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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) examination processes 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 ● TTY (800) 735-2929
www.psiexams.com

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

Board of Behavioral Sciences
1625 North Market Blvd., Suite S-200,
Sacramento, CA 95834
(916) 574-7830 ** FAX (916) 574-8625
www.bbs.ca.gov

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 two (2) days prior to the scheduled examination date. For example, for a 9:00 a.m. Monday appointment, the cancellation notice would need to be received before 9:00 a.m. 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 PSI Website, 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:

- Maria passes her Written Examination on 5/31/07. She must take the Clinical Vignette Examination no later than 5/31/08.
- Arnold failed his Standard Written Examination on 4/22/07. He must retake his Standard Written Examination no later than 4/22/08.
- Danny received notice of eligibility to take the Standard Written 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 ON 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 ON CA-41/MORRO RD.

BURBANK
2950 N. HOLLYWOOD WAY, STE 150
BURBANK, CA 91505
FROM I-5, TAKE THE HOLLYWOOD WAY EXIT. HEAD TOWARDS THE AIRPORT. BUILDING WILL BE ON YOUR LEFT HAND SIDE APPROXIMATELY 0.7 MILES FROM FREEWAY EXIT.
IF TRAVELING WEST ON I-134, EXIT HOLLYWOOD WAY AND HEAD NORTH TOWARDS THE AIRPORT. BUILDING WILL BE ON YOUR RIGHT SIDE IN APPROXIMATELY 4 MILES.
IF TRAVELING EAST ON I-134, EXIT PASS AVENUE. TURN RIGHT ON PASS AVE. TURN LEFT ON WEST ALAMEDA. TURN LEFT ON HOLLYWOOD WAY. YOU WILL BE HEADING NORTH TOWARDS THE AIRPORT. BUILDING WILL BE ON YOUR RIGHT SIDE IN APPROXIMATELY 4 MILES.

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 ON 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
4399 SANTA ANITA AVENUE, SUITE 110
EL MONTE, CA 91731
(626) 279-2705
FROM THE I-10E, TAKE THE SANTA ANITA AVE EXIT. TURN LEFT ONTO SANTA ANITA AVE. MAKE A U-TURN AT EMERY STREET ONTO SANTA ANITA AVE. THE TESTING SITE WILL BE ON THE RIGHT.

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

FROM I-5, 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. 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. 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 S TOWARD SAN JOSE/SAN MATEO BR, TAKE THE WINTON AVENUE EXIT. 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 S TOWARD SAN JOSE/SAN MATEO BR, TAKE THE WINTON AVENUE Exit. 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 S TOWARD SAN JOSE/SAN MATEO BR, TAKE THE WINTON AVENUE Exit. 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 S TOWARD SAN JOSE/SAN MATEO BR, TAKE THE WINTON AVENUE Exit. 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.
AT THE NEXT DRIVEWAY UP THE HILL
TURN RIGHT ONTO CHURN CREEK RD.

FROM 1-5 S TOWARDS SACRAMENTO, TAKE THE CYPRESS AVE EXIT (677). TURN LEFT ONTO E. CYPRESS AVE. TURN RIGHT ON CHURN CREEK RD.

FROM 299 E TOWARDS REDDING, START GOING WEST ON CA-299. MERGE ONTO 1-5 S RAMP ON THE LEFT TOWARDS SACRAMENTO. TAKE THE CYPRESS AVE EXIT (677). TURN LEFT ONTO E. CYPRESS AVE. TURN RIGHT ON CHURN CREEK RD.

RIVERSIDE
7888 MISSION GROVE PARKWAY S., SUITE 130
RIVERSIDE, CA 92508
(951) 789-0358
FROM THE CA-91W TOWARD RIVERSIDE/BEACH CITIES, TAKE THE CENTRAL AVENUE EXIT TOWARD MAGNOLIA CENTER. TURN LEFT ONTO CENTRAL AVENUE. CENTRAL AVE BECOMES ALESSANDRO BLVD. VEEER TO THE RIGHT, THEN STAY STRAIGHT TO GO ONTO TRAUTWEIN RD (YOU WILL PASS COMMUNICATIONS CENTER DR). TURN LEFT ONTO MISSION GROVE PKWY W.

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.

SAN FRANCISCO
150 EXECUTIVE PARK BLVD., STE 1100
SAN FRANCISCO, CA 94134
(415) 330-9700
I-80 W BECOMES US-101 S. TAKE EXIT 429 A TOWARD MONSTER PARK/TUNNEL AVE. TAKE THE RAMP TOWARD 3COM PARK. TURN RIGHT ONTO ALANNA RD. TURN LEFT ONTO EXECUTIVE PARK BLVD.

SANTA ROSA
160 WIKUP 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 WIKUP 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 WIKUP DRIVE. FIRST DRIVEWAY ON RIGHT.

SANTA CLARA
2936 SCOTT BLVD
SANTA CLARA, CA 95054
(408) 844-0008


VENTURA
4245 MARKET ST, SUITE 208
VENTURA, CA 93003
(805) 650-5220
FROM US-101N, TAKE THE TELEPHONE ROAD EXIT 65. TURN LEFT ONTO TELEPHONE ROAD. TURN RIGHT ONTO MARKET STREET.

VISALIA
3400 W MINERAL KING AVE, SUITE D
VISALIA, CA 93291
(559) 627-6700
FROM CA-99N, MERGE ONTO CA-198E VIA EXIT 96 TOWARD VISALIA/SEQUOIA NAT’L PARK. TAKE THE EXIT TOWARD DEMAREE STREET. MERGE ONTO W NOBLE AVENUE. TURN LEFT ONTO S COUNTY CENTER DRIVE. TAKE THE 1ST LEFT ONTO W MINERAL KING AVENUE.

WALNUT CREEK
175 LENNON LANE, SUITE 203
WALNUT CREEK, CA 94598
(925) 906-9165
FROM I-5N, KEEP LEFT TO TAKE I-580W TOWARD TRACY/SAN FRANCISCO. MERGE ONTO I-680N VIA EXIT 44B TOWARD SACRAMENTO/WALNUT CREEK/CONCORD. TAKE THE YGNACIO VALLEY ROAD EXIT AND TURN RIGHT. TURN LEFT ONTO LENNON LANE.

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
PORTLAND
205 BUSINESS CENTER, SUITE 201
8383 NE SANDY BLVD
PORTLAND, OR 97220
GET ON I-84 HEADING EAST. TAKE EXIT 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.

RICHMOND
MOOREFIELD VI BUILDING
620 MOOREFIELD PARK DRIVE
SUITE 205
RICHMOND, VA 23236
FROM I-64E, TAKE THE PARHAM RD EXIT AND TURN RIGHT. N PARHAM RD/VA-73 S BECOMES VA-150 S/CHIPPENHAM PKWY. MERGE ONTO VA-76 S/POWHTIE PKWY. MERGE ONTO MIDLOTTHIAN TURNPIKE WEST. TURN LEFT ON MOOREFIELD PARK DR.

SOUTHWELL (DETROIT AREA) EXAMINATION CENTER
CROSSROADS BUILDING
16250 NORTHLAND DRIVE, SUITE 361
SOUTHFIELD, MI 48075
FROM I-75 NORTH AND SOUTH, EXIT EAST 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
WEST DES MOINES, IA 50265
FROM I-235, EXIT 8TH ST/73RD ST AND PROCEED SOUTH. TURN RIGHT ON OFFICE PARK ROAD. TURN RIGHT INTO THE DRIVEWAY.

WEST HARTFORD
45 SOUTH MAIN STREET, SUITE 209
WEST HARTFORD, CT 06107
FROM I-84, EXIT 41, S. MAIN ST. AND PROCEED NORTH APPROXIMATELY 2 MILES. 45 SOUTH MAIN WILL APPEAR ON THE LEFT, DIRECTLY ACROSS THE STREET FROM THE TOWN HALL, BEFORE YOU CROSS FARMINGTON AVENUE. THE ATTENDANT WILL PARK YOUR CAR AT NO CHARGE. TAKE THE ELEVATOR TO THE SECOND FLOOR TO SUITE 209.

WOODBURY
6053 HUDSON RD, SUITE 210
WOODBURY, MN 55125
FROM I-94 GO SOUTH ON CENTURY TO THE FIRST LEFT (WHICH IS THE FRONTAGE ROAD ENTRANCE TO THE COUNTRY INN). ENTER THE OFFICE COMPLEX THROUGH THE SINCLAIR GAS STATION AND ALONG BACK OF THE INN. 6053 IS THE BUILDING DIRECTLY AHEAD. THE ENTRANCE ON THAT (WEST) SIDE IS ACTUALLY ON THE 2ND FLOOR. SUITE 210 IS DOWN THE CORRIDOR TO THE RIGHT. PLEASE USE THE WEST ENTRANCE ON SATURDAYS.

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 American 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 in addition to any other penalties, a person found guilty of violating this section, shall be liable for the actual damages, 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 EXAMINATION BY COMPUTER

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 semi-private 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 grade, including the number of items answered correctly. It also reveals how the candidate performed on each major section of the test as defined by the MFT Examination Plan. The number correct in each content area is displayed. The primary purpose in providing a subscore for each part of the examination is 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 (c) 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 the 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 to take the Written Clinical Vignette examination after passing the Standard Written examination.

To apply, candidates must submit a “Request for Examination” (Clinical Vignette) and the required fee to the BBS. Request for Examination forms are provided with candidate result notices, are also available by contacting the Board, and online at www.bbs.ca.gov.
Allow three weeks for processing of your Request for Examination and fee.

You will the receive notification of eligibility to take the Written Clinical Vignette examination which will include the Written Clinical Vignette Examination Candidate Handbook. Candidate Handbooks will also be available online at www.bbs.ca.gov.

STUDY MATERIAL AND COURSES

The MFT 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, 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, the 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 Standard Written examination plan consists of six content areas; clinical evaluation, crisis management, treatment planning, treatment, 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.

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 Standard Written 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 requisite 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 Standard Written examination contains no fewer than 175 multiple-choice items. The examination may contain additional items for the purpose of pre-testing (up to 25 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 Standard Written 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.

There is only one correct answer for each 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.

You will have 4 hours to take this examination.

**EXAMPLE STANDARD WRITTEN EXAMINATION ITEMS**

Following are examples of the format and structure of items you may encounter during the examination. Each multiple-choice item requires the candidate to select the correct answer from among the four options provided.

1. A client begins arriving early for sessions, dressing more stylishly and asking questions about the therapist’s personal life. What action should the therapist take?
   a. Stay focused on treatment goals.
   b. Discuss therapeutic relationship with client.
   c. Advise that these behaviors are inappropriate.
   d. Consult with colleague regarding countertransference.

2. A 36-year-old woman who was involved in an auto accident 5 months ago is referred by her physician. She is unable to sleep, has headaches and nightmares and has lost her appetite. What diagnosis characterizes the symptoms?
   a. Adjustment disorder
   b. Major depression
   c. Generalized anxiety disorder
   d. Post traumatic stress disorder

3. A couple presents with a history of conflict. They accuse each other of behaving like their respective parents. Which of the following interventions could the therapist use to help the couple understand the impact of their parents on their present situation?
   a. Create an enactment of one of their arguments
   b. Construct a genogram of at least two of their generations
   c. Reframe their conflict as each attempting to control the other
   d. Interpret their conflict as an expression of abandonment anxiety

4. A client is in therapy because of problems at work and an inability to concentrate. During the fourth session, she begins to cry uncontrollably. She reveals that her husband has been physically abusive towards her for several years. Which of the following steps should the therapist take to assist the client?
   a. Explore family patterns of past abuse
   b. Explore high risk factors of leaving the relationship
   c. Help the client establish a plan of action to escape the abuse
   d. Create a narrative to help the client detach from the abusive relationship

5. A therapist finds herself overwhelmed by disturbing images of her sister’s death each time a particular client begins to describe her own bereavement. How should the therapist manage the situation?
   a. By discontinuing treatment because the therapeutic neutrality has been compromised
   b. By focusing the therapy on the therapist’s own experiences with death
   c. By encouraging the client to discuss less emotionally reactive material
   d. By seeking professional help to address unresolved issues
6. An older couple comes to therapy. The husband reports that since he retired one year ago, he spends much of his time completing his wife's daily chores. He does not understand why she is so upset all the time. “I feel so useless,” she says. What intervention would address their dilemma?
   a. Help them set more adaptive boundaries so they can shape new roles for themselves
   b. Reframe her uselessness as an attempt to distract her husband from his feelings of loss
   c. Encourage the wife to involve herself in volunteer activities so she will feel more useful
   d. Encourage the husband to obtain part-time employment to divert his attention from his wife

Correct Answers: 1-B; 2-D; 3-B; 4-C; 5-D; 6-A.
I. Clinical Evaluation (20%) - This area assesses the candidate’s ability to identify presenting problems and collect information to assess clinical issues and formulate a diagnostic impression.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td>T2. Identify precipitating events related to client’s presenting problems to determine impact on current level of functioning.</td>
<td>K3. Knowledge of procedures used to gather intake information. K55. Knowledge of the impact of psychosocial stressors on presenting problems and current functioning.</td>
</tr>
<tr>
<td></td>
<td>T3. Identify unit of treatment (e.g., individual, couple, family) to determine the plan for therapy.</td>
<td>K5. Knowledge of factors influencing the choice of unit of treatment (e.g., individual couple, family).</td>
</tr>
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</table>
### I. Clinical Evaluation (20%) - This area assesses the candidate’s ability to identify presenting problems and collect information to assess clinical issues and formulate a diagnostic impression.

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| IA. Clinical Assessment  | T15. Assess primary caregiver’s willingness and ability to support dependent adult/minor client’s treatment. | K43. Knowledge of methods used to identify the primary caregiver’s level of involvement in therapy.  
K44. Knowledge of methods used to identify levels of influence of significant others on client’s treatment.  
K45. Knowledge of methods used to identify support systems within social networks. |
K37. Knowledge of methods used to assess the impact of family history on family relationships.  
K38. Knowledge of the effects of family structure and dynamics on the development of identity.  
K39. Knowledge of the impact of the cultural context on family structure and values.  
K44. Knowledge of methods used to identify levels of influence of significant others on client’s treatment.  
K45. Knowledge of methods used to identify support systems within social networks. |
| IB. Referral Services    | T17. Explore impact of the economic, educational, political, social, and work environment on client’s presenting problems and treatment. | K45. Knowledge of methods used to identify support systems within social networks.  
K51. Knowledge of the impact of sociopolitical climate on the therapeutic process.  
K55. Knowledge of the impact of psychosocial stressors on presenting problems and current functioning. |
|                          | T9. Evaluate client’s medical history and current complaints to determine need for medical referral. | K24. Knowledge of the effects of physical condition on psychosocial functioning.  
K60. Knowledge of the impact of medication on physical and psychological functioning.  
K25. Knowledge of the relationship between medical conditions and psychosocial functioning.  
K26. Knowledge of factors or symptoms that indicate need for a medical evaluation. |
|                          | T10. Evaluate client’s thought processes and behaviors that indicate a need for psychiatric referral. | K27. Knowledge of elements of a mental status examination.  
K29. Knowledge of application of mental status examinations.  
K32. Knowledge of psychological features or behaviors that indicate need for a psychiatric evaluation.  
K34. Knowledge of affective, behavioral, and cognitive factors that indicate the need for supplemental testing. |
|                          | T11. Evaluate client’s affective, behavioral, and cognitive functioning that indicate a need for referral for testing. | K17 Knowledge of behavioral and psychological indicators of developmental disorders.  
K29. Knowledge of application of mental status examinations.  
K34. Knowledge of affective, behavioral, and cognitive factors that indicate need for supplemental testing. |
K46. Knowledge of community resources available to clients.  
K47. Knowledge of assessment methods used to identify client’s need for community resources. |
I. Clinical Evaluation (20%) - This area assesses the candidate's ability to identify presenting problems and collect information to assess clinical issues and formulate a diagnostic impression.

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<td></td>
<td>T19. Gather information from collateral sources about client to formulate a diagnostic impression.</td>
<td>K42. Knowledge of procedures used to gather information from professionals and other involved parties. K53. Knowledge of Diagnostic and Statistical Manual criteria used to identify diagnoses.</td>
</tr>
</tbody>
</table>
### II. Crisis Management (12%) - This area assesses the candidate’s ability to identify, evaluate, and manage crisis situations.

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II. Crisis Management (12%) - This area assesses the candidate's ability to identify, evaluate, and manage crisis situations.

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<td>(6%)</td>
<td></td>
<td>K98. Knowledge of the effects of acculturation factors on crises.</td>
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<tr>
<td>IIB. Crisis Management</td>
<td>T35. Develop an intervention strategy to reduce potential for harm with/for client who has indicated thoughts of causing danger to self.</td>
<td>K86. Knowledge of strategies used to manage psychosocial stressors.</td>
</tr>
<tr>
<td>(6%)</td>
<td></td>
<td>K88. Knowledge of strategies used to reduce incidence of self-destructive/self-injurious behavior.</td>
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<td></td>
<td>K89. Knowledge of methods used to manage suicidality.</td>
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<tr>
<td></td>
<td>T36. Develop an intervention strategy to reduce potential for harm with/for client who has indicated thoughts of causing danger to others.</td>
<td>K90. Knowledge of strategies used to deal with dangerous clients.</td>
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<td>K91. Knowledge of strategies used for anger management.</td>
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<td></td>
<td></td>
<td>K92. Knowledge of strategies used for anger management.</td>
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<tr>
<td></td>
<td>T37. Develop an intervention strategy with/for a client in a potentially abusive situation to provide for safety of client and family members.</td>
<td>K93. Knowledge of strategies used to manage situations dangerous to therapist.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>K94. Knowledge of methods used to manage suicidality.</td>
</tr>
<tr>
<td></td>
<td>T60. Develop strategies to address the impact of crisis issues/psychosocial stressors on client’s treatment.</td>
<td>K149. Knowledge of intervention methods used for treating abuse within families.</td>
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<td>K150. Knowledge of intervention methods used for treating the impact of violence.</td>
</tr>
<tr>
<td></td>
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<td>K151. Knowledge of interventions used for treating the impact of psychosocial stressors.</td>
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<tr>
<td></td>
<td></td>
<td>K152. Knowledge of interventions used for treating the impact of trauma.</td>
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<tr>
<td></td>
<td>T38. Provide referrals of viable resources to augment management of client’s crisis.</td>
<td>K94. Knowledge of support systems used to manage crises.</td>
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<td></td>
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<td>K95. Knowledge of referral sources used to manage crises.</td>
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<tr>
<td></td>
<td></td>
<td>K96. Knowledge of methods used to coordinate collateral services to manage crisis.</td>
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<td>K96. Knowledge of methods used to coordinate collateral services to manage crisis.</td>
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III. Treatment Planning (20%) - This area assesses the candidate’s ability to develop a comprehensive treatment plan and prioritize treatment goals based on assessment, diagnoses, and theoretical model.

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| IIIA. Therapeutic Goals (2%)| T40. Establish collaborative treatment goals by integrating therapist and client perspectives about the presenting problems. | K101. Knowledge of strategies used to integrate client and therapist’s understanding of the goals into treatment planning.  
K109. Knowledge of third party specifications (e.g., managed care, court-mandated, EAP) that impact treatment planning. |
|                             | T41. Prioritize treatment goals to develop course of treatment.           | K102. Knowledge of factors that influence the frequency of therapy sessions.  
K103. Knowledge of strategies used to prioritize treatment goals.  
K104. Knowledge of methods used to formulate short-and long-term treatment goals. |
|                             | T57. Identify methods to monitor client’s progress toward treatment goals and outcomes. | K105. Knowledge of criteria used to monitor therapeutic effectiveness.  
K106. Knowledge of procedures to measure therapeutic outcomes. |
| IIIB. Treatment Plan Development (8%) | T42. Formulate a treatment plan incorporating client’s diversity to provide therapy sensitive to client’s values, beliefs, and social environment. | K107. Knowledge of methods used to formulate a treatment plan within diverse populations.  
K108. Knowledge of theoretical modalities used to formulate a treatment plan.  
K111. Knowledge of adjunctive services within community/culture used to augment therapy. |
|                             | T52. Determine need for referral for adjunctive services to augment client’s treatment. | K110. Knowledge of methods used to identify need for adjunctive services.  
K111. Knowledge of adjunctive services within community/culture used to augment therapy. |
|                             | T53. Integrate community resources into treatment plan to support client’s therapeutic goals. | K111. Knowledge of adjunctive services within community used to augment therapy.  
K112. Knowledge of methods used to integrate available community resources into treatment planning.  
K127. Knowledge of strategies to develop professional and community contacts to facilitate treatment. |
|                             | T54. Integrate information obtained from medical/mental health providers to formulate treatment plan. | K113. Knowledge of methods used to integrate information obtained from medical/mental health providers into treatment planning. |
|                             | T55. Integrate information obtained from involved parties to formulate a treatment plan. | K112. Knowledge of methods used to integrate available community resources into treatment planning.  
K114. Knowledge of methods used to integrate information obtained from collateral sources into treatment planning. |
|                             | T48. Formulate a treatment plan within a group therapy setting to provide a framework for client’s therapy. | K122. Knowledge of the assumptions, concepts, and methodology associated with group therapy. |
|                             | T49. Formulate a treatment plan within a child/adolescent therapy context to provide a framework for client’s therapy. | K123. Knowledge of the assumptions, concepts, and methodology associated with child/adolescent therapy. |
|                             | T50. Formulate a treatment plan with an evidence-based context to provide a framework for client’s therapy. | K125. Knowledge of the assumptions, concepts, and methodology associated with evidence-based approaches. |
|                             | T51. Formulate a treatment plan with consideration of third party provisions (e.g., managed care, court mandated, EAP) to meet client’s needs. | K109. Knowledge of third party specifications (e.g., managed care, court-mandated, EAP) that impact treatment planning. |
### III. Treatment Planning (20%) - This area assesses the candidate’s ability to develop a comprehensive treatment plan and prioritize treatment goals based on assessment, diagnoses, and theoretical model.

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<td>III-C. Theoretical Orientation (10%)</td>
<td>T43. Formulate a treatment plan within a cognitive-behavioral (e.g., REBT, CT) orientation to provide a framework for client’s therapy.</td>
<td>K117. Knowledge of the assumptions, concepts, and methodology associated with a cognitive-behavioral approach.</td>
</tr>
<tr>
<td></td>
<td>T44. Formulate a treatment plan within a humanistic/existential (e.g., gestalt, client-centered, experiential) orientation to provide a framework for client’s therapy.</td>
<td>K118. Knowledge of the assumptions, concepts, and methodology associated with a humanistic-existential approach.</td>
</tr>
<tr>
<td></td>
<td>T45. Formulate a treatment plan within a postmodern (e.g., narrative, solution-focused) orientation to provide a framework for client’s therapy.</td>
<td>K119. Knowledge of the assumptions, concepts, and methodology associated with a postmodern approach.</td>
</tr>
<tr>
<td></td>
<td>T46. Formulate a treatment plan within a psychodynamic (e.g., attachment, depth psychology, object relations, self-psychology) orientation to provide a framework for client’s therapy.</td>
<td>K120. Knowledge of the assumptions, concepts, and methodology associated with a psychodynamic approach.</td>
</tr>
<tr>
<td></td>
<td>T47. Formulate a treatment plan within a systems (e.g., structural, strategic, multigenerational, communications) orientation to provide a framework for client’s therapy.</td>
<td>K121. Knowledge of the assumptions, concepts, and methodology associated with a systems approach.</td>
</tr>
</tbody>
</table>
IV. Treatment (20%) - This area assesses the candidate’s ability to implement, evaluate, and modify clinical interventions consistent with the treatment plan and theoretical orientation, including treatment outcomes and diversity factors.

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<td>T59. Provide psychoeducation as it relates to client’s treatment needs.</td>
<td>K167. Knowledge of use of psychoeducation as it relates to client’s treatment needs.</td>
</tr>
<tr>
<td>IVB. Theoretical Orientation Interventions (7%)</td>
<td>T61. Implement interventions consistent with cognitive-behavioral theories (e.g., REBT, CT) to facilitate client’s treatment.</td>
<td>K132. Knowledge of the role of therapist from a cognitive-behavioral approach. K133. Knowledge of the use of interventions associated with cognitive-behavioral theories.</td>
</tr>
<tr>
<td></td>
<td>T62. Implement interventions consistent with humanistic-existential theories (e.g., gestalt, client-centered, experiential) to facilitate client’s treatment.</td>
<td>K134. Knowledge of the role of therapist from a humanistic-existential approach. K135. Knowledge of the use of interventions associated with humanistic-existential theories.</td>
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<tr>
<td>IVB. Theoretical Orientation Interventions (7%)</td>
<td>T63. Implement interventions consistent with postmodern theories (e.g., narrative, solution-focused) to facilitate client’s treatment.</td>
<td>K136. Knowledge of the role of therapist from a postmodern approach. K137. Knowledge of the use of interventions associated with postmodern theories.</td>
</tr>
<tr>
<td></td>
<td>T65. Implement interventions consistent with psychodynamic theories (e.g., attachment, depth, object relations, self-psychology) to facilitate client’s treatment.</td>
<td>K138. Knowledge of the role of therapist from a psychodynamic approach. K139. Knowledge of the use of interventions associated with psychodynamic theories.</td>
</tr>
<tr>
<td></td>
<td>T66. Implement interventions consistent with systems theories (e.g., structural, strategic, multigenerational, communications) to facilitate client’s treatment.</td>
<td>K140. Knowledge of the role of therapist from a systems approach. K141. Knowledge of the use of interventions associated with systems theories.</td>
</tr>
<tr>
<td>IVC. Adjunctive Services (2%)</td>
<td>T74. Implement referral for adjunctive services to augment client’s treatment.</td>
<td>K169. Knowledge of referrals for adjunctive services.</td>
</tr>
<tr>
<td></td>
<td>T75. Provide client with case management services (e.g., linkage to resources, monitor progress, advocate to reduce barriers to treatment) to enhance treatment results.</td>
<td>K170. Knowledge of the components of case management.</td>
</tr>
<tr>
<td></td>
<td>T76. Advocate on behalf of the client for community resources to improve client’s level of functioning.</td>
<td>K169. Knowledge of referrals for adjunctive services. K171. Knowledge of the principles of the Mental Health Services Act as related to the practice of therapy. K172. Knowledge of the application of the Mental Health Services Act principles as related to client treatment. K173. Knowledge of when consultation with other professionals is necessary to manage client’s treatment.</td>
</tr>
<tr>
<td>IVD. Termination (3%)</td>
<td>T77. Determine client’s readiness for termination by evaluating whether treatment goals have been met.</td>
<td>K161. Knowledge of changes in functioning that indicate readiness to terminate therapy. K162. Knowledge of issues related to the process of termination. K164. Knowledge of interventions used to initiate termination.</td>
</tr>
<tr>
<td></td>
<td>T78. Develop a termination plan by assessing client’s needs within framework of third-party specifications (e.g., managed care, court-mandated, EAP).</td>
<td>K165. Knowledge of the impact of third-party specifications (e.g., managed care, court-mandated, EAP) on termination.</td>
</tr>
<tr>
<td></td>
<td>T80. Integrate community resources to provide ongoing support to client following termination of treatment.</td>
<td>K162. Knowledge of issues related to the process of termination. K166. Knowledge of methods used to maintain therapeutic gains.</td>
</tr>
</tbody>
</table>
V. Ethics (16%) - This area assesses the candidate’s ability to identify, apply, and manage ethical standards and principles in clinical practice.

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<tr>
<td>VA. Informed Consent/Confidentiality (4%)</td>
<td>T81. Address client’s expectations about therapy to promote understanding of the therapeutic process.</td>
<td>K174. Knowledge of ethical standards used to address expectations of the therapeutic process.</td>
</tr>
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<td></td>
<td>T82. Evaluate client’s ability to benefit from therapy to determine appropriateness of treatment.</td>
<td>K175. Knowledge of methods and ethical standards used to evaluate the client’s ability to benefit from therapy.</td>
</tr>
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<td></td>
<td>T83. Discuss management of fees and office policies to promote client’s understanding of the treatment process.</td>
<td>K176. Knowledge of methods used to explain management of fees and office policies.</td>
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<td></td>
<td>T88. Manage the impact of legal mandates (e.g., mandated reporting) on the therapeutic process.</td>
<td>K210. Knowledge of processes used to manage impact of mandated reporting.</td>
</tr>
<tr>
<td>VB. Therapeutic Boundaries (4%)</td>
<td>T89. Assess for client’s concurrent therapeutic relationships with other providers (e.g., counselors, therapists, psychologists, physicians) to evaluate impact on treatment.</td>
<td>K182. Knowledge of effects of concurrent therapeutic relationships on treatment.</td>
</tr>
<tr>
<td></td>
<td>T96. Manage potential dual relationships to avoid loss of therapist objectivity or exploitation of client.</td>
<td>K189. Knowledge of business, personal, professional, and social relationships that create a conflict of interest within the therapeutic relationship. K192. Knowledge of strategies necessary to maintain therapeutic boundaries.</td>
</tr>
<tr>
<td>VC. Competency (3%)</td>
<td>T90. Manage clinical issues outside the therapist’s scope of competence to meet client needs.</td>
<td>K184. Knowledge of criteria used to identify limits of therapist’s scope of competence. K199. Knowledge of referrals used to provide continuity of treatment if the therapist is unable to continue therapeutic relationship. K200. Knowledge of methods used to facilitate transfer of client for continuity of treatment.</td>
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V. Ethics (16%) - This area assesses the candidate’s ability to identify, apply, and manage ethical standards and principles in clinical practice.

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<td>VC. Competency (3%)</td>
<td>T92. Determine competency to provide professional services to client by assessing therapist’s own cognitive, emotional, or physical impairment.</td>
<td>K187. Knowledge of effects of therapist’s own cognitive, emotional, or physical impairments on the therapeutic process. K188. Knowledge of strategies used to manage therapist’s own cognitive, emotional, or physical impairments on the therapeutic process.</td>
</tr>
<tr>
<td></td>
<td>T86. Manage client’s safety by evaluating risk factors.</td>
<td>K204. Knowledge of risk factors that indicate potential harm to self or others. K205. Knowledge of methods used to assess the severity of client’s risk factors.</td>
</tr>
<tr>
<td></td>
<td>T99. Assist client in obtaining further treatment when therapist is unable to continue therapeutic relationship.</td>
<td>K198. Knowledge of ethical considerations for interrupting or terminating therapy. K199. Knowledge of referrals used to provide continuity of treatment if the therapist is unable to continue therapeutic relationship. K200. Knowledge of methods used to facilitate transfer of client for continuity of treatment.</td>
</tr>
<tr>
<td></td>
<td>T100. Manage the termination process to maintain client’s safety.</td>
<td>K203. Knowledge of ethical issues related to client abandonment.</td>
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### VI. Law (12%) - This area assesses the candidate’s ability to identify, apply, and manage legal standards and mandates in clinical practice.

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<td>VI.A. Confidentiality, Privilege, and Exceptions (7%)</td>
<td><strong>T102.</strong> Obtain client’s written authorization to exchange confidential information.</td>
<td>K211. Knowledge of conditions and requirements for disclosing or obtaining confidential information.</td>
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<td></td>
<td><strong>T105.</strong> Initiate evaluation (e.g., involuntary hospitalization) after determining that the client is gravely disabled or a danger to self or others.</td>
<td>K226. Knowledge of legal criteria for initiating involuntary hospitalization.</td>
</tr>
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<td></td>
<td><strong>T106.</strong> Report client’s intent to harm others as defined by mandated reporting requirements.</td>
<td>K218. Knowledge of laws pertaining to mandated reporting of client’s intent to harm others.</td>
</tr>
<tr>
<td></td>
<td><strong>T107.</strong> Report cases of abuse as defined by mandated reporting requirements.</td>
<td>K212. Knowledge of laws pertaining to mandated reporting of suspected or known abuse. K197. Knowledge of the impact of exploitation of the client.</td>
</tr>
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<td></td>
<td><strong>T109.</strong> Respond to client’s requests for records as mandated by law.</td>
<td>K227. Knowledge of laws regarding client’s requests for records.</td>
</tr>
<tr>
<td></td>
<td><strong>T111.</strong> Maintain treatment records as required by law.</td>
<td>K211. Knowledge of conditions and requirements for disclosing or obtaining confidential information. K239. Knowledge of methods to maintain scope of practice when participating on a multidisciplinary team.</td>
</tr>
<tr>
<td>VIB. Professional Conduct (5%)</td>
<td><strong>T101.</strong> Disclose fee structure for professional services to client as mandated by law.</td>
<td>K225. Knowledge of laws pertaining to disclosing fees for professional services.</td>
</tr>
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<td></td>
<td><strong>T103.</strong> Comply with legal standards pertaining to scope of practice to promote client’s safety and welfare.</td>
<td>K217. Knowledge of laws that define scope of practice. K239. Knowledge of methods to maintain scope of practice when participating on a multidisciplinary team.</td>
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VI. Law (12%) - This area assesses the candidate’s ability to identify, apply, and manage legal standards and mandates in clinical practice.

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<td>T114. Comply with legal standards regarding advertising when informing the public of therapist’s qualifications and services.</td>
<td>K230. Knowledge of laws regarding advertisement and dissemination of information pertaining to professional qualifications and services.</td>
</tr>
</tbody>
</table>
STATE OF CALIFORNIA
NOTICE OF ELIGIBILITY

You are eligible to participate in the Standard Written 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. 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 examination was approved; following that is the date by which you must take your examination. You must take the Standard Written 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 Standard Written examination procedures and content. To schedule your examination, please refer to the instructions in this handbook.

Upon passing the Standard Written examination, you are eligible to apply to take the Written Clinical Vignette examination. Instructions for applying are included in this handbook.