



California Board of Behavioral Science
1625 North Market Boulevard, Suite S200
Sacramento, CA 95834
www.bbs.ca.gov

Marriage and Family Therapist
Written Clinical Vignette Examination

CANDIDATE HANDBOOK



PSI licensure:certification
3210 E Tropicana
Las Vegas, NV 89121
www.psiexams.com

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FOR MORE INFORMATION

All questions about examination scheduling should be directed to:

PSI licensure:certification
3210 E Tropicana
Las Vegas, NV 89121
(877) 392-6422 • TTY (800) 735-2929
www.psiexams.com

Questions about examination content or licensing should be directed to:

Board of Behavioral Sciences
1625 North Market Blvd., Ste. S200
Sacramento, CA 95834
(916) 574.7830
www.bbs.ca.gov

SCHEDULING INFORMATION

Date Scheduled: _____

Name of Scheduler: _____

Date of Exam: _____

Time of Exam: _____

Test Site Location: _____



PURPOSE

This handbook serves as your notice of eligibility and is designed to provide you with general information regarding the California Marriage and Family Therapist (MFT) Written Clinical Vignette examination process and content.

EXAMINATIONS BY PSI

The State has contracted with PSI to conduct its examination program. PSI provides examinations through a network of computer examination centers in California and ten additional nationwide sites.

All questions regarding the scheduling and administration of examinations should be directed to PSI.

PSI licensure:certification
3210 E Tropicana
Las Vegas, NV 89121
(877) 392-6422 • Fax (702) 932-2666
www.psiexams.com

All other questions about examinations should be directed to the BBS.

1625 North Market Blvd., Suite S-200,
Sacramento, CA 95834
(916) 574-7830 ** FAX (916) 574-8625 ** TY (800) 735-2929
www.bbs.ca.gov

EXAMINATION SCHEDULING PROCEDURES

Once you have been approved by BBS, you are responsible for contacting PSI to schedule an appointment to take the examination. You may do so via the Internet at www.psiexams.com, or schedule over the telephone at (877) 392-6422.

- **FIRST TIME EXAMINEES:** Examination eligibility expires, and an application is deemed abandoned, if the applicant fails to sit for examination within one year after being notified of eligibility.
- **RE-EXAMINATION APPLICANTS:** Examination eligibility expires and an applicant becomes ineligible to sit for examination when an applicant fails any written examination and does not retake the examination within one year from the date of that failure.

The PSI examination centers are open for testing during normal working hours of 8:00 AM to 5:00 PM Monday through Friday, and operating hours on Saturday, except for the following major holidays:

Memorial Day	Closed May 26-28, 2012
Independence Day	Closed July 4, 2012
Labor Day	Closed September 1-3, 2012
Thanksgiving	Closed November 22-25, 2012
Christmas	Closed December 25, 2012
New Years	Closed January 1, 2013

INTERNET SCHEDULING

You may schedule your test by completing the online Test Registration Form. The Test Registration Form is available at PSI's website, www.psiexams.com. You may schedule for a test via the Internet 24 hours a day.

1. Complete the registration form online and submit your information to PSI via the Internet.
2. Upon completion of the online registration form, you will be given the available dates for scheduling your test.
3. You will need to choose a date to complete your registration.
4. Upon successful registration, you will receive a traceable confirmation number.

TELEPHONE SCHEDULING

PSI has two scheduling methods available if you wish to schedule by telephone. First, call PSI at (877) 392-6422, 24 hours a day and schedule using the Automated Registration System. Second, if you wish to contact a live operator, use this same telephone number to contact PSI registrars Monday through Friday between 4:30 am and 7:00 pm and Saturday, between 8:00 am and 2:00 pm, Pacific Time, to schedule your appointment for the test. Scheduling services are also available via our Telecommunications Device for the Deaf (TDD) by calling 800.735.2929.

CANCELING AN EXAMINATION APPOINTMENT

You may cancel and reschedule an examination appointment without forfeiting your fee *if your cancellation notice is received 2 days prior to the scheduled examination date*. For example, for a Monday appointment, the cancellation notice would need to be received on the previous Saturday. You may call PSI at (877) 392-6422. Please note that you may also use the automated system, using a touch-tone phone, 24 hours a day in order to cancel and reschedule your appointment.

Note: A voice mail message is not an acceptable form of cancellation. Please use the internet, automated telephone system, or call PSI and speak to a Customer Service Representative.

MISSED APPOINTMENT OR LATE CANCELLATION

If you miss your appointment, you will not be able to take the examination as scheduled, further you will forfeit your examination fee, if:

- You do not cancel your appointment 2 days before the scheduled examination date;
- You do not appear for your examination appointment;
- You arrive after examination start time;
- You do not present proper identification when you arrive for the examination.

RE-EXAMINATION

Candidates who fail are eligible to re-take this examination. A Request for Re-examination form will be provided with the score report at the test center, or may be obtained by contacting the BBS.

To apply for re-examination, candidates must complete the form and submit it to the BBS with the correct fee. A notice confirming your eligibility for re-examination will be sent approximately 180 days from the date of the examination. Candidates are permitted to take the examination two times in a 12-month period .

CANDIDATES MUST PARTICIPATE IN THE EXAMINATION WITHIN ONE YEAR OF FAILING A PREVIOUS EXAMINATION.

Sample Scenarios:

- Arnold failed his Written Clinical Vignette Examination on 4/22/07. He must retake his Written Clinical Vignette Examination no later than 4/22/08.
- Danny received notice of eligibility to take the Written Clinical Vignette Examination on 1/18/07. He must take this Examination no later than 1/18/08.

EXAMINATION SITE CLOSING FOR AN EMERGENCY

In the event that severe weather or another emergency forces the closure of an examination site on a scheduled examination date, your examination will be rescheduled. PSI personnel will attempt to contact you in this situation. However, you may check the status of your examination schedule by calling (877) 392-6422. Every effort will be made to reschedule your examination at a convenient time as soon as possible. You will not be penalized. You will be rescheduled at no additional charge.

EXAMINATION SITE LOCATIONS

The California examinations are administered at the PSI examination centers in California as listed below:

ANAHEIM

2301 W. LINCOLN AVE, SUITE 252
ANAHEIM, CA 92801
(714) 254-1453

DIRECTIONS FROM LA: TAKE 5 SOUTH EXIT BROOKHURST AND TURN RIGHT. TURN RIGHT ON LINCOLN (PASS A SMALL STREET NAMED MONTEREY), AND GO TO THE FIRST OPEN DRIVEWAY ON THE RIGHT.

(ORANGE COUNTY) DIRECTIONS FROM SAN DIEGO, IRVINE, MISSION VIEJO, ETC: TAKE 5N EXIT BROOKHURST AND TURN LEFT. TURN RIGHT ONTO LINCOLN (PASS A SMALL STREET NAMED MONTEREY) AND GO TO THE FIRST OPEN DRIVEWAY ON THE RIGHT.

IF BROOKHURST EXIT IS CLOSED: TAKE 5 N EXIT EUCLID AND TURN LEFT. TURN RIGHT ON LINCOLN (PASS BROOKHURST AND SMALL STREET NAMED MONTEREY) AND GO TO THE FIRST OPEN DRIVEWAY ON THE RIGHT.

*****KEEP IN MIND THAT THE EUCLID EXIT COMES FIRST AND THEN BROOKHURST.*****

OR 91 FREEWAY: TAKE 91 W EXIT BROOKHURST AND TURN LEFT. TURN RIGHT ONTO LINCOLN (PASS A SMALL STREET NAMED MONTEREY) AND GO TO THE FIRST OPEN DRIVEWAY ON THE RIGHT.

ATASCADERO

7305 MORRO RD, SUITE 201A
ATASCADERO, CA 93422
(805) 462-8983

FROM US-101 N, TAKE THE CA-41 EXIT- EXIT 219-TOWARD MORRO RD. TURN LEFT ONTO EL CAMINO REAL. Turn LEFT onto CA-41/MORRO RD.

FROM US-101 S, TAKE THE MORRO RD/CA-41 EXIT- EXIT 219, TURN RIGHT ONTO CA-41/MORRO RD.

BAKERSFIELD

5405 STOCKDALE HIGHWAY, SUITE 206
BAKERSFIELD, CA 93309
(661) 398-9354

FROM I-5 S, TAKE THE STOCKDALE HWY EXIT (253). TURN LEFT ONTO STOCKDALE HWY.

FROM I-5 N TOWARD BAKERSFIELD, KEEP LEFT TO TAKE CA-99 N VIA EXIT (221) TOWARD BAKERSFIELD/FRESNO. TAKE THE CA-58 E EXIT TOWARD TEHACHAPI/MOJAVE. TAKE THE EXIT ON THE LEFT TOWARD CAL STATE UNIV/STOCKDALE HWY/BRUNDAGE LANE. TURN LEFT ONTO WIBLE RD. TURN SLIGHT LEFT ONTO STOCKDALE HWY.

CARSON

17420 S. AVALON BLVD, SUITE 205
CARSON, CA 90746
(310) 217-1066

FROM CA-91 E/GARDENA FWY TAKE THE AVALON EXIT. OFF RAMP WILL LEAD YOU ONTO ALBERTONI ST. MAKE A RIGHT ONTO AVALON BLVD AND WE ARE LOCATED ON THE RIGHT HANDSIDE (SAME PARKING LOT AS CARL'S JR).

FROM CA-91 W TAKE THE AVALON EXIT. MAKE A LEFT ONTO AVALON BLVD. MAKE A U-TURN ON AVALON BLVD AND ALBERTONI ST. WE ARE LOCATED ON THE RIGHT HAND SIDE. (SAME PARKING LOT AS CARL'S JR).

EL MONTE

9420 TELSTAR, SUITE 138
EL MONTE, CA 91731
(626) 442-4112

FROM I-10 E TOWARD SAN BERNARDINO, MERGE ONTO ROSEMEAD/CA 19 S TOWARD LONG BEACH. TURN LEFT ONTO E. TELSTAR AVE.

FROM I-10 W TOWARD LOS ANGELES, TAKE THE ROSEMEAD BLVD/CA-19 EXIT TOWARD PASADENA. TAKE THE ROSEMEAD BLVD RAMP TOWARD LONG BEACH. MERGE ONTO ROSEMEAD BLVD/CA-19 S. TAKE A LEFT ONTO E. TELSTAR AVE.

FRESNO

351 E. BARSTOW, SUITE 101
FRESNO, CA 93710
(559) 221-9006

FROM CA-41 S, TAKE THE BULLARD AVE EXIT. TURN LEFT ONTO E BULLARD AVE. TURN RIGHT ONTO N FRESNO ST. PASS THROUGH THE INTERSECTION OF FRESNO AND BASTOW AVE. TAKE THE FIRST DRIVEWAY ON THE RIGHT HAND SIDE.

FROM CA-41 N, TAKE THE SHAW AVE EXIT TOWARD CLOVIS. TURN RIGHT ONTO E SHAW AVE. TURN LEFT ONTO N FRESNO ST. TURN LEFT INTO THE LAST DRIVEWAY BEFORE BARSTOW AVE.

TESTING CENTER IS IN THE OFFICE COMPLEX ON THE SW CORNER OF BARSTOW AND FRESNO ST.

HAYWARD

24301 SOUTHLAND DRIVE, SUITE B-1
HAYWARD, CA 94545
(510) 784-1114

FROM I-880 N TOWARD OAKLAND, TAKE THE WINTON AVENUE EXIT. MERGE ONTO W WINTON AVE TOWARD HEALD COLLEGE. TURN LEFT ONTO SOUTHLAND DR.

FROM I-880 S TOWARD SAN JOSE/SAN MATEO BR, TAKE THE WINTON AVE WEST EXIT TOWARD HEALD COLLEGE. MERGE ONTO W WINTON AVE. TURN LEFT ONTO SOUTHLAND DR.

REDDING

2861 CHURN CREEK, UNIT C
REDDING, CA 96002



(530) 221-0945

FROM I-5 S, TAKE THE CYPRESS AVENUE EXIT (677). TURN RIGHT ONTO E. CYPRESS AVE. TURN RIGHT ON CHURN CREEK RD.

FROM I-5 N TOWARDS SACRAMENTO, TAKE THE CYPRESS AVE EXIT (677). TURN LEFT ONTO E. CYPRESS AVE. TURN RIGHT ONTO CHURN CREEK RD.

FROM 299 E TOWARDS REDDING, START GOING WEST ON CA-299. MERGE ONTO I-5 S RAMP ON THE LEFT TOWARDS SACRAMENTO. TAKE THE CYPRESS AVE EXIT (677). TURN LEFT ONTO E. CYPRESS AVE. TURN RIGHT ONTO CHURN CREEK RD.

FROM 299 W TOWARDS REDDING. START GOING EAST ON CA-299 TOWARDS WEAVERVILLE/REDDING. FROM 299 EAST TURN RIGHT ONTO CA-273/CA-299 E/MARKET STREET. TURN LEFT ONTO CA-299-E. MERGE ONTO I-5 S VIA EXIT 2A TOWARDS RED BLUFF/SACRAMENTO. TAKE THE CYPRESS AVE EXIT (677). TURN LEFT ONTO E. CYPRESS AVE. TURN RIGHT ONTO CHURN CREEK RD.

RIVERSIDE

RIVERSIDE TECHNOLOGY BUSINESS PARK

1660 CHICAGO AVE, SUITE M-15

RIVERSIDE, CA 92507

(951) 680-9720

FROM 15 SOUTH TO 215 SOUTH, EXIT COLUMBIA AND GO STRAIGHT. AT THE DEAD END TURN LEFT. AT THE LIGHT (WHICH IS COLUMBIA) TURN LEFT. TURN RIGHT ON CHICAGO AVE.

FROM 91 EAST, EXIT SPRUCE AND TURN RIGHT. TURN LEFT ON CHICAGO AVE (SITE WILL BE ON RIGHT HAND SIDE).

FROM 60 WEST, EXIT 3RD/BLAINE AND TURN LEFT. TURN RIGHT ON CHICAGO AVE, PAST SPRUCE (SITE WILL BE ON RIGHT HAND SIDE).

SACRAMENTO

9719 LINCOLN VILLAGE DR.

BUILDING 100, SUITE 100

SACRAMENTO, CA 95827

(916) 363-6455

FROM SAN FRANCISCO/VALLEJO ON I-80 E, TAKE US-50 E TOWARD SACRAMENTO/SOUTH LAKE TAHOE. TAKE BRADSHAW ROAD, EXIT 13, TURN RIGHT ONTO BRADSHAW ROAD. TURN IMMEDIATE LEFT ONTO LINCOLN VILLAGE DR.

SAN DIEGO

5440 MOREHOUSE DRIVE, SUITE 3300

SAN DIEGO, CA 92121

(858) 658-0786

FROM I-805 S, TAKE THE SORRENTO VALLEY RD/MIRA MESA BLVD EXIT. TURN LEFT ONTO MIRA MESA BLVD, TURN LEFT ONTO SCRANTON ROAD. TURN RIGHT ONTO MOREHOUSE DRIVE.

FROM I-805 N TOWARD LOS ANGELES, TAKE THE MIRA MESA BLVD/VISTA SORRENTO PKWY EXIT. TURN RIGHT ONTO MIRA MESA BLVD. TURN LEFT ONTO SCRANTON RD. TURN RIGHT ONTO MOREHOUSE DR.

ADDITIONAL PARKING CAN BE FOUND (on top of the AT&T building) BY CONTINUING ON MOREHOUSE PAST OUR BUILDING AND TURNING LEFT AT THE NEXT DRIVEWAY UP THE HILL

SANTA ROSA

160 WIKIUP DRIVE, SUITE 105

SANTA ROSA, CA 95403

(707) 544-6723

FROM US-101 N, TAKE MARK WEST SPRINGS/RIVER ROAD EXIT. TURN RIGHT ON MARK WEST SPRINGS. TURN LEFT AT OLD REDWOOD HIGHWAY. TURN RIGHT ON WIKIUP DRIVE. FIRST DRIVEWAY ON RIGHT.

FROM US-101 S, TAKE MARK WEST SPRINGS/RIVER ROAD EXIT. TURN LEFT ON MARK WEST SPRINGS. TURN LEFT AT OLD REDWOOD HIGHWAY. TURN RIGHT ON WIKIUP DRIVE. FIRST DRIVEWAY ON RIGHT.

SANTA CLARA

2936 SCOTT BLVD

SANTA CLARA, CA 95054

(408) 844-0004

FROM US-101 N, TAKE THE SAN TOMAS EXPWY/MONTAGUE EXPWY EXIT- EXIT 392. TAKE THE SAN TOMAS EXPWY RAMP. MERGE ONTO SAN TOMAS EXPY/CR-G4. TURN LEFT ONTO SCOTT BLVD.

FROM I-880 S TOWARD SAN JOSE, TAKE THE MONTAGUE EXPWY EXIT (7). TAKE THE MONTAGUE EXPWY WEST RAMP. MERGE ONTO MONTAGUE EXPY/CR-G4 E. TURN LEFT ONTO E TRIMBLE RD. E TRIMBLE RD BECOMES DE LA CRUZ BLVD. TURN SLIGHT RIGHT ONTO CENTRAL EXPY/CR-G6 W. TURN SLIGHT RIGHT ONTO SCOTT BLVD.

OUT-OF-STATE EXAMINATION SITE LOCATIONS

The following out-of state sites will also offer this examination.

ALBUQUERQUE

2301 YALE BLVD, SE

BUILDING C, SUITE 4

ALBUQUERQUE, NM 87106

FROM INTERSTATE 25, TAKE THE GIBSON BLVD EXIT AND TRAVEL EAST ON GIBSON BLVD UNTIL YOU REACH YALE BLVD SOUTHEAST. TURN RIGHT ON YALE BLVD S.E. (HEADING SOUTH), JUST PAST RENARD PLACE AND THEN TURN RIGHT INTO THE COMMERCE CENTER. THE SITE IS ACROSS THE STREET FROM THE WAFFLE HOUSE AND COMFORT INN.

ATLANTA

CIRCLE 75 OFFICE PARK

1000 CIRCLE 75 PARKWAY, SUITE 720

ATLANTA, GA 30339

FROM I-285 BYPASS N, TAKE EXIT- EXIT 51B- TOWARD CHATTANOOGA/GREENVILLE. MERGE ONTO I-285 N / GA-407 N. TAKE THE COBB PKWY / US-41 EXIT- EXIT 19- TOWARD DOBBINS ARB. TURN LEFT ONTO COBB PKWY SE / US-41 N / GA-3 N. TURN SLIGHT RIGHT ONTO CIRCLE 75 PKWY SE.

BOSTON

INNER TECH PARK, 56 ROLAND ST., SUITE 211

BOSTON, MA 02129

FROM NORTH: TAKE I-93 SOUTH. EXIT 28 - BOSTON/SULLIVAN SQ./CHARLESTOWN. MERGE INTO MYSTIC AVE. TAKE I-93S RAMP TO BOSTON/SULLIVAN SQ./CHARLESTOWN (TAKE RAMP DO NOT GET ON HIGHWAY). MAKE SLIGHT LEFT TURN ON TO MAFFA WAY. MAKE SLIGHT RIGHT TURN ON TO CAMBRIDGE STREET. AT FIRST TRAFFIC LIGHT, MAKE LEFT ON TO CARTER STREET - THERE IS A SIGN FOR INNER TECH PARK. RIGHT ON TO ROLAND STREET. END AT 56 ROLAND STREET (BUILDING ON LEFT, PARKING LOT ON RIGHT). ENTER THROUGH NORTH LOBBY

CHARLOTTE

TYVOLA EXECUTIVE PARK 1

5701 WESTPARK DR, #202

CHARLOTTE, NC 28217

FROM I-77S TOWARDS COLUMBIA, EXIT TYVOLA ROAD (EXIT #5). TURN LEFT AT TYVOLA ROAD. MAKE A RIGHT AT WESTPARK DR. FROM I-77N, EXIT TYVOLA ROAD (EXIT #5). BEAR RIGHT AT TYVOLA ROAD. TURN RIGHT AT WESTPARK DR.

CRANBERRY TOWNSHIP

CRANBERRY CORPORATE BUSINESS CENTER

213 EXECUTIVE DR., SUITE 150

CRANBERRY TOWNSHIP, PA 16066



FROM I-79 EXIT CRANBERRY-MARS ROUTE 228, GO WEST. CROSS OVER ROUTE 19 ONTO FREEDOM ROAD. GO THREE TRAFFIC LIGHTS THEN TURN RIGHT ONTO EXECUTIVE DRIVE. BUILDING IS DIRECTLY ACROSS FROM HAMPTON INN.

HOUSTON (NORTHWEST)
9800 NORTHWEST FREEWAY
SUITE 200
HOUSTON, TX 77092

FROM HWY 290 DRIVING SOUTHEAST, MERGE ONTO LOOP 610 NORTH. EXIT AT T.C.JESTER AND THEN U-TURN UNDER LOOP 610. STAY ON THE FEEDER ROAD, SHERATON HOTEL IS ON THE RIGHT AS THE ROAD CURVES RIGHT. TURN INTO THE PARKING LOT IMMEDIATELY AFTER THE SHERATON HOTEL AND BEFORE THE OFFICE BUILDING. CENTER IS ON THE 2ND FLOOR.

LAS VEGAS
3210 E TROPICANA AVENUE
LAS VEGAS, NEVADA 89121

FROM I-15 - EXIT EAST ON TROPICANA, TRAVEL APPROXIMATELY 4 MILES, TURN LEFT ON MOJAVE, TURN RIGHT INTO THE PARKING LOT. FROM I-95 - EXIT WEST ON TROPICANA, TRAVEL APPROXIMATELY 1 MILE, TURN RIGHT ON MOJAVE, TURN RIGHT INTO THE PARKING LOT.

PORTLAND
205 BUSINESS CENTER, SUITE 201
8383 NE SANDY BLVD
PORTLAND, OR 97220

GET ON I-84 HEADING EAST. TAKEEXIT NO. 5-82ND AVE. TURN RIGHT ON NE MULTNOMAH ST. TURN RIGHT ON NE 82ND AVE. TURN RIGHT ON NE SANDY BLVD. THE SITE IS ON THE LEFT ½ BLOCK FROM 82ND AND SANDY.

SOUTHFIELD (DETROIT AREA) EXAMINATION CENTER
CROSSROADS BUILDING
16250 NORTHLAND DRIVE, SUITE 361
SOUTHFIELD, MI 48075

FROM I-75 NORTH AND SOUTH, EXIT WEST 8 MILE RD. CROSS THE LODGE FWY (HWY 10). TURN RIGHT ON NORTHLAND DRIVE. NORTHLAND DRIVE IS NEXT TO THE NORTHLAND SHOPPING CENTER. FROM SOUTHFIELD FWY NORTH AND SOUTH, EXIT EAST 8 MILE RD. GO EAST ON 8 MILE TO NORTHLAND DRIVE. NORTHLAND DRIVE IS NEXT TO THE NORTHLAND SHOPPING CENTER

WEST DES MOINES:
1001 OFFICE PARK ROAD, SUITE 315
DES MOINES, IA 50265

FROM I-235, EXIT 8TH STREET AND PROCEED SOUTH. TURN RIGHT ON OFFICE PARK ROAD. TURN RIGHT INTO THE DRIVEWAY.

SPECIAL ACCOMMODATIONS AVAILABLE

All examination sites are physically accessible to individuals with disabilities. Scheduling services are also available via our Telecommunications Device for the Deaf (TDD) by calling 800.735.2929.

The Board and PSI recognize their responsibilities under the Federal Americans with Disabilities Act and the California Fair Employment and Housing Act by providing testing accommodations or auxiliary aids or services for candidates who substantiate the need due to a physical or mental disability or qualified medical condition.

Accommodations will not be provided at the examination site unless prior approval by the BBS has been granted. Reasonable, appropriate, and effective accommodations may be requested by submitting a "Request for Accommodation" package. This package is available by contacting the Board or online at www.bbs.ca.gov/bbsforms.htm.

Requests for accommodation must be received a minimum of 90 days prior to the desired test date to allow for processing. Accommodations that fundamentally alter the measurement of the skills or knowledge the examinations are intended to test will not be granted.

REPORTING TO THE EXAMINATION SITE

On the day of the examination, you must arrive at least 30 minutes prior to your scheduled appointment time. This allows time for check-in and identification verification and provides time to familiarize yourself with the examination process. If you arrive late, you may not be admitted to the examination site and you may forfeit your examination registration fee. Even though candidates will be thumb printed, you are still required to comply with any identification requirements established by the appropriate regulatory entity.

REQUIRED IDENTIFICATION AT EXAMINATION SITE

You must provide one of the following valid forms of government-issued identification before you may examine:

- A photographic Driver's License (any state)
- State identification card (any state)
- U.S. military identification
- Valid passport - any country (valid foreign passport with valid record of arrival/departure - Form I-94 or processed for I-551 stamped in a valid foreign passport)

All photographs must be recognizable as the person to whom the identification card was issued. The name on the application must match the photographic I.D. card. If you have recently changed your name with the BBS, you may want to contact PSI to verify that they have the correct same name on file.

If you cannot provide the required identification, you must call (877) 392-6422 at least 3 weeks prior to your scheduled appointment to arrange a way to meet this security requirement. *Failure to provide all of the required identification at the time of the examination without notifying PSI is considered a missed appointment, and you will not be able to take the examination.*

CALIFORNIA LAW SECURITY PROCEDURES

Section 123 of the California Business and Professions Code states: It is a misdemeanor for any person to engage in any conduct which subverts or attempts to subvert any licensing examination or the administration of an examination, including, but not limited to:

- Conduct which violates the security of the examination materials;
- Removing from the examination room any examination materials without authorization;



- The unauthorized reproduction by any means of any portion of the actual licensing examination;
- Aiding by any means the unauthorized reproduction of any portion of the licensing examination;
- Paying or using professional or paid examination-takers for the purpose of reconstructing any portion of the licensing examination;
- Obtaining examination questions or other examination material, except by specific authorization either before, during, or after an examination; or
- Selling, distributing, buying, receiving, or having unauthorized possession of any portion of a future, current, or previously administered licensing examination.
- Communicating with any other examinee during the administration of a licensing examination.
- Copying answers from another examinee or permitting one's answers to be copied by another examinee.
- Having in one's possession during the administration of the licensing examination any books, equipment, notes, written or printed materials, or data of any kind, other than the examination materials distributed, or otherwise authorized to be in one's possession during the examination.
- Impersonating any examinee or having an impersonator take the licensing examination on one's behalf.

Nothing in this section shall preclude prosecution under authority provided for in any other provision of law. In addition to any other penalties, a person found guilty of violating this section, shall be liable for the actual damages sustained by the agency administering the examination not to exceed ten thousand dollars (\$10,000) and the costs of litigation.

IMPORTANT INFORMATION ABOUT TAKING AN EXAMINATION

1. All candidates will have their thumbprint taken during examination check-in and re-entry into the testing room after an approved absence. If a candidate passes the examination, the thumbprint record will be destroyed. If a candidate abandons his or her application for licensure, as determined by the appropriate regulatory authority, the thumbprint will also be destroyed. If a candidate is unsuccessful, the thumbprint record will be retained by PSI to ensure proper identification on any subsequent examination attempts. If the thumbprint doesn't match upon exit and re-entry, the candidate shall be disqualified from the examination, his or her test results invalidated, and the appropriate regulatory entity will be notified of the occurrence. The taking of the thumbprint is an additional measure to enhance examination security. The Department's Office of Examination Resources shall ensure that the appropriate safeguards for the storage and destruction of the thumbprint records are in place.
2. The temperature in the testing room is maintained at a moderate level. Candidates are advised to layer clothing. Acceptable layered clothing includes lightweight shirts, sweaters, and pullovers without pockets. These items must be worn upon check-in, while you wait to enter the testing room, and during your initial seating for the examination.

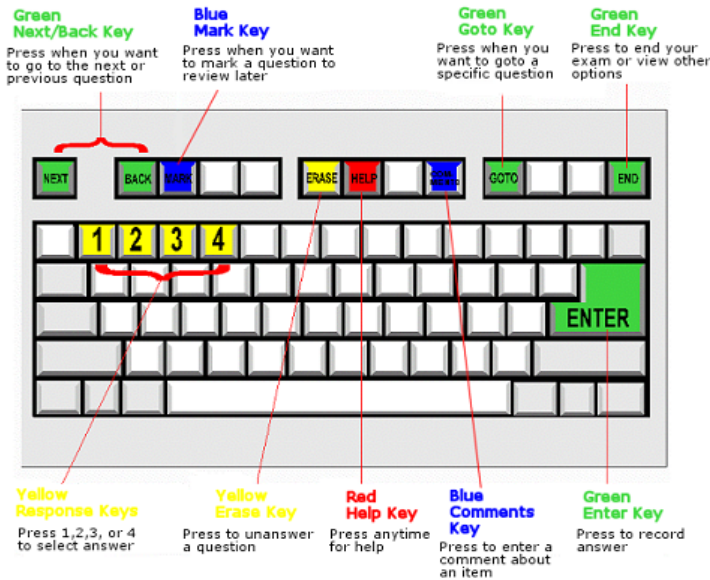
3. There are timing mechanisms available at the test site and on the computer console to help candidates keep track of time during the test administration. Watches or other timekeeping devices are not permitted in the examination rooms.
4. Only one candidate will be allowed to take a restroom break at a time. Candidates are required to sign out when you leave the room and when you return. If a candidate's restroom break takes longer than 5 (five) minutes, a proctor will check on the candidate and will notify the applicable regulatory entity of the occurrence, which will take appropriate action.
5. The following items are not permitted in the examination rooms:
 - Cellular telephones, personal digital assistants (PDAs), recording devices, cameras, pagers, purses, notebooks, notebook computers, reference or readings material, music players, radios, electronic games, calculators, or briefcases.
 - Personal items including watches, backpacks, wallets, pens, pencils, or other writing devices, food, drinks (unless prior approval is obtained by your regulatory entity) and good-luck items.
 - Hats, baseball caps, or visors (with the exception of religious apparel), coats, shawls, hooded clothing, heavy jackets or overcoats.

During the check-in process, all candidates will be asked if they possess any of the prohibited items and all candidates will be asked to empty their pockets. If prohibited items are found during check-in, candidates shall return these items to their vehicle or other place of safekeeping. Neither PSI, nor the Department of Consumer Affairs, shall be responsible for the items. Any candidate possessing the prohibited items in the examination room shall have his or her test results invalidated, and PSI shall notify the appropriate regulatory entity of the occurrence.

6. Copying or communicating examination content is a violation of PSI security policy and existing law. Either one shall result in the disqualification or invalidation of examination results, the denial of your license, and may subject the candidate to criminal prosecution.



Taking the PSI examination by computer is simple. You do not need any computer experience or typing skills. You will use fewer keys than you use on a touch-tone telephone. All response keys are colored and have prominent characters. An illustration of the special keyboard is shown here.



IDENTIFICATION SCREEN

You will be directed to a semiprivate testing station to take the examination. When you are seated at the testing station, you will be prompted to confirm your name, identification number, and the examination for which you are registered.

TUTORIAL

Before you start your examination, an introductory tutorial to the computer and keyboard is provided on the computer screen. The time you spend on this tutorial, up to 15 minutes, DOES NOT count as part of your examination time. Sample questions are included as part of the tutorial so that you may practice using the keys, answering questions, and reviewing your answers.

One question appears on the screen at a time. During the examination, minutes remaining will be displayed at the top of the screen and updated as you record your answers.

EXAMINATION QUESTION EXAMPLE

During the examination, you should press 1, 2, 3, or 4 to select your answer. You should then press "ENTER" to record your answer and move on to the next question. A sample question display follows:



EXAMINATION RESULTS

At the end of your test, a pass or fail result will be shown on the screen and you will receive a printed score report. Numerical (raw) scores are provided to candidates who fail, but are not provided to candidates who pass. Your test results are confidential and are released only to you and your state licensing agency. To protect your privacy and to maintain the confidentiality of test results, score information is not given over the telephone.

FAILING SCORE REPORTS

The score report will indicate the candidate's overall score and result, including the total number of items answered correctly. An asterisk will be provided in each section in which a candidate is deficient. This is intended to guide candidates in areas requiring additional preparation for re-testing.

ABANDONMENT OF APPLICATION/INELIGIBILITY

FIRST TIME EXAMINEES: In accordance with Title 16, California Code of Regulations Section 1806 (d) An application shall be deemed abandoned if the applicant fails to sit for examination within one year after being notified of eligibility. To re-open an abandoned application the candidate must submit a new application, fee and all required documentation, as well as meet all current requirements in effect at the time the new application is submitted if that candidate wishes to pursue licensure.

RE-EXAMINATION APPLICANTS: California Business and Professions Code Section 4984.72 states, "An applicant who fails a standard or clinical vignette written examination may within one year from the notification date of that failure, retake that examination as regularly scheduled without further application upon payment of the fee for the examination. Thereafter, the applicant shall not be eligible for further examination until he or she files a new application, meets all requirements in effect on the date of application, and pays all required fees."

Persons failing to appear for re-examination, once having been scheduled, shall forfeit any re-examination fees paid.

AFTER PASSING THE EXAMINATION

Candidates are eligible to apply for licensure after passing the Written Clinical Vignette examination.

To apply, candidates must submit a Request for Initial License Issuance and the required fee to the BBS. Request for Initial License Issuance forms are provided with candidate result notices, are also available by contacting the BBS, and online at www.bbs.ca.gov.

When your license number is issued it will be available on the BBS' Web site. Your license certificate will be mailed within 30 working days of issuance.

INSTRUCTIONS FOR DETERMINING AMOUNT OF INITIAL LICENSE FEE

The amount of the initial license fee will be prorated and established according to the month of issuance (month fee received by the BBS) and expiration date of the license (candidate's birth month).

Please refer to the Fee Chart to determine the amount you should submit with your Request for MFT Initial License Issuance.

Example 1: If your birth month is March and the BBS received your Request for Initial License Issuance in April, the fee amount that should be submitted with your request is \$130.00. Your license would be valid for approximately 24 months.

Example 2: If your birth month is April and the BBS received your Request for Initial License Issuance in April, the fee amount that should be submitted with your request is \$70.00. Your license would be valid for approximately 13 months.

Your application shall be deemed abandoned if you fail to pay the initial license fee within one year after notification by the BBS of successful completion of the examination requirements.

STUDY MATERIAL AND COURSES

The MFT Written Clinical Vignette Examination Plan contained in this handbook is the official standard for the material that will be covered in the examination. It is important for candidates to study the *Examination Items* section of this handbook and the examination plan. Should the examination plan or format change, ample notice will be provided, and updates will be posted on the Board's Web site at www.bbs.ca.gov.

Candidates are encouraged to trust in and use their clinical education, experience and judgment as a basis for responding to the examination items. Examination preparation courses are not necessary for success in the examination, and are not a substitute for education and experience. However, they may be useful for overcoming test anxiety or becoming familiar with the format of an examination.

Should you decide to use examination preparation course materials or workshops, we strongly encourage you to become an informed consumer prior to purchase and to consider the impact that incorrect information could have on your examination performance.

The BBS does not supply examination preparation providers with confidential examination material. Additionally, it is unlawful for candidates to provide information regarding examination content to anyone.

OBJECTIVE OF THE BOARD OF BEHAVIORAL SCIENCES (BBS)

State licensing boards are mandated to protect the public by developing licensing examinations that determine minimum

competency for licensure. Licensure is mandated for those who provide independent professional services to consumers.

In accordance with California Business and Professions Code Section 4980.40, each applicant for the MFT license who meets the educational and experience requirements must successfully complete a Board-administered written examination. An applicant who successfully passes the initial "Standard" Written examination is subsequently required to take and pass the Written "Clinical Vignette" examination prior to issuance of the license.

Candidates are tested with regard to their knowledge and professional skills, as well as the ability to make judgments about appropriate techniques and methods as applicable to the MFT scope of practice. Business and Professions Code section 4980.02, defines the MFT scope of practice as: "...that service performed with individuals, couples, or groups, wherein interpersonal relationships are examined for the purpose of achieving more adequate, satisfying, and productive marriage and family adjustments. This practice includes relationship and premarriage counseling. The applications of marriage and family therapy principles and methods includes, but is not limited to, the use of applied psychotherapeutic techniques, to enable the individuals to mature and grow within marriage and the family, and the provision of explanations and interpretations of the psychosexual and psychosocial aspect of relationships..."

MFT EXAMINATION PLAN

The development of an examination program begins with an occupational analysis, most recently completed for MFTs in 2007. 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.

The results of an occupational analysis form the basis of a licensing examination, demonstrating that an examination is job-related. The Department of Consumer Affairs' Examination Validation Policy requires an occupational analysis be performed every three to seven years.

Last performed in 2007, the analysis began with interviews of licensees to gather information about the tasks that are performed in independent practice and the knowledge required to perform those tasks. That information was reviewed and refined during workshops with licensees, then incorporated into a questionnaire. The questionnaire asked licensees to rate the importance of (for example) each task, task frequency, and knowledge area associated with their own practice.

The questionnaires were mailed to 2,000 MFTs throughout California. Several panels of MFTs reviewed the results of the questionnaire. The panels then established the content of the new examination plan based on the task statements and knowledge areas determined critical to practice, forming a valid MFT examination plan.

The MFT Written Clinical Vignette examination plan consists of six content areas: crisis management, clinical evaluation, treatment planning, ethics, and law. In each content area, the examination plan describes examination content in terms of task statements and knowledge areas resulting from the

occupational analysis. It is important that candidates prepare for the examination by studying the examination plan.

The Written Clinical Vignette examination is directly related to clinical practice situations. Therefore, supervised clinical experience increases the likelihood of success in the examination. The types of clients and the overall presentation of the clinical situations and issues in the clinical vignettes are consistent with mainstream practice for entry-level MFTs.

EXAMINATION DEVELOPMENT

The MFT examinations are developed and maintained by the Office of Examination Resources (OER), a division of the Department of Consumer Affairs. The OER staff consists of test validation and development specialists trained to develop and analyze occupational licensing examinations.

MFTs who participate in examination development and review workshops are referred to as “Subject Matter Experts” (SMEs). SMEs write and review multiple-choice items for the examination. SMEs are trained by OER staff in established examination development processes and measurement methodologies. The cooperative efforts among these members of the MFT profession, the OER and the BBS are necessary to achieve both the measurement and content standards for examination construction.

ESTABLISHING THE PASSING STANDARDS

The MFT written examinations measure knowledge and skills required for MFT practice, and represents a standard of performance that MFT SMEs agree is the minimum acceptable level for licensing in the profession.

To establish pass/fail standards for each version of the Written Clinical Vignette examination, a criterion-referenced passing score methodology is used. The intent of this methodology is to differentiate between a qualified and unqualified licensure candidate. The passing score is based on minimum competence criterion that are defined in terms of the actual behaviors that qualified MFTs would perform if they possessed the knowledge necessary to perform job activities.

During a criterion-referenced passing score procedure, a panel of MFT SMEs also consider other factors that would contribute to minimum acceptable competence such as prerequisite qualifications (e.g., education, training and experience); the difficulty of the issues addressed in each multiple-choice item; and public health and safety issues. By adopting a criterion-referenced passing score, the Board applies the same minimum competence standards to all licensure candidates.

Because each version of the examination varies in difficulty, an important advantage of this methodology is that the passing score can be modified to reflect subtle differences in difficulty from one examination to another, providing safeguards to both the candidate and the consumer. A new examination version is implemented a minimum of two times per year to maintain examination security and the integrity of the licensing process.

EXAMINATION ITEMS

The MFT Written Clinical Vignette examination consists, on the average, of 5 to 7 clinical vignettes with typically 4 to 7 multiple-choice questions associated with each vignette for a total of 30 multiple-choice questions.

The examination may contain additional items for the purpose of pre-testing (up to 10 nonscoreable items). Pre-testing allows performance data to be gathered and evaluated before the items are scoreable in an examination. These pre-test (“experimental”) items, distributed throughout the examination, WILL NOT be counted for or against you in your examination score and will not be identified to you.

All of the scoreable items in the Written Clinical Vignette examination have been written and reviewed by MFTs, are based on the job-related task and knowledge statements contained in the examination plan, are written at a level that requires candidates to apply integrated education and supervised experience, are supported by reference textbooks, and have been pre-tested to ensure statistical performance standards are met.

The multiple-choice items evaluate candidate knowledge, skills, and abilities in the following content areas: Crisis Management, Clinical Evaluation, Treatment Planning, Treatment, Ethics, and Law.

The clinical vignettes describe clinical cases reflective of the types of clients and presenting problems consistent with entry-level practice. Clinical vignettes provide candidates with the opportunity to demonstrate their ability to integrate and apply professional knowledge and clinical skills.

The exact number of items devoted to each content area will vary slightly from one examination version to another in accordance with the clinical features and key factors associated with each vignette. The multiple-choice items are divided more or less equally between the content areas being examined. In addition, the items may apply to more than one content area. All multiple-choice items are equally weighted.

The main differences between a clinical vignette item and a standard multiple-choice item found on the MFT Standard Written examination is that a clinical vignette may contain a series of items related to the same vignette, and the possible answers are longer and more complex, listing a sequence of actions or describing a process of applying knowledge.

You will have 2 hours to take this examination.

THEORETICAL FRAMEWORK

Candidates should have an entry-level understanding of the primary theoretical orientations used in the field of marriage and family therapy (e.g., Cognitive-Behavioral, Humanistic-Existential, Postmodern, Psychodynamic, Systems).

Candidates will be required to evaluate the information presented in the clinical vignette and select the best treatment plan and goals presented (for example) based on the theoretical orientation provided in the question.

If the question is specific to a theoretical orientation, the clinical vignette will have enough context for a qualified

candidate to answer it correctly. That is, the degree of difficulty will be reasonable, allowing measurement of minimally acceptable competence criteria (i.e., entry level).

EXAMPLE CLINICAL VIGNETTE

To follow is an example of the format and structure of items you may encounter during the examination. The following "Exhibit (Vignette)" item is an example of the type of clinical vignettes candidates may encounter in the examination.

This clinical vignette has two corresponding multiple-choice items. Each multiple-choice item requires the examinee to select the correct answer from among the four options (A-D) provided. There is only one correct answer for each multiple-choice item. The 'incorrect' answers are typically common errors and misconceptions, true but not relevant statements, or incorrect statements. There are no 'trick' questions in the examination.

EXHIBIT (Vignette)

Judith, a 36-year-old Methodist minister, and her 41-year-old husband, Peter, who are both Caucasian, self-refer for couples therapy. Judith recently gave birth to a son with Down syndrome. Judith states, "I spend all day trying to counsel my congregation, but I am so worried now about everything that I can't even think clearly. Peter drinks every night and stays in bed all day. I can't trust him with the baby." Peter responds, "I begged you to terminate the pregnancy when we found out the baby was defective. Don't blame me for your child care problems while you keep working 16 hours every day." Throughout the initial appointment, Judith compulsively checks her cell phone for messages, while Peter sits rigidly with his arms crossed and stares at the floor.

1. How should the therapist assess and clinically manage potential child abuse based on the case described in the vignette?

A. Obtain a release to consult with the child's pediatrician;
Review parenting skills modeled by the couple's own parents;
Refer Peter to a support group for parents of children with disabilities.

B. Evaluate the current child care arrangements;
Obtain a release to consult with the child's pediatrician;
Process the parents' reactions to a possible child abuse report.

C. Evaluate the current child care arrangements;
File a child abuse report based on Peter's neglect of the baby;
Refer Peter to a support group for parents of children with disabilities.

D. File a child abuse report based on Peter's neglect of the baby;
Review parenting skills modeled by the couple's own parents;
Process the parents' reactions to a possible child abuse report.

Answer: B

2. What provisional diagnoses should be considered for Judith in the case presented in the vignette?

A. V Code: Occupational Problem;
V Code: Partner Relational Problem;
Major Depressive Disorder, Postpartum Onset.

B. Adjustment Disorder with Anxiety;
V Code: Partner Relational Problem;
Major Depressive Disorder, Postpartum Onset.

C. Anxiety Disorder NOS;
Adjustment Disorder with Anxiety;
V Code: Partner Relational Problem.

D. Anxiety Disorder NOS;
V Code: Occupational Problem;
Obsessive-Compulsive Personality Disorder.

Answer: C

3. How would a Cognitive-Behavioral therapist incorporate the couple's religious beliefs into the treatment plan based on the case presented in the vignette?

A. Challenge the couple's insight into their spiritual differences regarding their baby;
Promote dialogue on how potential divorce would be received within the religious community;
Facilitate dialogue between Judith and Peter about the impact of Judith's ministry on their marital discord.

B. Challenge the couple's insight into their spiritual differences regarding their baby;
Recommend that Judith and Peter explore alternative spiritual interpretations for their marital discord;
Assist the couple in using their religious beliefs to reframe the perception of the child as "defective."

C. Promote dialogue on how potential divorce would be received within the religious community;
Recommend that Judith and Peter explore alternative spiritual interpretations for their marital discord;
Enable the couple to identify the positive value of the marital dyad as embraced by their religious beliefs.

D. Assist the couple in using their religious beliefs to reframe the perception of the child as "defective";
Facilitate dialogue between Judith and Peter about the impact of Judith's ministry on their marital discord;
Enable the couple to identify the positive value of the marital dyad as embraced by their religious beliefs.

Answer: D

4. Consider Judith and Peter as the unit of treatment. What interventions would a Bowenian therapist use in the beginning phase of treatment based on the case presented in the vignette?

A. Analyze the substance abuse as Peter's avoidance of marital responsibility;
Desensitize Judith and Peter's polarized responses to the birth of their baby;
Assist the couple in understanding the role of spirituality in their families of origin.

B. Identify the role of substance abuse as intrusive in the marital relationship;
Develop a family history to identify Judith and Peter's learned parenting styles;

Assist the couple in understanding the role of spirituality in their families of origin.

C. Identify the role of substance abuse as intrusive in the marital relationship;
Desensitize Judith and Peter's polarized responses to the birth of their baby;
Interpret the multigenerational spiritual practices of Judith and Peter's families of origin.

D. Analyze the substance abuse as Peter's avoidance of marital responsibility;
Develop a family history to identify Judith and Peter's learned parenting styles;
Interpret the multigenerational spiritual practices of Judith and Peter's families of origin.

Answer: B

C. Determine the couple's ability to safely parent a special needs child;
Obtain a release before consulting with the pediatrician about the child's needs;
Assess for Tarasoff since Peter is angry, rigid, drinking, and a danger to the infant.

D. Maintain confidentiality if seeing Judith and Peter individually;
Determine the couple's ability to safely parent a special needs child;
Obtain a release before consulting with the pediatrician about the child's needs.

Answer: B

5. What ethical responsibilities does the therapist have in the case presented in the vignette?

A. Discuss with couple countertransference issues that could arise;
Respect couple's religious belief system by not imposing therapist's value system;
Manage confidentiality by refusing to keep hidden agendas because of secrets policy.

B. Manage countertransference issues that could arise regarding this couple;
Respect couple's religious belief system by not imposing therapist's value system;
Manage confidentiality if clients are seen individually to respect separate opinions.

C. Maintain infant's safety by monitoring Peter's alcohol abuse;
Discuss with couple countertransference issues that could arise;
Manage confidentiality if clients are seen individually to respect separate opinions.

D. Maintain infant's safety by monitoring Peter's alcohol abuse;
Manage countertransference issues that could arise regarding this couple;
Manage confidentiality by refusing to keep hidden agendas because of secrets policy.

Answer: B

6. What legal obligations does the therapist have based on the case presented in the vignette?

A. Maintain confidentiality if seeing Judith and Peter individually;
Make a report to child protective services for child abuse if necessary;
Assess for Tarasoff since Peter is angry, rigid, drinking, and a danger to the infant.

B. Maintain confidentiality if seeing Judith and Peter individually;
Make a report to child protective services for child abuse if necessary;
Obtain a release before consulting with the pediatrician about the child's needs.

MFT INITIAL LICENSE FEE CHART

→ Month Fee Received by Board of Behavioral Sciences →

↓Birth Month↓	January	February	March	April	May	June	July	August	September	October	November	December
January	\$70	\$130	\$125	\$119	\$114	\$108	\$103	\$98	\$92	\$87	\$81	\$76
February	\$76	\$70	\$130	\$125	\$119	\$114	\$108	\$103	\$98	\$92	\$87	\$81
March	\$81	\$76	\$70	\$130	\$125	\$119	\$114	\$108	\$103	\$98	\$92	\$87
April	\$87	\$81	\$76	\$70	\$130	\$125	\$119	\$114	\$108	\$103	\$98	\$92
May	\$92	\$87	\$81	\$76	\$70	\$130	\$125	\$119	\$114	\$108	\$103	\$98
June	\$98	\$92	\$87	\$81	\$76	\$70	\$130	\$125	\$119	\$114	\$108	\$103
July	\$103	\$98	\$92	\$87	\$81	\$76	\$70	\$130	\$125	\$119	\$114	\$108
August	\$108	\$103	\$98	\$92	\$87	\$81	\$76	\$70	\$130	\$125	\$119	\$114
September	\$114	\$108	\$103	\$98	\$92	\$87	\$81	\$76	\$70	\$130	\$125	\$119
October	\$119	\$114	\$108	\$103	\$98	\$92	\$87	\$81	\$76	\$70	\$130	\$125
November	\$125	\$119	\$114	\$108	\$103	\$98	\$92	\$87	\$81	\$76	\$70	\$130
December	\$130	\$125	\$119	\$114	\$108	\$103	\$98	\$92	\$87	\$81	\$76	\$70

MFT WRITTEN CLINICAL VIGNETTE EXAMINATION PLAN

Written Clinical Vignette Examination Outline

I. CLINICAL EVALUATION
II. CRISIS MANAGEMENT
III. TREATMENT PLANNING
IV. TREATMENT
V. ETHICS
VI. LAW

The following pages contain detailed information regarding examination content. A Definition and Description of each content area, and the associated task and knowledge statements are provided.

It is important for candidates to use this section as a study guide because each item in the Written Clinical Vignette examination is linked to this content. To help ensure success on the examination, candidates are also encouraged to use this section as a checklist by considering their own strengths and weaknesses in each area.

I. Clinical Evaluation - 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.

Section	Job Task	Associate Knowledge
A. Initial Assessment	T1. Identify presenting problems by exploring client's initial concerns to determine purpose for seeking therapy.	K1. Knowledge of clinical interviewing techniques. K2. Knowledge of active listening techniques. K3. Knowledge of procedures used to gather initial intake information. K4. Knowledge of methods used to evaluate verbal and nonverbal cues. K16. Knowledge of the developmental processes of individual growth and change.
	T2. Identify precipitating events related to client's presenting problems to determine impact on current level of functioning.	K45. Knowledge of the impact of psychosocial stressors on presenting problems and current functioning. K3. Knowledge of procedures used to gather initial intake information.
	T3. Identify unit of treatment (e.g., individual, couple, family) to determine strategy for therapy.	K5. Knowledge of factors influencing the choice of unit of treatment (e.g., individual, couple, family).
	T4. Assess client's motivation for therapy by discussing client's expectations of therapeutic outcome.	K6. Knowledge of the role of client motivation in therapeutic outcome. K7. Knowledge of interventions used to facilitate engagement of involuntary clients in the therapeutic process. K26. Knowledge of methods used to gather information about client's values and beliefs.
	T5. Explore client's previous therapy experience(s) to determine impact on current therapeutic process.	K8. Knowledge of the effects of previous therapy on current therapeutic process.
	T6. Assess for past/present substance use, abuse, and dependency to determine how to proceed with treatment.	K15. Knowledge of the effects of substance use, abuse, and dependency on psychosocial functioning and family relationships. K13. Knowledge of the impact of substance use, abuse, and dependency on physical, behavioral, affective, and cognitive functioning.
B. Additional Assessment	T7. Assess the impact of client's past/present substance use, abuse, and dependency on family members and significant others to determine how to proceed with treatment.	K13. Knowledge of the impact of substance use, abuse, and dependency on physical, behavioral, affective, and cognitive functioning. K15. Knowledge of the effects of substance use, abuse, and dependency on psychosocial functioning and family relationships. K14. Knowledge of criteria used for differentiating substance use, abuse, and dependency. K37. Knowledge of methods used to identify levels of influence of significant others on client's treatment. K38. Knowledge of methods used to identify support systems within social network.
	T8. Gather information from client about physical/psychosocial history to formulate a diagnostic impression.	K18. Knowledge of the stages of family life-cycle development. K19. Knowledge of the stages of child/adolescent development. K20. Knowledge of the stages of adult development. K21. Knowledge of the effects of physical condition on psychosocial functioning. K33. Knowledge of the impact of dynamics between the client and the work environment on presenting problem. K34. Knowledge of the impact of dynamics between the client and educational settings on presenting problem. K22. Knowledge of the relationship between medical conditions and psychosocial functioning. K45. Knowledge of the impact of psychosocial stressors on presenting problems and current functioning.
	T15. Explore impact of human diversity factors on client's presenting problems and treatment.	K10. Knowledge of the effects of human diversity factors on the client's functioning. K12. Knowledge of cultural beliefs about therapy and mental health. K32. Knowledge of the impact of cultural context on family structure and values. K28. Knowledge of the implications of human diversity factors on client relationships. K26. Knowledge of methods used to gather information about client's values and beliefs.
	T16. Explore impact of acculturation factors on client's presenting problems and treatment.	K11. Knowledge of the effects of level of acculturation on the client's functioning. K39. Knowledge of the effects of acculturation on family structure and values. K40. Knowledge of the transitional stages of acculturation.

	T17. Assess primary caregiver's willingness and ability to support dependent/minor client's treatment.	K36. Knowledge of methods used to identify the primary caregiver's level of involvement in therapy. K37. Knowledge of methods used to identify levels of influence of significant others on client's treatment. K38. Knowledge of methods used to identify support systems within social network.
	T18. Assess influence of significant others on client's treatment.	K31. Knowledge of the effects of family structure and dynamics on the development of identity. K37. Knowledge of methods used to identify levels of influence of significant others on client's treatment. K29. Knowledge of methods of collecting family history. K38. Knowledge of methods used to identify support systems within social network. K30. Knowledge of methods used to assess the impact of family history on family relationships.
	T19. Explore impact of the economic, political, social, and spiritual environment on client's presenting problems and treatment.	K45. Knowledge of the impact of psychosocial stressors on presenting problems and current functioning. K41. Knowledge of the impact of economic stressors on presenting problems and treatment. K42. Knowledge of the impact of sociopolitical climate on the therapeutic process. K30. Knowledge of methods used to assess the impact of family history on family relationships. K38. Knowledge of methods used to identify support systems within social network.
C. Referrals	T10. Evaluate client's medical history and current complaints to determine need for medical referral.	K23. Knowledge of factors or symptoms that indicate need for a medical evaluation. K22. Knowledge of the relationship between medical conditions and psychosocial functioning.
	T13. Evaluate client's affective, behavioral, and cognitive functioning that indicate a need for referral for testing.	K27. Knowledge of affective, behavioral, and cognitive factors that indicate need for additional testing. K24. Knowledge of administration and application of mental status examinations. K17. Knowledge of behavioral and psychological indicators of developmental disorders.
	T14. Explore client's socioeconomic status to determine the need for community resource referral.	K9. Knowledge of the effects of socioeconomic status on client's functioning.
D. Diagnosis	T9. Gather information from collateral sources about client to formulate a diagnostic impression.	K35. Knowledge of methods used to gather information from professionals and other involved parties.
	T11. Administer standardized assessment instruments (e.g., Beck Depression Inventory) within scope of practice and competence to obtain diagnostic information.	K47. Knowledge of methods and administration of standardized assessment instruments. K24. Knowledge of administration and application of mental status examinations.
	T12. Evaluate client's thought processes and behaviors that indicate a need for psychiatric referral.	K24. Knowledge of administration and application of mental status examinations. K25. Knowledge of psychological features or behaviors that indicate need for a psychiatric evaluation.
	T20. Formulate a diagnosis based on assessment information to use as a basis for treatment planning.	K43. Knowledge of Diagnostic and Statistical Manual criteria used to identify diagnoses. K44. Knowledge of procedures used to integrate assessment information with diagnostic categories. K46. Knowledge of the influence of onset, intensity, and duration of symptoms to formulate a diagnosis. K45. Knowledge of the impact of psychosocial stressors on presenting problems and current functioning. K49. Knowledge of procedures used to identify differential diagnoses.
	T21. Assess impact of substance use, abuse, and dependency on client to develop a diagnostic impression.	K14. Knowledge of criteria used for differentiating substance use, abuse, and dependency. K50. Knowledge of assessment methods used to diagnose substance use, abuse, and dependence.
	T22. Assess impact of medication or physical condition on client to develop a diagnostic impression.	K48. Knowledge of the impact of medication on physical and psychological functioning. K22. Knowledge of the relationship between medical conditions and psychosocial functioning.

II. Crisis - This area assesses the candidate's ability to identify, evaluate, and manage crisis situations within the client's interpersonal and cultural context.

Section	Job Task	Associate Knowledge
A. Assessment	T23. Assess severity of client's crisis to determine what immediate interventions are needed.	K51. Knowledge of methods used to identify crisis situations. K67. Knowledge of risk factors that indicate client's potential for causing harm to others. K58. Knowledge of methods used to evaluate severity of client's symptoms. K72. Knowledge of the effects of current trauma on client functioning. K68. Knowledge of physical and psychological indicators of self-destructive and/or self-injurious behavior.
	T25. Assess for suicide potential by evaluating client's lethality to determine need for and level of intervention.	K54. Knowledge of the effects of precipitating events on suicide potential. K52. Knowledge of risk factors that indicate potential for suicide within age, gender, and cultural groups. K53. Knowledge of physical and psychological indicators of suicidality. K68. Knowledge of physical and psychological indicators of self-destructive and/or self-injurious behavior. K69. Knowledge of risk factors that indicate potential for self-destructive behavior.
	T28. Assess for domestic violence to determine need for and level of intervention.	K66. Knowledge of indicators of domestic violence. K80. Knowledge of strategies used to address safety in situations of abuse.
B. Evaluation	T24. Evaluate client's potential for self-destructive and self-injurious behavior to determine level of intervention.	K57. Knowledge of methods used to assess client's strengths and coping skills. K51. Knowledge of methods used to identify crisis situations. K68. Knowledge of physical and psychological indicators of self-destructive and/or self-injurious behavior.
	T26. Evaluate severity of crisis situation by assessing the level of impairment to client's life.	K75. Knowledge of the principles of crisis management. K74. Knowledge of methods used to determine whether a client is gravely disabled. K51. Knowledge of methods used to identify crisis situations.
	T30. Explore client's trauma history to determine impact on current crisis.	K70. Knowledge of the impact of trauma on current functioning. K71. Knowledge of the impact of psychosocial stressors on client's functioning. K72. Knowledge of the effects of current trauma on client functioning.
	T36. Explore the impact of human diversity factors on client's current crisis.	K85. Knowledge of the effects of human diversity factors on crises.
	T37. Explore the impact of acculturation factors on client's current crisis.	K86. Knowledge of the effects of acculturation factors on crises.
C. Management	T27. Identify indicators of abuse/neglect by exploring client's situation to determine level of intervention.	K60. Knowledge of indicators of abuse. K61. Knowledge of indicators of child abuse. K62. Knowledge of indicators of elder/dependent adult abuse. K63. Knowledge of indicators of fiduciary elder/dependent adult abuse. K64. Knowledge of indicators of neglect. K65. Knowledge of indicators of endangerment. K59. Knowledge of criteria used to determine situations that constitute high risk for abuse.
	T29. Evaluate level of danger client presents to others to determine need for immediate intervention.	K67. Knowledge of risk factors that indicate client's potential for causing harm to others. K75. Knowledge of the principles of crisis management. K82. Knowledge of support systems used to manage crises. K78. Knowledge of strategies used to deal with dangerous clients. K81. Knowledge of strategies used to manage situations dangerous to therapist.
	T31. Develop an intervention strategy with client who has indicated thoughts of causing danger to self to reduce potential for harm.	K77. Knowledge of methods used (e.g., contract) to manage suicidality. K76. Knowledge of strategies used to reduce incidence of self-destructive/self-injurious behavior. K55. Knowledge of procedures used to manage client's suicidal ideation that do not require hospitalization. K56. Knowledge of strategies used to provide suicide intervention in emergency situations. K73. Knowledge of strategies used to manage psychosocial stressors.

	T32. Develop an intervention strategy for a client who has indicated thoughts of causing danger to others to reduce potential for harm.	K78. Knowledge of strategies used to deal with dangerous clients. K81. Knowledge of strategies used to manage situations dangerous to therapist. K79. Knowledge of strategies used for anger management. K67. Knowledge of risk factors that indicate client's potential for causing harm to others.
	T33. Develop an intervention strategy with client in a potentially abusive situation to provide for safety of client and family members.	K80. Knowledge of strategies used to address safety in situations of abuse. K63. Knowledge of indicators of fiduciary elder/dependent adult abuse.
	T34. Provide referrals of viable resources to augment management of client's crisis.	K83. Knowledge of referral sources used to manage crises. K84. Knowledge of methods used to coordinate collateral services to manage crisis. K82. Knowledge of support systems used to manage crises.
	T35. Collaborate with involved parties to augment management of client's crisis.	K77. Knowledge of methods used (e.g., contract) to manage suicidality. K84. Knowledge of methods used to coordinate collateral services to manage crisis. K82. Knowledge of support systems used to manage crises.

III. Treatment Planning - This area assesses the candidate's ability to develop a comprehensive, measurable treatment plan and prioritize treatment goals based on assessment, diagnoses, and a theoretical model within the client's interpersonal and cultural context.

Section	Job Task	Associate Knowledge
A. Goals	T38. Establish congruent treatment goals by integrating therapist and client perspectives about the presenting problems.	K87. Knowledge of strategies used to integrate client's and therapist's understanding of the goals into treatment planning.
	T39. Prioritize treatment goals to develop course of treatment.	K89. Knowledge of strategies used to prioritize treatment goals. K88. Knowledge of factors that influence the frequency of therapy sessions. K90. Knowledge of methods used to formulate short- and long-term treatment goals.
	T40. Identify methods to monitor client's progress toward treatment goals and outcomes.	K92. Knowledge of procedures used to measure qualitative and quantitative therapeutic outcomes. K91. Knowledge of criteria used to monitor therapeutic effectiveness.
B. Clinical Factors	T41. Formulate a treatment plan with an awareness and sensitivity to client's culture to provide therapy consistent with client's values and beliefs.	K93. Knowledge of methods used to formulate a treatment plan within diverse populations. K98. Knowledge of methods used to integrate available community/cultural resources into treatment planning. K97. Knowledge of adjunctive services within community/culture used to augment therapy.
	T42. Formulate a treatment plan incorporating client's diversity to provide therapy sensitive to client's values, beliefs, and social environment.	K94. Knowledge of theoretical modalities used to formulate a treatment plan. K93. Knowledge of methods used to formulate a treatment plan within diverse populations. K97. Knowledge of adjunctive services within community/culture used to augment therapy.
	T51. Determine need for referral for adjunctive services to augment client's treatment.	K97. Knowledge of adjunctive services within community/culture used to augment therapy. K96. Knowledge of methods used to identify need for adjunctive services.
	T52. Integrate community resources into treatment plan to support client's therapeutic goals.	K97. Knowledge of adjunctive services within community/culture used to augment therapy. K98. Knowledge of methods used to integrate available community/cultural resources into treatment planning. K110. Knowledge of the assumptions, concepts, and methodology associated with treatment of substance use, abuse, and dependence.
	T53. Integrate medical information obtained from physician/psychiatrist to formulate treatment plan.	K99. Knowledge of methods used to integrate information obtained from physician/psychiatrist into treatment planning. K101. Knowledge of factors associated with use of a multidisciplinary team approach to treatment.
	T54. Integrate information obtained from involved parties to formulate a treatment plan.	K100. Knowledge of methods used to integrate information obtained from collateral sources into treatment planning. K98. Knowledge of methods used to integrate available community/cultural resources into treatment planning.

	T55. Collaborate with the multidisciplinary team to coordinate a treatment plan.	K99. Knowledge of methods used to integrate information obtained from physician/psychiatrist into treatment planning. K100. Knowledge of methods used to integrate information obtained from collateral sources into treatment planning. K101. Knowledge of factors associated with use of a multidisciplinary team approach to treatment. K102. Knowledge of the impact of combining treatment modalities in treating problems or disorders.
C. Theoretical Orientation	T43. Formulate a treatment plan within a cognitive-behavioral orientation to provide a framework for client's therapy.	K103. Knowledge of the assumptions, concepts, and methodology associated with a cognitive-behavioral approach.
	T44. Formulate a treatment plan within a humanistic-existential orientation to provide a framework for client's therapy.	K104. Knowledge of the assumptions, concepts, and methodology associated with a humanistic-existential approach.
	T45. Formulate a treatment plan within a postmodern (e.g., narrative, solution-focused) orientation to provide a framework for client's therapy.	K105. Knowledge of the assumptions, concepts, and methodology associated with a postmodern approach (e.g., narrative, solution-focused).
	T46. Formulate a treatment plan within a psychodynamic orientation to provide a framework for client's therapy.	K106. Knowledge of the assumptions, concepts, and methodology associated with a psychodynamic approach.
	T47. Formulate a treatment plan within a systems orientation to provide a framework for client's therapy.	K107. Knowledge of the assumptions, concepts, and methodology associated with a systems approach.
	T48. Formulate a treatment plan within a group therapy setting to provide a framework for client's therapy.	K108. Knowledge of the assumptions, concepts, and methodology associated with group therapy.
	T49. Formulate a treatment plan within a child therapy context to provide a framework for client's therapy.	K109. Knowledge of the assumptions, concepts, and methodology associated with child therapy.
	T50. Formulate a treatment plan responsive to third party provisions (e.g., managed care, court-mandated, EAP, MHSA) to meet client needs.	K95. Knowledge of third party specifications (e.g., managed care, court-mandated, EAP, MHSA) that impact treatment planning.

IV. Treatment - This area assesses the candidate's ability to implement, evaluate, and modify clinical interventions consistent with the treatment plan and theoretical orientation including outcome-based models and diversity factors.

Section	Job Task	Associate Knowledge
A. Therapeutic Relationship	T56. Maintain a therapeutic relationship with client to facilitate treatment.	K111. Knowledge of the components needed to maintain the therapeutic relationship. K112. Knowledge of strategies used to maintain a therapeutic relationship. K113. Knowledge of the impact of value differences between therapist and client on the therapeutic process.
	T57. Manage therapeutic effectiveness by monitoring client's progress to determine need for treatment plan revision.	K115. Knowledge of strategies used to monitor treatment progress.
	T65. Implement interventions consistent with client issues regarding lifestyle to improve treatment outcome.	K138. Knowledge of approaches used to address issues associated with variations in lifestyles. K113. Knowledge of the impact of value differences between therapist and client on the therapeutic process. K144. Knowledge of methods used to maintain therapeutic gains.
	T66. Implement interventions sensitive to client's diversity to improve treatment outcome.	K135. Knowledge of methods used to address blended family issues. K113. Knowledge of the impact of value differences between therapist and client on the therapeutic process. K138. Knowledge of approaches used to address issues associated with variations in lifestyles.
	T67. Implement interventions consistent with client's level of acculturation to improve treatment outcome.	K113. Knowledge of the impact of value differences between therapist and client on the therapeutic process. K138. Knowledge of approaches used to address issues associated with variations in lifestyles.
B. Interventions 1. Theory	T58. Implement interventions consistent with cognitive-behavioral theories to facilitate client's treatment.	K116. Knowledge of the role of therapist from a cognitive-behavioral approach. K117. Knowledge of the use of interventions associated with cognitive-behavioral theories.
	T59. Implement interventions consistent with humanistic-existential theories to facilitate client's treatment.	K119. Knowledge of the use of interventions associated with humanistic-existential theories. K118. Knowledge of the role of therapist from a humanistic-existential approach.

	T60. Implement interventions consistent with postmodern theories (e.g., narrative, solution-focused) to facilitate client's treatment.	K121. Knowledge of the use of interventions associated with postmodern theories. K120. Knowledge of the role of therapist from a postmodern approach.
	T61. Implement interventions consistent with child therapy theories to facilitate client's treatment.	K127. Knowledge of the use of interventions associated with child therapy.
	T62. Implement interventions consistent with psychodynamic theories to facilitate client's treatment.	K122. Knowledge of the role of therapist from a psychodynamic approach. K123. Knowledge of the use of interventions associated with psychodynamic theories.
	T63. Implement interventions consistent with systems theories to facilitate client's treatment.	K125. Knowledge of the use of interventions associated with systems theories. K124. Knowledge of the role of therapist from a systems approach.
	T74. Implement interventions consistent with group therapy theories to facilitate client's treatment.	K126. Knowledge of the use of interventions associated with group therapy.
	T75. Implement interventions consistent with research-based outcomes to measure therapeutic effectiveness.	K146. Knowledge of methods used to measure therapeutic outcomes.
2. Clinical Factors	T64. Implement interventions consistent with developmental stages to facilitate client's treatment.	K133. Knowledge of methods used to assist client to adjust to cognitive, emotional, physical, and spiritual changes associated with the life cycle. K137. Knowledge of methods used to address elder issues. K132. Knowledge of the use of interventions associated with developmental processes (e.g., cognitive, spiritual, psychosocial). K136. Knowledge of methods used to address end of life issues. K134. Knowledge of methods used to address variations in the life cycle processes.
	T68. Implement interventions consistent with substance use, abuse, or dependency treatment models to facilitate client's treatment.	K128. Knowledge of intervention methods used for treating substance use, abuse, and dependence. K129. Knowledge of intervention methods used for treating abuse within families.
	T73. Provide psychoeducation as it relates to client's treatment needs.	K145. Knowledge of use of psychoeducation as it relates to client's treatment needs.
	T76. Develop strategies to address the impact of crisis issues/psychosocial stressors on client's treatment.	K130. Knowledge of intervention methods used for treating the impact of violence (e.g., rape, terrorism). K131. Knowledge of interventions used for treating psychosocial stressors (e.g., loss of job, natural disasters, poverty). K129. Knowledge of intervention methods used for treating abuse within families.
3. Termination	T69. Determine client's readiness for termination by evaluating whether treatment goals have been met.	K139. Knowledge of changes in functioning that indicate readiness to terminate therapy. K140. Knowledge of issues related to the process of termination. K142. Knowledge of interventions used to initiate termination. K141. Knowledge of methods used to assess when to initiate termination.
	T70. Develop a termination plan by assessing client needs within framework of third party specifications (e.g., managed care, court-mandated, EAP, MHSA).	K143. Knowledge of the impact of third-party specifications (e.g., managed care, court-mandated, EAP, MHSA) on termination.
	T71. Develop a termination plan with client to maintain therapeutic gains after treatment has ended.	K141. Knowledge of methods used to assess when to initiate termination. K142. Knowledge of interventions used to initiate termination.
	T72. Integrate community resources to provide ongoing support to client following termination of treatment.	K140. Knowledge of issues related to the process of termination. K144. Knowledge of methods used to maintain therapeutic gains.

V. Ethics - This area assesses the candidate's ability to identify, apply, and manage ethical standards and principles in clinical practice.

Section	Job Task	Associate Knowledge
A. Informed Consent	T77. Address client's expectations about therapy to promote understanding of the therapeutic process.	K147. Knowledge of approaches used to address expectations of the therapeutic process.
	T78. Evaluate client's ability to benefit from therapy to determine appropriateness of treatment.	K148. Knowledge of methods used to evaluate the client's ability to benefit from therapy. K157. Knowledge of criteria used to identify limits of therapist's scope of competence.
	T79. Discuss management of fees and office policies to promote client's understanding of treatment process.	K149. Knowledge of methods used to explain management of fees and office policies.
	T80. Inform client of parameters of confidentiality to facilitate client's understanding of therapist's responsibility.	K150. Knowledge of methods used to explain parameters of confidentiality. K153. Knowledge of confidentiality issues in therapy. K151. Knowledge of methods used to explain mandated reporting.
	T81. Inform parent/legal guardian and minor client about confidentiality issues and exceptions.	K152. Knowledge of minor client's right to confidentiality and associated limitations. K153. Knowledge of confidentiality issues in therapy.
B. Therapeutic Boundaries	T83. Manage countertransference reaction to maintain integrity of the therapeutic relationship.	K114. Knowledge of the impact of transference and countertransference dynamics. K162. Knowledge of effects of therapist's own cognitive, emotional, or physical impairments on the therapeutic process. K166. Knowledge of strategies necessary to maintain therapeutic boundaries. K154. Knowledge of strategies used to manage therapeutic relationship.
	T88. Determine competency to provide professional services to client by assessing therapist's own cognitive, emotional, or physical impairments.	K162. Knowledge of effects of therapist's own cognitive, emotional, or physical impairments on the therapeutic process.
	T89. Manage potential dual relationships to avoid loss of therapist objectivity or exploitation of client.	K163. Knowledge of business, personal, professional, and social relationships that create a conflict of interest within the therapeutic relationship. K166. Knowledge of strategies necessary to maintain therapeutic boundaries.
	T90. Manage overt/covert sexual feelings within the therapeutic relationship to maintain integrity of treatment.	K164. Knowledge of the implications of sexual feelings/contact within the context of therapy. K165. Knowledge of the impact of physical contact on the therapeutic process.
C. Management of Ethical Issues	T82. Manage confidentiality issues to maintain integrity of the therapeutic contract.	K153. Knowledge of confidentiality issues in therapy. K152. Knowledge of minor client's right to confidentiality and associated limitations. K154. Knowledge of strategies used to manage therapeutic relationship.
	T84. Assess for client's concurrent therapeutic relationships with other therapists to evaluate impact on treatment.	K155. Knowledge of effects of concurrent therapeutic relationships on treatment process.
	T85. Manage clinical issues outside the therapist's scope of competence to meet client needs.	K157. Knowledge of criteria used to identify limits of therapist's scope of competence. K158. Knowledge of areas of practice requiring specialized training. K159. Knowledge of ethical considerations for interrupting or terminating therapy.
	T86. Determine therapist's scope of competence regarding treatment factors in client diversity.	K157. Knowledge of criteria used to identify limits of therapist's scope of competence. K156. Knowledge of cultural differences that may affect the therapeutic relationship. K158. Knowledge of areas of practice requiring specialized training.
	T87. Assist client in obtaining further treatment when therapist is unable to continue therapeutic relationship.	K160. Knowledge of referrals used to provide continuity of treatment if the therapist is unable to continue therapeutic relationship. K159. Knowledge of ethical considerations for interrupting or terminating therapy. K161. Knowledge of methods used to facilitate transfer of client for continuity of treatment.
	T91. Manage the impact of ethical responsibilities on the therapeutic relationship.	K167. Knowledge of the impact of ethical responsibilities on the therapeutic relationship. K154. Knowledge of strategies used to manage therapeutic relationship.
	T92. Document treatment in client records according to standard of practice to facilitate continuity of care.	K168. Knowledge of standards of practice about content of client records.

VI. Law - This area assesses the candidate's ability to identify, apply, and manage legal mandates in clinical practice.

Section	Job Task	Associate Knowledge
A. Confidentiality and Privilege	T95. Maintain limits of client confidentiality as defined by mandated reporting requirements.	K170. Knowledge of laws pertaining to mandated reporting of suspected or known abuse (e.g., child, dependent adult, elder). K172. Knowledge of exceptions to confidentiality pertaining to mandated reporting requirements. K177. Knowledge of laws pertaining to mandated reporting of client's intent to harm others. K169. Knowledge of conditions and requirements for disclosing or obtaining confidential information.
	T98. Obtain client's written authorization to exchange confidential information.	K189. Knowledge of therapeutic techniques used to manage impact of mandated reporting (e.g., limits of confidentiality, request records, responding to subpoenas, 5150). K169. Knowledge of conditions and requirements for disclosing or obtaining confidential information.
	T99. Respond to client's requests for records as mandated by law.	K182. Knowledge of laws about client's requests for records.
	T100. Maintain security of client's records as mandated by law.	K173. Knowledge of laws about security of client records.
	T103. Comply with legal standards about consent to treat a minor.	K184. Knowledge of methods used to ascertain who can consent to treat a minor when parental custody is in question. K179. Knowledge of laws about consent to treat a minor.
	T105. Assert client privilege about requests for confidential information as mandated by law.	K183. Knowledge of laws about therapist response to subpoenas. K176. Knowledge of laws about privileged communication. K178. Knowledge of laws about holder of privilege.
	T107. Comply with Health Information Portability and Accountability Act (HIPAA) regulations as mandated by law.	K187. Knowledge of laws about HIPAA requirements.
B. Exceptions to Confidentiality	T94. Report client's intent to harm others as defined by mandated reporting requirements.	K170. Knowledge of laws pertaining to mandated reporting of suspected or known abuse (e.g., child, dependent adult, elder). K177. Knowledge of laws pertaining to mandated reporting of client's intent to harm others. K181. Knowledge of legal criteria for determining involuntary hospitalization.
	T96. Initiate protocols (e.g., involuntary hospitalization) after determining that the client is a danger to self or others.	K181. Knowledge of legal criteria for determining involuntary hospitalization.
	T109. Report to authorities cases of abuse as defined by mandated reporting requirements (e.g., child, dependent adult, elder).	K170. Knowledge of laws pertaining to mandated reporting of suspected or known abuse (e.g., child, dependent adult, elder). K177. Knowledge of laws pertaining to mandated reporting of client's intent to harm others.
C. Professional Conduct	T93. Manage the impact of legal mandates on the therapeutic process.	K189. Knowledge of therapeutic techniques used to manage impact of mandated reporting (e.g., limits of confidentiality, request records, responding to subpoenas, 5150). K172. Knowledge of exceptions to confidentiality pertaining to mandated reporting requirements. K170. Knowledge of laws pertaining to mandated reporting of suspected or known abuse (e.g., child, dependent adult, elder).
	T97. Disclose fee structure for professional services to client as mandated by law.	K180. Knowledge of laws about disclosing fees for professional services.
	T102. Comply with legal standards about sexual contact, conduct, and relations with client.	K174. Knowledge of laws about sexual conduct between therapist and client. K186. Knowledge of situations requiring distribution of the State of California, Department of Consumer Affairs' pamphlet entitled "Professional Therapy Never Includes Sex."
	T101. Maintain documentation of clinical services as mandated by law.	K173. Knowledge of laws about security of client records. K171. Knowledge of laws regarding documentation of clinical services. K169. Knowledge of conditions and requirements for disclosing or obtaining confidential information.
	T104. Comply with legal standards about scope of practice to promote client safety.	K175. Knowledge of laws that define scope of practice.
	T106. Comply with legal standards about advertising when informing the public of therapist's qualifications and services.	K185. Knowledge of laws about advertisement and dissemination of information pertaining to professional qualifications and services.
	T108. Comply with Mental Health Services Act (MHSA) as mandated by law.	K188. Knowledge of laws about MHSA requirements.

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STATE OF CALIFORNIA NOTICE OF ELIGIBILITY

You are eligible to participate in the Written Clinical Vignette examination for licensure as a Marriage and Family Therapist. This is the **ONLY** notice of eligibility you will receive from the BBS for this examination. Please retain it for your records. Your address label contains important date information. In the upper left corner of the address label (above your name) is the date your application for this examination was approved; following that is the date by which you must take your examination. **You must take the Written Clinical Vignette examination by the date specified on the label or you will be required to reapply** (see *Abandonment of Application/Ineligibility* in this handbook).

This handbook provides important information regarding Written Clinical Vignette examination procedures and content. To schedule your examination, please refer to the instructions in this handbook.

Upon passing the Written Clinical Vignette examination, you are eligible to apply for licensure! Please see the instructions in this handbook.
