parameters.	4.42
150.	Knowledge of strategies to maintain therapeutic boundaries.	4.31
135.	Knowledge of methods to explain mandated reporting.	4.28
138.	Knowledge of strategies to manage countertransference issues.	3.97
132.	Knowledge of approaches to address expectations of the therapeutic process.	3.85
142.	Knowledge of criteria to identify limits of therapist's scope of competence.	3.79
136.	Knowledge of minor client's right to confidentiality and associated limitations.	3.75
149	Knowledge of the impact of physical contact on the therapeutic process.	3.68
133.	Knowledge of methods to explain management of fees and office policies.	3.66
146.	Knowledge of effects of therapist's cognitive, emotional, or physical limitations on the therapeutic process.	3.65
147.	Knowledge of business, personal, professional, and social relationships that create a conflict of interest within the therapeutic relationship.	3.65
143.	Knowledge of areas of practice requiring specialized training.	3.64
144.	Knowledge of ethical considerations for interrupting or terminating therapy.	3.56
145.	Knowledge of alternative referrals to provide continuity of treatment.	3.54
148.	Knowledge of the implications of sexual feelings/contact within the context of therapy.	3.46
141.	Knowledge of cultural differences which may affect the therapeutic alliance.	3.36
139.	Knowledge of effects of concurrent therapeutic relationships on treatment process.	3.31
140.	Knowledge of the impact of gift giving and receiving on the therapeutic relationship.	2.99

**VI. Law**

ITEM	KNOWLEDGE	MEAN IMP
160.	Knowledge of conditions and requirements to disclose or obtain confidential information.	4.21
154.	Knowledge of laws pertaining to mandated reporting of suspected or known abuse (e.g., child, dependent adult, elder).	4.16
163.	Knowledge of laws regarding documentation of clinical services.	4.13
157.	Knowledge of exceptions to confidentiality pertaining to mandated reporting requirements.	4.05
162.	Knowledge of laws regarding security of client records.	4.04
156.	Knowledge of techniques to evaluate client's plan, means, and intent for dangerous behavior.	3.94
164.	Knowledge of laws regarding sexual conduct between therapist and client.	3.90
169.	Knowledge of laws which define scope of practice.	3.86
170.	Knowledge of laws regarding privileged communication.	3.82
155.	Knowledge of laws pertaining to mandated reporting of client's intent to harm others.	3.77
171.	Knowledge of laws regarding holder of privilege.	3.65
165.	Knowledge of laws regarding consent to treat a minor.	3.61
159.	Knowledge of laws regarding disclosing fees for professional services.	3.53
158.	Knowledge of legal criteria for determining involuntary hospitalization.	3.37
161.	Knowledge of laws regarding client's requests for records.	3.30
172.	Knowledge of laws regarding therapist response to subpoenas.	3.27
166.	Knowledge of custody issues of minor client to determine source of consent.	3.25
173.	Knowledge of laws regarding advertisement and dissemination of information pertaining to professional qualifications and services.	3.08
168.	Knowledge of situations requiring distribution of the State of California, Department of Consumer Affairs pamphlet entitled "Professional Therapy Never Includes Sex."	3.06
167.	Knowledge of laws regarding consent to treat a dependent adult.	2.03



APPENDIX C – COVER LETTER TO PRACTITIONERS



**BOARD OF BEHAVIORAL SCIENCES**

400 R STREET, SUITE 3150, SACRAMENTO, CA 95814  
TELEPHONE: (916) 445-4933 TDD: (916) 322-1700  
WEBSITE ADDRESS: <http://www.bbs.ca.gov>



February 20, 2002

Dear Survey Respondent:

On behalf of the Board of Behavioral Sciences, I would like to thank you for participating in the Marriage and Family Therapist (MFT) Occupational Analysis. State licensing boards are mandated to protect the public by developing licensing examinations that determine competency for licensure. The examinations require candidates to demonstrate that they possess the knowledge, skills, and abilities that the professional community defines as being necessary to perform safely and effectively in independent practice.

The purpose of an occupational analysis is to identify the job tasks currently performed by MFTs and the associated knowledge required to perform those job tasks. The results of the occupational analysis will be used to update the examination plans that serve as the basis for the MFT licensing program.

The occupational analysis questionnaire was developed with the assistance of licensed MFTs throughout California and the Department of Consumer Affairs' Office of Examination Resources. Approximately 2,000 licensees were selected to receive and complete the questionnaire. The data from these questionnaires will assist the Board of Behavioral Sciences in answering such questions as:

- How has the care of your clients changed over the past 5 years?
- What job tasks are you now required to perform, and what associated knowledge do you need to enable you to administer safe and competent care to consumers in the State of California?

Please complete the questionnaire according to the instructions provided. It is critical to this project that you complete the questionnaire based on your own MFT practice. That is, respond to the statements based your practice. Do NOT respond based on what you think ALL MFTs would be expected to perform or know. Data inconsistent with these instructions will be omitted from analysis. Individual responses will be kept completely anonymous and confidential. If you have any questions, please call any of our staff in the Examination Unit at any of the following extensions: 1009, 1242, 1026, 1029, or 1234.

Sincerely,

Sherry Mehl  
Executive Officer

**Please return your completed questionnaire in the enclosed pre-addressed postage-paid envelope by MARCH 15, 2002.**



APPENDIX D – QUESTIONNAIRE



## OCCUPATIONAL ANALYSIS OF MARRIAGE AND FAMILY THERAPISTS

The Board of Behavioral Sciences (BBS) is currently conducting an occupational analysis of the marriage and family therapist (MFT) profession. The purpose of the occupational analysis is to identify the important tasks that are currently performed by practicing marriage and family therapists and the knowledge required to perform those tasks. Results of the occupational analysis will be used to update the definition of MFT practice and to ensure that licensing examinations reflect important aspects of current practice.

The Board is requesting your assistance in this process. **By completing this questionnaire as it relates to *your current practice*, you will contribute valuable information regarding the MFT profession.** Your responses on this questionnaire will be combined with the responses of other MFT practitioners to determine the tasks and knowledge needed for independent practice. Your individual responses will be kept confidential.

Complete this questionnaire **only** if you are currently licensed **and** working as an MFT in California. **Respond to the statements based on your current MFT practice. Do NOT respond based on MFT practice in general.**

This questionnaire has three sections that address your experience.

**PART I** asks you for background information related to your practice. Information in this section will be used for demographic purposes only.

**PART II** asks you to rate tasks in terms of:

- (a) HOW FREQUENTLY you perform each task in your practice relative to the other tasks you perform; and,
- (b) HOW IMPORTANT the performance of each task is to your current practice relative to the other tasks you perform.

**PART III** asks you to rate knowledges in terms of:

- (a) HOW IMPORTANT each knowledge is to your current practice.

The Board recognizes that every MFT practitioner may not perform all of the tasks and use all of the knowledge contained in this questionnaire. However, your participation is essential to the success of this project, and your contributions will help establish standards for safe and effective MFT practice in the State of California.

**Please complete each item in the questionnaire and return  
it in the prepaid-postage envelope no later than**

**March 15, 2002**

***THIS IS A TWO-SIDED DOCUMENT.  
PLEASE READ/COMPLETE BOTH SIDES OF EACH PAGE.***

## PART I PERSONAL DATA

*The information you provide here is voluntary and confidential. It will be treated as personal information subject to the Information Practices Act (Civil Code, Section 1798 et seq.), and it will be used only for the purpose of analyzing the ratings from this questionnaire.*

For items 1-8, check **ONLY ONE** of the choices.

1. Are you currently practicing as a Licensed Marriage and Family Therapist in California?  
 Yes  
 No (If no, please return this survey uncompleted in the enclosed postage paid envelope.)
2. How many years have you been licensed as a Marriage and Family Therapist in California?  
 0-5 years  
 6-10 years  
 11-20 years  
 More than 20 years
3. What is the **highest** related degree you hold?  
 M.A.  
 M.S.  
 M.Ed.  
 Ed.D.  
 Ph.D.  
 Psy.D.  
 D. Min.  
 Other (please specify)  
\_\_\_\_\_
4. In what concentration was your highest degree obtained?  
 Marriage, family, and child counseling  
 School psychology  
 Clinical psychology  
 Counseling psychology  
 Counseling with an emphasis in marriage, family, and child counseling  
 Social work with an emphasis in clinical social work  
 Other (please specify)  
\_\_\_\_\_
5. What describes the location of your primary work setting?  
 Rural (less than 50,000 people)  
 Urban (greater than 50,000 people)
6. What is your **primary** practice setting?  
 College or university  
 Elementary, junior, or high school  
 Exempt setting (please specify)  
\_\_\_\_\_  
 Government agency  
 Licensed health care facility  
 Not for profit organization  
 Private practice  
 Other (please specify)  
\_\_\_\_\_
7. What is your **secondary** practice setting?  
 College or university  
 Elementary, junior, or high school  
 Exempt setting (please specify)  
\_\_\_\_\_  
 Government agency  
 Licensed health care facility  
 Not for profit organization  
 Private practice  
 Other (please specify)  
\_\_\_\_\_
8. How many hours of therapy do you conduct per week?  
 1 to 10 hours  
 11 to 20 hours  
 21 to 30 hours  
 31 to 40 hours  
 More than 40 hours

For items 9-10, check **ALL** that apply.

9. Which of the following activities do you perform in your practice?

- Group therapy
  - Therapy with families
  - Therapy with couples
  - Individual therapy with adults
  - Individual therapy with children or adolescents
  - Education/training as a teacher, professor, or facilitator
  - Supervision of marriage and family therapist interns
  - Supervision of trainees or other licensees
  - Other (please specify)
- \_\_\_\_\_

10. What other California state-issued licenses or certifications do you hold?

- None
  - Licensed Clinical Social Worker
  - Licensed Educational Psychologist
  - Psychologist
  - Other (please specify)
- \_\_\_\_\_

11. In what California county is your **primary** practice located? \_\_\_\_\_

**Please select only one of the two-digit codes below. Only one code will be accepted.**

01	Alameda	16	Kings	31	Placer	46	Sierra
02	Alpine	17	Lake	32	Plumas	47	Siskiyou
03	Amador	18	Lassen	33	Riverside	48	Solano
04	Butte	19	Los Angeles	34	Sacramento	49	Sonoma
05	Calaveras	20	Madera	35	San Benito	50	Stanislaus
06	Colusa	21	Marin	36	San Bernardino	51	Sutter
07	Contra Costa	22	Mariposa	37	San Diego	52	Tehama
08	Del Norte	23	Mendocino	38	San Francisco	53	Trinity
09	El Dorado	24	Merced	39	San Joaquin	54	Tulare
10	Fresno	25	Modoc	40	San Luis Obispo	55	Tuolumne
11	Glenn	26	Mono	41	San Mateo	56	Ventura
12	Humboldt	27	Monterey	42	Santa Barbara	57	Yolo
13	Imperial	28	Napa	43	Santa Clara	58	Yuba
14	Inyo	29	Nevada	44	Santa Cruz		
15	Kern	30	Orange	45	Shasta		

YOU HAVE COMPLETED PART I OF THE SURVEY QUESTIONNAIRE.  
GO ON TO PART II.

## PART II INSTRUCTIONS FOR RATING TASKS

In this part of the questionnaire, please rate each task as it relates to your current marriage and family therapist practice. Your frequency and importance ratings should be separate and independent ratings. Therefore, the ratings that you assign to one rating scale should not influence the ratings that you assign to another rating scale. For example, you may perform a task frequently, but the task may not be important.

If the task is NOT part of your practice, rate the task “0” (zero) Frequency and “0” (zero) Importance.

Circle the ONE rating that best fits each task.

**Please note:** The task statements use “the client” to refer to either an individual, couple, or family, depending upon the identified unit of treatment.

## **RATING SCALES FOR TASKS**

### **FREQUENCY**

HOW OFTEN do you perform this task in your current practice? Consider all of the tasks you have performed over the past two years, and make your judgment relative to all other tasks you perform.

- 0 DOES NOT APPLY TO MY PRACTICE. I never perform this task in my practice.
- 1 RARELY. This is one of the least frequently performed tasks in my practice.
- 2 SELDOM. This task is performed infrequently relative to other tasks that I perform in my practice.
- 3 OCCASIONALLY. This task is performed somewhat frequently and is about average relative to all other tasks that I perform in my practice.
- 4 OFTEN. This task is performed more frequently than most other tasks in my practice.
- 5 VERY OFTEN. I perform this task very often, and it is one of the most frequently performed tasks in my practice.

### **IMPORTANCE**

HOW IMPORTANT is performance of this task in your current practice?

- 0 NOT IMPORTANT; DOES NOT APPLY TO MY PRACTICE. This task is not important or does not apply to my practice because I do not perform this task.
- 1 OF MINOR IMPORTANCE. This task is of minor importance relative to other tasks; it would have the lowest priority of all the tasks that I perform in my practice.
- 2 FAIRLY IMPORTANT. This task is fairly important relative to other tasks; however, it does not have the priority of most other tasks that I perform in my practice.
- 3 MODERATELY IMPORTANT. This task is moderately important for effective performance relative to other tasks; it has about average priority among all tasks that I perform in my practice.
- 4 VERY IMPORTANT. This task is very important for full performance; it has a higher degree of importance or priority than most other tasks that I perform in my practice.
- 5 CRITICALLY IMPORTANT. This task is one of the most critical tasks that I perform in my practice.

**PLEASE REFER TO THIS PAGE TO MAKE YOUR  
FREQUENCY AND IMPORTANCE RATINGS.**

## EXAMPLES OF TASK RATINGS

This example shows how each task has a frequency and an importance rating.

TASKS	FREQUENCY	IMPORTANCE
1. Gather information regarding social relationships to identify client's support systems.	0 1 2 <b>3</b> 4 5	0 1 2 <b>3</b> 4 5
2. Recommend medication for client based on current functioning.	<b>0</b> 1 2 3 4 5	<b>0</b> 1 2 3 4 5
3. Assess primary caregiver's willingness and ability to support dependent client's therapy.	0 1 <b>2</b> 3 4 5	0 1 2 <b>3</b> 4 5

**NOTE:** In task number 2, the task is not performed (*FREQUENCY=0*); therefore, the task *IMPORTANCE* is rated zero (*IMPORTANCE= 0*).

FREQUENCY	IMPORTANCE
HOW OFTEN do you perform this task in your <u>current</u> practice? Make your judgement relative to other tasks performed. If you do not perform the task, mark frequency as "0."	HOW IMPORTANT is performance of this task in your <u>current</u> practice? If you do not perform the task, mark importance as "0."
0 – Does not apply to my practice; task is not performed	0 – Does not apply to my practice; task is not performed
1 – Rarely	1 – Of minor importance
2 – Seldom	2 – Fairly important
3 – Occasionally	3 – Moderately important
4 – Often	4 – Very important
5 – Very Often	5 – Critically important

TASKS	FREQUENCY	IMPORTANCE
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**I. CLINICAL EVALUATION**

1. Identify presenting problems by assessing client’s initial concerns to determine purpose for seeking therapy.	0 1 2 3 4 5	0 1 2 3 4 5
2. Identify unit of treatment (e.g., individual, couple, family) to determine a strategy for therapy.	0 1 2 3 4 5	0 1 2 3 4 5
3. Assess client’s motivation for and commitment to therapy by discussing client’s expectations of therapeutic process.	0 1 2 3 4 5	0 1 2 3 4 5
4. Evaluate client’s previous therapy experience to determine impact on current therapeutic process.	0 1 2 3 4 5	0 1 2 3 4 5
5. Identify human diversity factors to determine how to proceed with client’s treatment.	0 1 2 3 4 5	0 1 2 3 4 5
6. Assess for indicators of substance use, abuse, and dependency to plan for client’s treatment.	0 1 2 3 4 5	0 1 2 3 4 5
7. Assess the impact of client’s substance use, abuse, and dependency on family members and significant others to determine how to proceed with treatment.	0 1 2 3 4 5	0 1 2 3 4 5
8. Gather information regarding developmental history to determine impact on client’s functioning.	0 1 2 3 4 5	0 1 2 3 4 5
9. Gather information regarding physical conditions or symptoms to determine impact on client’s presenting problems.	0 1 2 3 4 5	0 1 2 3 4 5
10. Evaluate client’s medical history and current complaints to determine need for medical referral.	0 1 2 3 4 5	0 1 2 3 4 5
11. Administer mental status exam to identify client’s mood and levels of affective and cognitive functioning.	0 1 2 3 4 5	0 1 2 3 4 5

FREQUENCY	IMPORTANCE
HOW OFTEN do you perform this task in your <u>current</u> practice? Make your judgement relative to other tasks performed. If you do not perform the task, mark frequency as "0."	HOW IMPORTANT is performance of this task in your <u>current</u> practice? If you do not perform the task, mark importance as "0."
0 – Does not apply to my practice; task is not performed	0 – Does not apply to my practice; task is not performed
1 – Rarely	1 – Of minor importance
2 – Seldom	2 – Fairly important
3 – Occasionally	3 – Moderately important
4 – Often	4 – Very important
5 – Very Often	5 – Critically important

TASKS	FREQUENCY	IMPORTANCE
12. Identify client’s thought processes and behaviors that indicate a need for psychiatric referral.	0 1 2 3 4 5	0 1 2 3 4 5
13. Identify client’s affective, behavioral, and cognitive functioning that indicates a need for referral for testing.	0 1 2 3 4 5	0 1 2 3 4 5
14. Explore human diversity issues to determine impact on client functioning.	0 1 2 3 4 5	0 1 2 3 4 5
15. Gather information regarding family history to assess impact of significant relationships and events on client’s presenting problems.	0 1 2 3 4 5	0 1 2 3 4 5
16. Gather information about family structure by evaluating impact of significant relationships and events.	0 1 2 3 4 5	0 1 2 3 4 5
17. Gather information regarding client’s employment history to determine how patterns of behavior manifest in occupational settings.	0 1 2 3 4 5	0 1 2 3 4 5
18. Gather information regarding client’s educational history to determine how patterns of behavior manifest in educational settings.	0 1 2 3 4 5	0 1 2 3 4 5
19. Gather information from other involved parties to contribute to development of a clinical impression of client.	0 1 2 3 4 5	0 1 2 3 4 5
20. Gather information regarding client’s use of alternative treatments (e.g., acupuncture, herbs, massage) to assist with development of a clinical impression.	0 1 2 3 4 5	0 1 2 3 4 5
21. Assess primary caregiver’s willingness and ability to support dependent client’s therapy.	0 1 2 3 4 5	0 1 2 3 4 5
22. Gather information regarding social relationships to identify client’s support systems.	0 1 2 3 4 5	0 1 2 3 4 5

FREQUENCY	IMPORTANCE
HOW OFTEN do you perform this task in your <u>current</u> practice? Make your judgement relative to other tasks performed. If you do not perform the task, mark frequency as "0."	HOW IMPORTANT is performance of this task in your <u>current</u> practice? If you do not perform the task, mark importance as "0."
0 – Does not apply to my practice; task is not performed	0 – Does not apply to my practice; task is not performed
1 – Rarely	1 – Of minor importance
2 – Seldom	2 – Fairly important
3 – Occasionally	3 – Moderately important
4 – Often	4 – Very important
5 – Very Often	5 – Critically important

TASKS	FREQUENCY	IMPORTANCE
23. Identify differences in degrees of acculturation to determine potential source of conflicts among client and family members.	0 1 2 3 4 5	0 1 2 3 4 5
24. Assess economic, political, and social climate to determine the impact on client's presenting problems and treatment.	0 1 2 3 4 5	0 1 2 3 4 5
25. Formulate a diagnostic impression based on assessment information to use as a basis for treatment planning.	0 1 2 3 4 5	0 1 2 3 4 5
26. Identify precipitating events related to client's presenting problems to determine contributing factors.	0 1 2 3 4 5	0 1 2 3 4 5
27. Administer standardized assessment instruments within scope of practice and competence to obtain diagnostic information.	0 1 2 3 4 5	0 1 2 3 4 5
28. Assess impact of medication on client's current functioning to develop a diagnostic impression.	0 1 2 3 4 5	0 1 2 3 4 5
29. Compare clinical information with diagnostic criteria to differentiate between closely related disorders.	0 1 2 3 4 5	0 1 2 3 4 5
30. Determine client's readiness for termination by evaluating whether treatment goals have been met.	0 1 2 3 4 5	0 1 2 3 4 5
31. Develop a termination plan by assessing client needs within framework of third party specifications (e.g., managed care, court-mandated, EAP).	0 1 2 3 4 5	0 1 2 3 4 5
32. Develop a termination plan with client to maintain gains after treatment has ended.	0 1 2 3 4 5	0 1 2 3 4 5

## II. CRISIS MANAGEMENT

FREQUENCY	IMPORTANCE
HOW OFTEN do you perform this task in your <u>current</u> practice? Make your judgement relative to other tasks performed. If you do not perform the task, mark frequency as "0."	HOW IMPORTANT is performance of this task in your <u>current</u> practice? If you do not perform the task, mark importance as "0."
0 – Does not apply to my practice; task is not performed	0 – Does not apply to my practice; task is not performed
1 – Rarely	1 – Of minor importance
2 – Seldom	2 – Fairly important
3 – Occasionally	3 – Moderately important
4 – Often	4 – Very important
5 – Very Often	5 – Critically important

TASKS	FREQUENCY	IMPORTANCE
33. Identify nature of client's crises to determine what immediate intervention is needed.	0 1 2 3 4 5	0 1 2 3 4 5
34. Assess for suicide potential by evaluating client's lethality to determine need for and level of intervention.	0 1 2 3 4 5	0 1 2 3 4 5
35. Evaluate severity of crisis situation by assessing the level of impairment in client's life.	0 1 2 3 4 5	0 1 2 3 4 5
36. Identify type of abuse by assessing client to determine level of intervention.	0 1 2 3 4 5	0 1 2 3 4 5
37. Evaluate level of danger client presents to others to determine need for immediate intervention (e.g., 5150).	0 1 2 3 4 5	0 1 2 3 4 5
38. Evaluate potential for self-destructive and/or self-injurious behavior to determine level of intervention.	0 1 2 3 4 5	0 1 2 3 4 5
39. Assess trauma history to determine impact on client's current crisis.	0 1 2 3 4 5	0 1 2 3 4 5
40. Develop a plan with client who has indicated thoughts of causing harm to self to reduce potential for danger.	0 1 2 3 4 5	0 1 2 3 4 5
41. Develop a plan for a client who has indicated thoughts of causing harm to others to reduce potential for danger.	0 1 2 3 4 5	0 1 2 3 4 5

FREQUENCY	IMPORTANCE
HOW OFTEN do you perform this task in your <u>current</u> practice? Make your judgement relative to other tasks performed. If you do not perform the task, mark frequency as "0."	HOW IMPORTANT is performance of this task in your <u>current</u> practice? If you do not perform the task, mark importance as "0."
0 – Does not apply to my practice; task is not performed	0 – Does not apply to my practice; task is not performed
1 – Rarely	1 – Of minor importance
2 – Seldom	2 – Fairly important
3 – Occasionally	3 – Moderately important
4 – Often	4 – Very important
5 – Very Often	5 – Critically important

TASKS	FREQUENCY	IMPORTANCE
42. Develop a plan with client in a potentially abusive situation to provide for safety of client and family members.	0 1 2 3 4 5	0 1 2 3 4 5
43. Develop a plan for therapist safety by implementing measures to manage dangerous situations.	0 1 2 3 4 5	0 1 2 3 4 5
44. Identify resources available (e.g., referrals, collateral services) to assist with management of client's crisis.	0 1 2 3 4 5	0 1 2 3 4 5

### III. TREATMENT PLANNING

45. Assess client's perspective of presenting problems to determine consistency of therapist and client treatment goals.	0 1 2 3 4 5	0 1 2 3 4 5
46. Prioritize treatment goals to determine client's course of treatment.	0 1 2 3 4 5	0 1 2 3 4 5
47. Identify evaluation criteria to monitor client's progress toward treatment goals and objectives.	0 1 2 3 4 5	0 1 2 3 4 5
48. Develop a treatment plan within context of client's culture to provide therapy consistent with client's values and beliefs.	0 1 2 3 4 5	0 1 2 3 4 5
49. Formulate a treatment plan within a theoretical orientation to provide a framework for client's therapy.	0 1 2 3 4 5	0 1 2 3 4 5
50. Develop a treatment plan responsive to third party specifications (e.g., managed care, court-mandated, EAP) to meet client needs.	0 1 2 3 4 5	0 1 2 3 4 5
51. Determine the need for referral for adjunctive services to augment client's treatment.	0 1 2 3 4 5	0 1 2 3 4 5
52. Integrate community resources to provide ongoing support to client following termination of treatment.	0 1 2 3 4 5	0 1 2 3 4 5

FREQUENCY	IMPORTANCE
HOW OFTEN do you perform this task in your <u>current</u> practice? Make your judgement relative to other tasks performed. If you do not perform the task, mark frequency as "0."	HOW IMPORTANT is performance of this task in your <u>current</u> practice? If you do not perform the task, mark importance as "0."
0 – Does not apply to my practice; task is not performed	0 – Does not apply to my practice; task is not performed
1 – Rarely	1 – Of minor importance
2 – Seldom	2 – Fairly important
3 – Occasionally	3 – Moderately important
4 – Often	4 – Very important
5 – Very Often	5 – Critically important

TASKS	FREQUENCY	IMPORTANCE
53. Integrate medical information obtained from physician/psychiatrist to formulate treatment plan.	0 1 2 3 4 5	0 1 2 3 4 5
54. Integrate information obtained from collateral consultations (e.g., educational, vocational) to formulate treatment plan.	0 1 2 3 4 5	0 1 2 3 4 5
55. Coordinate mental health services to formulate a multidisciplinary treatment plan.	0 1 2 3 4 5	0 1 2 3 4 5

#### IV. TREATMENT

56. Establish a therapeutic relationship with client to facilitate treatment.	0 1 2 3 4 5	0 1 2 3 4 5
57. Provide feedback to client throughout the therapeutic process to demonstrate treatment progress.	0 1 2 3 4 5	0 1 2 3 4 5
58. Develop strategies consistent with cognitive-behavioral theories to facilitate client's treatment.	0 1 2 3 4 5	0 1 2 3 4 5
59. Develop strategies consistent with humanistic-existential theories to facilitate client's treatment.	0 1 2 3 4 5	0 1 2 3 4 5
60. Develop strategies consistent with postmodern theories (e.g., narrative, solution-focused) to facilitate client's treatment.	0 1 2 3 4 5	0 1 2 3 4 5
61. Develop strategies consistent with psychodynamic theories to facilitate client's treatment.	0 1 2 3 4 5	0 1 2 3 4 5
62. Develop strategies consistent with systems theories to facilitate client's treatment.	0 1 2 3 4 5	0 1 2 3 4 5
63. Develop strategies consistent with group therapy theories to facilitate client's treatment.	0 1 2 3 4 5	0 1 2 3 4 5
64. Develop strategies to include the impact of crisis issues on client's treatment.	0 1 2 3 4 5	0 1 2 3 4 5

FREQUENCY	IMPORTANCE
HOW OFTEN do you perform this task in your <u>current</u> practice? Make your judgement relative to other tasks performed. If you do not perform the task, mark frequency as "0."	HOW IMPORTANT is performance of this task in your <u>current</u> practice? If you do not perform the task, mark importance as "0."
0 – Does not apply to my practice; task is not performed	0 – Does not apply to my practice; task is not performed
1 – Rarely	1 – Of minor importance
2 – Seldom	2 – Fairly important
3 – Occasionally	3 – Moderately important
4 – Often	4 – Very important
5 – Very Often	5 – Critically important

TASKS	FREQUENCY	IMPORTANCE
65. Develop strategies consistent with developmental theories to facilitate client's treatment.	0 1 2 3 4 5	0 1 2 3 4 5
66. Develop strategies to address client issues regarding lifestyle into treatment.	0 1 2 3 4 5	0 1 2 3 4 5

### V. ETHICS

67. Address client's expectations about therapy to promote understanding of the therapeutic process.	0 1 2 3 4 5	0 1 2 3 4 5
68. Discuss management of fees and office policies to promote client's understanding of treatment process.	0 1 2 3 4 5	0 1 2 3 4 5
69. Inform client of parameters of confidentiality to facilitate client's understanding of therapist's responsibility.	0 1 2 3 4 5	0 1 2 3 4 5
70. Inform parent/legal guardian and minor client about confidentiality issues and exceptions.	0 1 2 3 4 5	0 1 2 3 4 5
71. Manage confidentiality issues to maintain integrity of the therapeutic contract.	0 1 2 3 4 5	0 1 2 3 4 5
72. Manage countertransference to maintain integrity of the therapeutic relationship.	0 1 2 3 4 5	0 1 2 3 4 5
73. Manage client's concurrent relationships with other therapists to evaluate impact on treatment.	0 1 2 3 4 5	0 1 2 3 4 5
74. Manage impact of gifts from clients to maintain integrity of therapeutic relationship.	0 1 2 3 4 5	0 1 2 3 4 5
75. Manage clinical issues outside therapist's scope of competence to meet client needs.	0 1 2 3 4 5	0 1 2 3 4 5
76. Assist client to obtain alternate treatment when therapist is unable to continue therapeutic relationship.	0 1 2 3 4 5	0 1 2 3 4 5

FREQUENCY	IMPORTANCE
HOW OFTEN do you perform this task in your <u>current</u> practice? Make your judgement relative to other tasks performed. If you do not perform the task, mark frequency as "0."	HOW IMPORTANT is performance of this task in your <u>current</u> practice? If you do not perform the task, mark importance as "0."
0 – Does not apply to my practice; task is not performed	0 – Does not apply to my practice; task is not performed
1 – Rarely	1 – Of minor importance
2 – Seldom	2 – Fairly important
3 – Occasionally	3 – Moderately important
4 – Often	4 – Very important
5 – Very Often	5 – Critically important

TASKS	FREQUENCY	IMPORTANCE
77. Determine competency to provide professional services by identifying therapist's cognitive, emotional, or physical impairments.	0 1 2 3 4 5	0 1 2 3 4 5
78. Manage potential dual relationship to avoid loss of therapist objectivity or exploitation of client.	0 1 2 3 4 5	0 1 2 3 4 5
79. Manage client's overt/covert sexual feelings toward therapist to maintain integrity of the therapeutic relationship.	0 1 2 3 4 5	0 1 2 3 4 5

### VI. LAW

80. Report to authorities cases of abuse as defined by mandated reporting requirements (e.g., child, adult dependent, elder).	0 1 2 3 4 5	0 1 2 3 4 5
81. Report expressions of intent to harm by client to others as defined by mandated reporting requirements.	0 1 2 3 4 5	0 1 2 3 4 5
82. Maintain client confidentiality within limitations as defined by mandated reporting requirements.	0 1 2 3 4 5	0 1 2 3 4 5
83. Assess client's level of danger to self or others to determine need for involuntary hospitalization.	0 1 2 3 4 5	0 1 2 3 4 5
84. Provide information associated with the provision of therapeutic services to client as mandated by law.	0 1 2 3 4 5	0 1 2 3 4 5
85. Obtain client's authorization for release to disclose or obtain confidential information.	0 1 2 3 4 5	0 1 2 3 4 5
86. Comply with client's requests for records as mandated by law.	0 1 2 3 4 5	0 1 2 3 4 5
87. Maintain security of client's records as mandated by law.	0 1 2 3 4 5	0 1 2 3 4 5

FREQUENCY	IMPORTANCE
HOW OFTEN do you perform this task in your <u>current</u> practice? Make your judgement relative to other tasks performed. If you do not perform the task, mark frequency as "0."	HOW IMPORTANT is performance of this task in your <u>current</u> practice? If you do not perform the task, mark importance as "0."
0 – Does not apply to my practice; task is not performed	0 – Does not apply to my practice; task is not performed
1 – Rarely	1 – Of minor importance
2 – Seldom	2 – Fairly important
3 – Occasionally	3 – Moderately important
4 – Often	4 – Very important
5 – Very Often	5 – Critically important

TASKS	FREQUENCY	IMPORTANCE
88. Maintain documentation of clinical services as mandated by law.	0 1 2 3 4 5	0 1 2 3 4 5
89. Comply with legal standards regarding sexual contact, conduct, and relations with client.	0 1 2 3 4 5	0 1 2 3 4 5
90. Comply with legal standards regarding guidelines for consent to treat a minor.	0 1 2 3 4 5	0 1 2 3 4 5
91. Comply with legal standards regarding guidelines for consent to treat a dependent adult.	0 1 2 3 4 5	0 1 2 3 4 5
92. Provide mandated materials to a client who indicates sexual involvement with a previous therapist.	0 1 2 3 4 5	0 1 2 3 4 5
93. Comply with legal standards regarding scope of practice in the provision of services.	0 1 2 3 4 5	0 1 2 3 4 5
94. Assert client privilege regarding requests for confidential information within legal parameters.	0 1 2 3 4 5	0 1 2 3 4 5
95. Comply with legal standards regarding advertising to inform public of therapist's qualifications and services provided.	0 1 2 3 4 5	0 1 2 3 4 5

YOU HAVE COMPLETED PART II OF THE SURVEY QUESTIONNAIRE.  
GO ON TO PART III.

## PART III INSTRUCTIONS FOR RATING KNOWLEDGE

In this part of the questionnaire, rate each of the knowledge statements based on how important you feel a knowledge is to the performance of your tasks. If a knowledge is NOT part of your practice, then rate the statement "0" (zero) and go on to the next item. Circle the ONE rating that best fits each knowledge.

**Please note:** The knowledge statements use "the client" to refer to either an individual, couple, or family, depending upon the identified unit of treatment.

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### RATING SCALES FOR KNOWLEDGE

#### IMPORTANCE

HOW IMPORTANT is this knowledge to performance of tasks in your current practice?

- 0 DOES NOT APPLY TO MY PRACTICE; NOT REQUIRED. This knowledge does not apply to my practice; it is not required for performance.
- 1 OF MINOR IMPORTANCE. This knowledge is of minor or incidental importance for performance; it is useful for some minor part of my practice.
- 2 FAIRLY IMPORTANT. This knowledge is fairly important relative to other tasks; however, it does not have the priority of most other knowledges of my practice.
- 3 MODERATELY IMPORTANT. This knowledge is moderately important for performance in some relatively major part of my practice.
- 4 VERY IMPORTANT. This rating indicates that this knowledge is very important for performance in a significant part of my practice.
- 5 CRITICALLY IMPORTANT. This rating indicates that this knowledge is critically important for performance.

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#### EXAMPLE OF KNOWLEDGE RATINGS

KNOWLEDGE	IMPORTANCE
1. Knowledge of therapeutic questioning methods.	0 1 2 3 4 5
2. Knowledge of behavioral, cognitive, and physical indicators associated with substance use, abuse, and dependency.	0 1 2 3 4 5
3. Knowledge of administration and application of psychological examinations.	0 1 2 3 4 5

NOTE: In knowledge number 3, the knowledge is rated zero because it is not part of your practice.

PLEASE REFER TO THIS PAGE TO MAKE YOUR  
IMPORTANCE RATINGS.

HOW IMPORTANT is this knowledge to performance tasks in your current practice?

0 – Does not apply to my practice; not required for performance

1 – Of minor importance or incidental performance

2 – Fairly important for some minor part of my practice

3 – Moderately important for a relatively major part of my practice

4 – Very important for a significant part of my practice

5 – Critically important to performance

**KNOWLEDGE**

**IMPORTANCE**

**I. CLINICAL EVALUATION**

1.	Knowledge of therapeutic questioning methods.	0	1	2	3	4	5
2.	Knowledge of active listening techniques.	0	1	2	3	4	5
3.	Knowledge of procedures to gather initial intake information.	0	1	2	3	4	5
4.	Knowledge of observation techniques to evaluate verbal and nonverbal cues.	0	1	2	3	4	5
5.	Knowledge of factors influencing the choice of unit of treatment.	0	1	2	3	4	5
6.	Knowledge of the role of client motivation in therapeutic change.	0	1	2	3	4	5
7.	Knowledge of techniques to facilitate engagement of the therapeutic process with involuntary clients.	0	1	2	3	4	5
8.	Knowledge of the effects of previous therapy on current therapeutic process.	0	1	2	3	4	5
9.	Knowledge of methods to assess client's ability to access resources.	0	1	2	3	4	5
10.	Knowledge of the effects of human diversity factors on the therapeutic process.	0	1	2	3	4	5
11.	Knowledge of cultural beliefs regarding therapy and mental health.	0	1	2	3	4	5
12.	Knowledge of the impact of substance use, abuse, and dependency on affective, behavioral, cognitive, and physical functioning.	0	1	2	3	4	5
13.	Knowledge of criteria for classifying substance use, abuse, and dependency.	0	1	2	3	4	5
14.	Knowledge of the effects of substance use, abuse, and dependency on psychosocial functioning and family relationships.	0	1	2	3	4	5
15.	Knowledge of the developmental processes of individual growth and change.	0	1	2	3	4	5
16.	Knowledge of behavioral and psychological indicators of developmental disorders.	0	1	2	3	4	5
17.	Knowledge of the stages of family life-cycle development.	0	1	2	3	4	5

HOW IMPORTANT is this knowledge to performance tasks in your current practice?

- 0 – Does not apply to my practice; not required for performance
- 1 – Of minor importance or incidental performance
- 2 – Fairly important for some minor part of my practice
- 3 – Moderately important for a relatively major part of my practice
- 4 – Very important for a significant part of my practice
- 5 – Critically important to performance

	<b>KNOWLEDGE</b>	<b>IMPORTANCE</b>
18.	Knowledge of the effects of physical condition on psychosocial functioning.	0 1 2 3 4 5
19.	Knowledge of the relationship between medical conditions and psychosocial functioning.	0 1 2 3 4 5
20.	Knowledge of psychological features or symptoms that indicate need for a medical evaluation.	0 1 2 3 4 5
21.	Knowledge of administration and application of mental status examinations.	0 1 2 3 4 5
22.	Knowledge of psychological features or behaviors that indicate need for a psychiatric evaluation.	0 1 2 3 4 5
23.	Knowledge of affective, behavioral, and cognitive factors that indicate need for further testing.	0 1 2 3 4 5
24.	Knowledge of the implications of human diversity issues on client relationships.	0 1 2 3 4 5
25.	Knowledge of techniques to collect family history.	0 1 2 3 4 5
26.	Knowledge of methods to assess impact of family history on family relationships.	0 1 2 3 4 5
27.	Knowledge of the effects of family structure and dynamics on development of identity.	0 1 2 3 4 5
28.	Knowledge of the impact of cultural context on family structure and values.	0 1 2 3 4 5
29.	Knowledge of the relationship between behavior and the work environment.	0 1 2 3 4 5
30.	Knowledge of the relationship between behavior and the educational setting.	0 1 2 3 4 5
31.	Knowledge of methods to gather information from professionals and other involved parties.	0 1 2 3 4 5
32.	Knowledge of the impact of combining treatment modalities in treating problems or disorders.	0 1 2 3 4 5
33.	Knowledge of techniques to identify the primary caregiver's level of	0 1 2 3 4 5

HOW IMPORTANT is this knowledge to performance tasks in your current practice?

0 – Does not apply to my practice; not required for performance

1 – Of minor importance or incidental performance

2 – Fairly important for some minor part of my practice

3 – Moderately important for a relatively major part of my practice

4 – Very important for a significant part of my practice

5 – Critically important to performance

	<b>KNOWLEDGE</b>	<b>IMPORTANCE</b>
	involvement in therapy.	
34.	Knowledge of techniques to identify support systems within social network.	0 1 2 3 4 5
35.	Knowledge of the effects of acculturation on family structure and values.	0 1 2 3 4 5
36.	Knowledge of the transitional stages of acculturation.	0 1 2 3 4 5
37.	Knowledge of the impact of economic factors and stressors on presenting problems and treatment.	0 1 2 3 4 5
38.	Knowledge of the impact of sociopolitical climate on the therapeutic process.	0 1 2 3 4 5
39.	Knowledge of Diagnostic and Statistical Manual criteria for identifying diagnoses.	0 1 2 3 4 5
40.	Knowledge of procedures to integrate assessment information with diagnostic categories.	0 1 2 3 4 5
41.	Knowledge of the impact of psychosocial stressors on presenting problems and current functioning.	0 1 2 3 4 5
42.	Knowledge of the impact associated with onset, intensity, and duration of symptoms for developing a diagnostic impression.	0 1 2 3 4 5
43.	Knowledge of methods and administration of standardized assessment instruments.	0 1 2 3 4 5
44.	Knowledge of the impact of medication on physical and psychological functioning.	0 1 2 3 4 5
45.	Knowledge of procedures for developing a differential diagnosis.	0 1 2 3 4 5
46.	Knowledge of changes in functioning that indicates readiness to terminate therapy.	0 1 2 3 4 5
47.	Knowledge of issues related to the process of termination.	0 1 2 3 4 5
48.	Knowledge of techniques to assess when to initiate termination.	0 1 2 3 4 5

HOW IMPORTANT is this knowledge to performance tasks in your current practice?

0 – Does not apply to my practice; not required for performance

1 – Of minor importance or incidental performance

2 – Fairly important for some minor part of my practice

3 – Moderately important for a relatively major part of my practice

4 – Very important for a significant part of my practice

5 – Critically important to performance

	<b>KNOWLEDGE</b>	<b>IMPORTANCE</b>
49.	Knowledge of the impact of third-party specifications (e.g., managed care, court-mandated, EAP) on termination.	0 1 2 3 4 5
50.	Knowledge of techniques to maintain therapeutic gains outside therapy.	0 1 2 3 4 5
51.	Knowledge of relapse prevention techniques.	0 1 2 3 4 5

## II. CRISIS MANAGEMENT

52.	Knowledge of techniques to identify crisis situations.	0 1 2 3 4 5
53.	Knowledge of risk factors that indicate potential for suicide within age, gender, and cultural groups.	0 1 2 3 4 5
54.	Knowledge of physical and psychological indicators of suicidality.	0 1 2 3 4 5
55.	Knowledge of the effects of precipitating events on suicide potential.	0 1 2 3 4 5
56.	Knowledge of procedures to manage client's suicidal ideation that do not require hospitalization.	0 1 2 3 4 5
57.	Knowledge of techniques to provide suicide intervention in emergency situations.	0 1 2 3 4 5
58.	Knowledge of methods to assess strengths and coping skills.	0 1 2 3 4 5
59.	Knowledge of methods to evaluate severity of symptoms.	0 1 2 3 4 5
60.	Knowledge of criteria to determine situations that constitute high risk for abuse.	0 1 2 3 4 5
61.	Knowledge of indicators of abuse.	0 1 2 3 4 5
62.	Knowledge of indicators of neglect.	0 1 2 3 4 5
63.	Knowledge of indicators of endangerment.	0 1 2 3 4 5
64.	Knowledge of indicators of domestic violence.	0 1 2 3 4 5
65.	Knowledge of risk factors that indicate client's potential for causing harm to others.	0 1 2 3 4 5

HOW IMPORTANT is this knowledge to performance tasks in your current practice?

0 – Does not apply to my practice; not required for performance

1 – Of minor importance or incidental performance

2 – Fairly important for some minor part of my practice

3 – Moderately important for a relatively major part of my practice

4 – Very important for a significant part of my practice

5 – Critically important to performance

	<b>KNOWLEDGE</b>	<b>IMPORTANCE</b>
66.	Knowledge of physical and psychological indicators of self-destructive and/or self-injurious behavior.	0 1 2 3 4 5
67.	Knowledge of risk factors that indicate potential for self-destructive behavior.	0 1 2 3 4 5
68.	Knowledge of the effects of prior trauma on current functioning.	0 1 2 3 4 5
69.	Knowledge of techniques to assess for grave disability of client.	0 1 2 3 4 5
70.	Knowledge of the principles of crisis management.	0 1 2 3 4 5
71.	Knowledge of strategies to reduce incidence of self-destructive/self-injurious behavior.	0 1 2 3 4 5
72.	Knowledge of techniques (e.g., contract) to manage suicidality.	0 1 2 3 4 5
73.	Knowledge of strategies to deal with dangerous clients.	0 1 2 3 4 5
74.	Knowledge of strategies for anger management.	0 1 2 3 4 5
75.	Knowledge of strategies to address safety in situations of abuse.	0 1 2 3 4 5
76.	Knowledge of strategies to manage situations dangerous to therapists.	0 1 2 3 4 5
77.	Knowledge of intervention strategies used with gravely disabled clients.	0 1 2 3 4 5
78.	Knowledge of support systems to manage crisis.	0 1 2 3 4 5
79.	Knowledge of referral sources to manage crisis.	0 1 2 3 4 5
80.	Knowledge of methods to coordinate collateral services.	0 1 2 3 4 5

### III. TREATMENT PLANNING

81.	Knowledge of means to integrate client and therapist understanding of the goals in treatment planning.	0 1 2 3 4 5
82.	Knowledge of factors influencing the frequency of therapy sessions.	0 1 2 3 4 5

HOW IMPORTANT is this knowledge to performance tasks in your current practice?

- 0 – Does not apply to my practice; not required for performance
- 1 – Of minor importance or incidental performance
- 2 – Fairly important for some minor part of my practice
- 3 – Moderately important for a relatively major part of my practice
- 4 – Very important for a significant part of my practice
- 5 – Critically important to performance

	<b>KNOWLEDGE</b>	<b>IMPORTANCE</b>
83.	Knowledge of methods to manage the stages of treatment.	0 1 2 3 4 5
84.	Knowledge of strategies to prioritize treatment goals.	0 1 2 3 4 5
85.	Knowledge of methods to formulate short- and long-term treatment goals.	0 1 2 3 4 5
86.	Knowledge of criteria to monitor therapeutic progress.	0 1 2 3 4 5
87.	Knowledge of procedures to measure qualitative and quantitative therapeutic changes.	0 1 2 3 4 5
88.	Knowledge of techniques for establishing a therapeutic framework within diverse populations.	0 1 2 3 4 5
89.	Knowledge of theoretical modalities to formulate a treatment plan.	0 1 2 3 4 5
90.	Knowledge of third party specifications (e.g., managed care, court-mandated, EAP) impacting treatment planning.	0 1 2 3 4 5
91.	Knowledge of methods to identify need for adjunctive services.	0 1 2 3 4 5
92.	Knowledge of adjunctive services within community/culture to augment therapy.	0 1 2 3 4 5
93.	Knowledge of methods to integrate available community resources into treatment planning.	0 1 2 3 4 5
94.	Knowledge of methods to integrate information obtained from physician/psychiatrist.	0 1 2 3 4 5
95.	Knowledge of methods to integrate information obtained from collateral sources (e.g., educational, vocational).	0 1 2 3 4 5
96.	Knowledge of factors associated with use of a multidisciplinary team approach to treatment.	0 1 2 3 4 5

#### IV. TREATMENT

97.	Knowledge of the components (e.g., safety, rapport) needed to develop the therapeutic relationship.	0 1 2 3 4 5
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HOW IMPORTANT is this knowledge to performance tasks in your current practice?

0 – Does not apply to my practice; not required for performance

1 – Of minor importance or incidental performance

2 – Fairly important for some minor part of my practice

3 – Moderately important for a relatively major part of my practice

4 – Very important for a significant part of my practice

5 – Critically important to performance

	<b>KNOWLEDGE</b>	<b>IMPORTANCE</b>
98.	Knowledge of strategies to develop a therapeutic relationship.	0 1 2 3 4 5
99.	Knowledge of the impact of value differences between therapist and client on the therapeutic process.	0 1 2 3 4 5
100.	Knowledge of the impact of transference and countertransference dynamics.	0 1 2 3 4 5
101.	Knowledge of strategies to acknowledge treatment progress.	0 1 2 3 4 5
102.	Knowledge of the assumptions, concepts, and methodology associated with a cognitive-behavioral approach.	0 1 2 3 4 5
103.	Knowledge of the theory of change and the role of therapist from a cognitive-behavioral approach.	0 1 2 3 4 5
104.	Knowledge of the use of interventions associated with cognitive-behavioral theories.	0 1 2 3 4 5
105.	Knowledge of the assumptions, concepts, and methodology associated with a humanistic-existential approach.	0 1 2 3 4 5
106.	Knowledge of the theory of change and the role of therapist from a humanistic-existential approach.	0 1 2 3 4 5
107.	Knowledge of the use of interventions associated with humanistic-existential theories.	0 1 2 3 4 5
108.	Knowledge of the assumptions, concepts, and methodology associated with a postmodern approach (e.g., narrative, solution-focused).	0 1 2 3 4 5
109.	Knowledge of the theory of change and the role of therapist from a postmodern approach.	0 1 2 3 4 5
110.	Knowledge of the use of interventions associated with postmodern theories.	0 1 2 3 4 5
111.	Knowledge of the assumptions, concepts, and methodology associated with a psychodynamic approach.	0 1 2 3 4 5
112.	Knowledge of the theory of change and the role of therapist from a	0 1 2 3 4 5

HOW IMPORTANT is this knowledge to performance tasks in your current practice?

0 – Does not apply to my practice; not required for performance

1 – Of minor importance or incidental performance

2 – Fairly important for some minor part of my practice

3 – Moderately important for a relatively major part of my practice

4 – Very important for a significant part of my practice

5 – Critically important to performance

**KNOWLEDGE**

**IMPORTANCE**

psychodynamic approach.

113.	Knowledge of the use of interventions associated with psychodynamic theories.	0	1	2	3	4	5
114.	Knowledge of the assumptions, concepts, and methodology associated with a systems approach.	0	1	2	3	4	5
115.	Knowledge of the theory of change and the role of therapist from a systems approach.	0	1	2	3	4	5
116.	Knowledge of the use of interventions associated with systems theories.	0	1	2	3	4	5
117.	Knowledge of the assumptions, concepts, and methodology associated with group therapy.	0	1	2	3	4	5
118.	Knowledge of the use of interventions associated with group therapy theories.	0	1	2	3	4	5
119.	Knowledge of intervention methods for treating substance abuse.	0	1	2	3	4	5
120.	Knowledge of intervention methods for treating abuse (e.g., child, elder) within families.	0	1	2	3	4	5
121.	Knowledge of intervention methods for treating the impact of violence (e.g., rape, terrorism, Tarasoff).	0	1	2	3	4	5
122.	Knowledge of interventions for treating situational crises (e.g., loss of job, natural disasters, poverty).	0	1	2	3	4	5
123.	Knowledge of the use of interventions associated with developmental processes (e.g., cognitive, moral, psychosocial).	0	1	2	3	4	5
124.	Knowledge of techniques to assist client to adjust to cognitive, emotional, and physical changes associated with the life cycle (e.g., children, adolescents, elders).	0	1	2	3	4	5
125.	Knowledge of techniques to address variations in the life cycle process (e.g., divorce, blended families, grief/loss).	0	1	2	3	4	5

HOW IMPORTANT is this knowledge to performance tasks in your current practice?

- 0 – Does not apply to my practice; not required for performance
- 1 – Of minor importance or incidental performance
- 2 – Fairly important for some minor part of my practice
- 3 – Moderately important for a relatively major part of my practice
- 4 – Very important for a significant part of my practice
- 5 – Critically important to performance

	<b>KNOWLEDGE</b>	<b>IMPORTANCE</b>
126.	Knowledge of approaches to address issues associated with variations in lifestyles (e.g., gay, lesbian, bisexual, transgender).	0 1 2 3 4 5

### V. ETHICS

132.	Knowledge of approaches to address expectations of the therapeutic process.	0 1 2 3 4 5
133.	Knowledge of methods to explain management of fees and office policies.	0 1 2 3 4 5
134.	Knowledge of methods to explain confidentiality parameters.	0 1 2 3 4 5
135.	Knowledge of methods to explain mandated reporting.	0 1 2 3 4 5
136.	Knowledge of minor client's right to confidentiality and associated limitations.	0 1 2 3 4 5
137.	Knowledge of confidentiality issues in therapy.	0 1 2 3 4 5
138.	Knowledge of strategies to manage countertransference issues.	0 1 2 3 4 5
139.	Knowledge of effects of concurrent therapeutic relationships on treatment process.	0 1 2 3 4 5
140.	Knowledge of the impact of gift giving and receiving on the therapeutic relationship.	0 1 2 3 4 5
141.	Knowledge of cultural differences which may affect the therapeutic alliance.	0 1 2 3 4 5
142.	Knowledge of criteria to identify limits of therapist's scope of competence.	0 1 2 3 4 5
143.	Knowledge of areas of practice requiring specialized training.	0 1 2 3 4 5
144.	Knowledge of ethical considerations for interrupting or terminating therapy.	0 1 2 3 4 5
145.	Knowledge of alternative referrals to provide continuity of treatment.	0 1 2 3 4 5
146.	Knowledge of effects of therapist's cognitive, emotional, or physical limitations on the therapeutic process.	0 1 2 3 4 5
147.	Knowledge of business, personal, professional, and social relationships that create a conflict of interest within the therapeutic relationship.	0 1 2 3 4 5

HOW IMPORTANT is this knowledge to performance tasks in your current practice?

- 0 – Does not apply to my practice; not required for performance
- 1 – Of minor importance or incidental performance
- 2 – Fairly important for some minor part of my practice
- 3 – Moderately important for a relatively major part of my practice
- 4 – Very important for a significant part of my practice
- 5 – Critically important to performance

	<b>KNOWLEDGE</b>	<b>IMPORTANCE</b>
148.	Knowledge of the implications of sexual feelings/contact within the context of therapy.	0 1 2 3 4 5
149.	Knowledge of the impact of physical contact on the therapeutic process.	0 1 2 3 4 5
150.	Knowledge of strategies to maintain therapeutic boundaries.	0 1 2 3 4 5
<b>VI. LAW</b>		
154.	Knowledge of laws pertaining to mandated reporting of suspected or known abuse (e.g., child, dependent adult, elder).	0 1 2 3 4 5
155.	Knowledge of laws pertaining to mandated reporting of client's intent to harm others.	0 1 2 3 4 5
156.	Knowledge of techniques to evaluate client's plan, means, and intent for dangerous behavior.	0 1 2 3 4 5
157.	Knowledge of exceptions to confidentiality pertaining to mandated reporting requirements.	0 1 2 3 4 5
158.	Knowledge of legal criteria for determining involuntary hospitalization.	0 1 2 3 4 5
159.	Knowledge of laws regarding disclosing fees for professional services.	0 1 2 3 4 5
160.	Knowledge of conditions and requirements to disclose or obtain confidential information.	0 1 2 3 4 5
161.	Knowledge of laws regarding client's requests for records.	0 1 2 3 4 5
162.	Knowledge of laws regarding security of client records.	0 1 2 3 4 5
163.	Knowledge of laws regarding documentation of clinical services.	0 1 2 3 4 5
164.	Knowledge of laws regarding sexual conduct between therapist and client.	0 1 2 3 4 5
165.	Knowledge of laws regarding consent to treat a minor.	0 1 2 3 4 5
166.	Knowledge of custody issues of minor client to determine source of consent.	0 1 2 3 4 5
167.	Knowledge of laws regarding consent to treat a dependent adult.	0 1 2 3 4 5

HOW IMPORTANT is this knowledge to performance tasks in your current practice?

- 0 – Does not apply to my practice; not required for performance
- 1 – Of minor importance or incidental performance
- 2 – Fairly important for some minor part of my practice
- 3 – Moderately important for a relatively major part of my practice
- 4 – Very important for a significant part of my practice
- 5 – Critically important to performance

	<b>KNOWLEDGE</b>	<b>IMPORTANCE</b>
168.	Knowledge of situations requiring distribution of the State of California, Department of Consumer Affairs pamphlet entitled “Professional Therapy Never Includes Sex.”	0 1 2 3 4 5
169.	Knowledge of laws which define scope of practice.	0 1 2 3 4 5
170.	Knowledge of laws regarding privileged communication.	0 1 2 3 4 5
171.	Knowledge of laws regarding holder of privilege.	0 1 2 3 4 5
172.	Knowledge of laws regarding therapist response to subpoenas.	0 1 2 3 4 5
173.	Knowledge of laws regarding advertisement and dissemination of information pertaining to professional qualifications and services.	0 1 2 3 4 5

**YOU HAVE COMPLETED PART III OF THE SURVEY QUESTIONNAIRE.  
THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.**

***Please check to see that you have responded to every item and return the questionnaire in the prepaid envelope provided.***



APPENDIX E – RESPONDENTS BY REGION



1 – LOS ANGELES AND VICINITY

Los Angeles	183
Orange	64

**TOTAL LOS ANGELES: 247**

2 – SAN FRANCISCO BAY AREA

Alameda	53
Contra Costa	40
Marin	18
Napa	5
San Francisco	27
San Mateo	13
Santa Clara	48
Solano	8

**TOTAL BAY AREA: 212**

3 – SAN JOAQUIN VALLEY

Fresno	9
Kern	5
Kings	5
Madera	4
Merced	10
Mono	2
San Benito	3
San Joaquin	4
Stanislaus	8
Tulare	14
Tuolumne	8

**TOTAL SAN JOAQUIN: 72**

4 – SACRAMENTO VALLEY

Butte	4
Colusa	3
Glenn	1
Sacramento	47
Sutter	8
Yolo	4
Yuba	7

**TOTAL SACRAMENTO: 74**

5 – SAN DIEGO AND VICINITY

Imperial	1
San Diego	34

**TOTAL SAN DIEGO: 35**

6 – NORTHERN BORDER

Lassen	1
Plumas	3
Shasta	24
Siskiyou	4
Trinity	6

**TOTAL NORTHERN  
BORDER: 38**

7 – RIVERSIDE AND VICINITY

Inyo	1
Riverside	15
San Bernardino	19

**TOTAL RIVERSIDE: 35**

8 - SIERRA MOUNTAIN VALLEY

Amador	5
Calaveras	8
El Dorado	6
Nevada	5
Placer	6
Tehama	2

**TOTAL SIERRA  
MOUNTAIN VALLEY: 32**

9 - NORTH/CENTRAL COAST

Del Norte	4
Humboldt	9
Mendocino	13
Monterey	8
Santa Cruz	19
Sonoma	22

**TOTAL NORTH/CENTRAL  
COAST: 75**

10 – SOUTH COAST

San Luis Obispo	12
Santa Barbara	13
Ventura	30

**TOTAL SOUTH COAST: 55**

11 – UNKNOWN

**TOTAL UNKNOWN: 2**

12 – MISSING

**TOTAL MISSING: 18**

**TOTAL RESPONDENTS: 895**