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Practice Questions

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1. Sarah (45) comes to therapy without enthusiasm, at the request of her partner, David (43). Sarah mentions that David is frustrated with her constant suspicion toward their colleagues and neighbors. Sarah reveals she is exceedingly concerned about being exploited due to her recent inheritance from a wealthy relative. She expresses distrust towards her close friends and family, believing they might try to manipulate her for financial gain. From her childhood, she recalls distrusting her cousins who she suspected of taking her belongings. Sarah dresses modestly and opts to live in their old apartment despite their financial capability to move to a more spacious home. She also accuses David of being unfaithful. When the session ends, she skeptically remarks that you are only interested in her for her money. Based on this information, you would MOST LIKELY diagnose Sarah with:

- A. Delusional disorder
- B. Schizophrenia
- C. Brief psychotic disorder
- D. Paranoid personality disorder

2. Tom is a 35-year-old man who schedules a consultation because he is deeply concerned about his 7-year-old son, Max. Max was excited about starting school but has recently been having severe separation anxiety, refusing to go to school, and crying excessively when his parents drop him off. Based on this information, you would MOST LIKELY diagnose Max with:

- A. Separation Anxiety Disorder
- B. Generalized Anxiety Disorder
- C. Oppositional Defiant Disorder
- D. Nothing - there is not enough information to substantiate a diagnosis at this time.

3. All the following are subtypes of eating disorders, EXCEPT:

- A. Bulimia nervosa
- B. Binge-eating disorder
- C. Mood-influenced eating disorder
- D. Anorexia nervosa



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4. John is a 45-year-old male who has been experiencing frequent migraines and recently began seeing a new primary care physician. John tells his doctor that he often feels like there's someone else controlling his thoughts and actions. He reports hearing voices multiple times a day, which tell him to do harmful things. John appears highly anxious and distressed while describing his experiences. His medical history indicates that these symptoms started about ten years ago and have progressively worsened. Based on this information, you would MOST likely diagnose John with:

- A. Bipolar disorder
- B. Borderline personality disorder
- C. Obsessive-compulsive disorder (OCD)
- D. Schizophrenia

5. David, a 32-year-old male, recently started seeing a therapist due to stress at work. During the sessions, David reveals that he often feels overwhelmed by thoughts that he may suddenly become paralyzed, even though he has never shown any symptoms of paralysis. He mentions that he frequently visits specialists for various tests to ensure his nervous system is functioning properly. Despite these reassurances, David continues to worry excessively about developing paralysis or some other serious neurological condition. Based on this information, his therapist would MOST likely diagnose David with:

- A. Illness anxiety disorder
- B. Conversion disorder
- C. Somatic symptom disorder
- D. Specific phobia

6. All the following are TRUE about individuals with panic disorder EXCEPT:

- A. They may experience sudden and unexpected panic attacks.
- B. They may have persistent concerns about having additional panic attacks.
- C. They may change their behavior significantly to avoid panic attacks.
- D. They may develop panic disorder after watching a thrilling movie.

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7. The Family Life Cycle model includes several stages that families typically go through. All the following are primary stages EXCEPT:

- A. Launching Children
- B. School-Age Families
- C. Empty Nest
- D. Early Adulthood

8. Which of the following statements about managing crises in a family therapy context is FALSE?

- A. Standard coping mechanisms may become ineffective during a crisis.
- B. Resolution of a crisis situation can lead to stronger family bonds.
- C. Effective crisis management always prevents long-term psychological effects.
- D. A crisis can disrupt the stability of family relationships.

9. During a session, Lila (30) shares that she feels overwhelmed due to losing her job and experiencing a recent breakup. She mentions that sometimes she thinks it would be easier if she wasn't around. As a family therapist working from a crisis intervention approach, you should NEXT respond by:

- A. Discussing Lila's patterns of decision-making and how they impact her current situation
- B. Exploring the family dynamics that may have contributed to her feelings of overwhelm
- C. Assessing Lila's immediate safety and determining if she has a plan to harm herself
- D. Helping Lila understand the connection between her employment stress and her relationship issues

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10. Which of the following is TRUE when it comes to considering how family dynamics play a role in managing crises?

- A. Families with strong dynamics are less likely to experience crises.
- B. You need to fully understand a family's dynamics before intervening in a crisis.
- C. Crisis situations weaken family dynamics, making them less important.
- D. Family dynamics can significantly influence how individuals cope with crises.



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11. All the following tasks should be performed during the joining phase of structural family therapy EXCEPT:

- A. Maintenance
- B. Intervention stage
- C. Mimicry
- D. Tracking

12. Mark and Lisa normally decide which activities their family will participate in during weekends. Sometimes, however, they ask their children for suggestions. Every few weeks, they let the kids choose a family outing. This dynamic BEST represents:

- A. Permeable boundaries
- B. Diffuse boundaries
- C. Rigid boundaries
- D. No boundaries

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13. All the following are key components of solution-focused brief therapy EXCEPT:

- A. Focus on finding solutions in the present.
- B. Highlighting client's strengths and resources.
- C. Use of the miracle question to envision a preferred future.
- D. Emphasis on exploring past traumas.

14. According to Murray Bowen's Family Systems Theory, all the following represent major concepts in the theory EXCEPT:

- A. Emotional Cutoff
- B. Behavioral Conditioning
- C. Differentiation of Self
- D. Triangles

15. In the context of systemic family therapy, the term 'strength-based approach' is BEST described as:

- A. Promoting the idea that all family members have equal strengths and should be treated the same
- B. Allowing family members to dictate the entire course of therapy without direction from the therapist
- C. Focusing on the family members' resources and strengths to empower them in overcoming challenges
- D. Ignoring past family conflicts and focusing only on present interactions



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16. What concept BEST defines 'family norms' within systemic therapy?

- A. How family members communicate with each other under stress
- B. Shared expectations and behaviors among family members
- C. Invisible rules that govern family interactions
- D. The emotional connections between family members

17. All the following are common approaches in couples therapy, EXCEPT:

- A. Couples therapists strive to remain emotionally detached and uninvolved.
- B. Couples therapists work to understand the dynamics between both partners.
- C. Couples therapists facilitate communication between both partners.
- D. Couples therapists help partners identify patterns that are detrimental to the relationship.

18. You are conducting family therapy with the Smith family: parents Jane and Michael, and their teenage son, Ryan. During family discussions about Ryan's academic performance, Michael often dismisses Jane's concerns by saying, "You're overreacting," and occasionally leaves the room in frustration. According to the Gottman Method, Michael is MOST LIKELY displaying which interactional pattern?

- A. Stonewalling
- B. Contempt
- C. Defensiveness
- D. Criticism

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19. You are a Bowen family systems therapist working primarily with couples. You likely operate under each of the following assumptions EXCEPT:

- A. Differentiation of self is crucial for healthy family relationships.
- B. Family patterns can be traced through multiple generations.
- C. Family members' issues are best addressed by changing their personal beliefs.
- D. The family is an emotional unit.



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20. Which of the following is ethically TRUE about dual relationships in therapy, EXCEPT:

- A. Dual relationships should always be avoided under any circumstances.
- B. Therapists must carefully evaluate potential dual relationships to ensure they do not impair professional judgment.
- C. In some cases, dual relationships can be ethically permissible with appropriate boundaries.
- D. Therapists should discuss and document any potential risks with their clients about dual relationships.

21. The Health Insurance Portability and Accountability Act (HIPAA) impacts marriage and family therapists in which of the following ways:

- A. Marriage and family therapists have an ethical duty to report clients' healthcare information for public health purposes.
- B. Marriage and family therapists are required to share clients' health records with insurance companies.
- C. Marriage and family therapists must ensure the confidentiality and security of clients' healthcare information.
- D. Marriage and family therapists must disclose clients' healthcare information to law enforcement.

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22. John is a therapist at a private practice. He begins sessions with Elena, a 25-year-old who's struggling with her sexual orientation. During their fourth session, Elena mentions she's considering coming out to her family. John, who has strong conservative beliefs, acknowledges that his beliefs should not affect Elena's decision. Nonetheless, he provides her with materials emphasizing the potential family conflicts that may arise from coming out. In doing so, John potentially breached which ethical principle?

- A. Client abandonment
- B. Therapist furthering personal interests
- C. Informed consent
- D. Client autonomy

23. In cases of suspected domestic violence, a family therapist "acts in good faith" when they:

- A. discuss suspicions only with the family members involved.
- B. obtain undeniable proof that domestic violence has occurred.
- C. report suspected cases of domestic violence.
- D. conduct a thorough investigation before making a report.



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24. A female therapist tweets about a high-profile celebrity, alleging that this person exhibits symptoms of borderline personality disorder. In her tweet, she elaborates on behaviors she believes are indicative of this disorder. This therapist may have created a potential ethical issue by:

- A. expressing potentially harmful views that could impact the celebrity's public image.
- B. offering a diagnosis without formally assessing the individual.
- C. sharing her personal opinion about a publicly known figure.
- D. using a social media platform to discuss mental health conditions.

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25. Which of the following MOST accurately describes an ethical boundary issue in a therapeutic setting?

- A. A therapist initiating a personal relationship with a client
- B. A therapist using therapeutic techniques from different modalities
- C. A therapist attending a client's family event at their invitation
- D. A therapist referring a client to another therapist for specialized care

26. You are working with a client, Lisa (30), who is undergoing therapy due to a recent job loss which has triggered her depression. During sessions, whenever the topic of finding a new job comes up, Lisa becomes visibly distressed, often crying intensely and saying, "I just can't handle this...I can't think about this." Her reaction BEST highlights:

- A. Her becoming stonewalled
- B. Her becoming flooded
- C. Her becoming defensive
- D. Her becoming avoidant

27. In which type of therapy would a therapist likely engage in individual sessions with a parent while still involving the child in the therapeutic process?

- A. Multisystemic therapy
- B. Filial therapy
- C. Structural family therapy
- D. Cognitive-behavioral family therapy

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28. A cognitive-behavioral therapist is working with a young adult woman experiencing anxiety. The woman reports feeling "overwhelmed by daily responsibilities and constant worrying." She believes therapy hasn't been effective in the past but wants to give it another try. This therapist would MOST LIKELY create a middle-phase treatment goal that consists of:

- A. Building the client's overall self-confidence to better manage anxiety
- B. Enhancing the client's commitment to therapy sessions
- C. Working with the client to develop specific coping strategies and measure their effectiveness
- D. Exploring unaddressed issues from the client's past that may contribute to her anxiety

29. You have been asked to provide couples counseling for a married pair who struggles to communicate effectively. During the first session, the husband attends alone and states that his wife is busy and will try to attend future sessions. As a systemic therapist, you might do all the following EXCEPT:

- A. Postpone the session until both partners can commit to attending future sessions together
- B. Refuse to continue the session unless the husband agrees not to discuss his wife
- C. Continue the session and explore the husband's perspective on their communication issues
- D. Suggest rescheduling the session to a time when both partners can attend

30. How does the American Association of Marriage and Family Therapy (AAMFT) currently view the practice of using mindfulness techniques to treat anxiety?

- A. They support the use of mindfulness techniques as an evidence-based practice to help treat anxiety.
- B. They view mindfulness techniques as a personal choice that clients can make independently.
- C. They accept mindfulness techniques only if prescribed by a medical professional.
- D. They discourage the use of mindfulness techniques because it could interfere with other therapeutic methods.



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Answer Key & Explanations

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1. D — Paranoid personality disorder

Answer: Paranoid personality disorder Sarah exhibits symptoms of paranoid personality disorder, characterized by a pervasive distrust and suspicion of others' motives. Delusional disorder involves the presence of non-paranoid delusions. Sarah's symptoms do not fully meet the criteria for schizophrenia or brief psychotic disorder.

2. D — Nothing - there is not enough information to substantiate a diagnosis at this time.

Answer: Nothing - there is not enough information to substantiate a diagnosis at this time. We do not have enough information about Max's overall behavior, family dynamics, or school experiences. A thorough assessment is needed to rule out normal developmental responses versus an anxiety disorder. Diagnosing a condition like Separation Anxiety Disorder requires a consistent and long-term pattern of behavior beyond what is described.

3. C — Mood-influenced eating disorder

Answer: Mood-influenced eating disorder Mood-influenced eating disorder is not a recognized subtype of eating disorders. Anorexia nervosa, bulimia nervosa, and binge-eating disorder are all recognized subtypes.

4. D — Schizophrenia

Answer: Schizophrenia John meets the criteria for schizophrenia, as he shows evidence of hallucinations, delusions, and significant emotional disturbance. While Bipolar disorder can involve psychotic symptoms, it is characterized by distinct mood episodes, which John does not report. Borderline personality disorder involves a pattern of unstable relationships, self-image, and affect, which is also not indicated in John's description. OCD is characterized by repetitive thoughts and behaviors, but not the degree of psychosis described in John's case.

5. A — Illness anxiety disorder

Answer: Illness anxiety disorder David meets the criteria for illness anxiety disorder, a condition characterized by excessive fears of having a severe illness despite the absence of significant symptoms. If David had actual changes in his physical functioning, he might be considered for conversion disorder. Instead, his focus is on the fear of having a serious illness. He does not show exaggerated anxiety directly related to existing somatic symptoms, which rules out somatic symptom disorder. Lastly, the fear of becoming paralyzed is not specifically a phobia but more indicative of a broader anxiety about health issues.

6. D — They may develop panic disorder after watching a thrilling movie.

Answer: They may develop panic disorder after watching a thrilling movie. The DSM explicitly notes that panic disorder cannot develop solely by watching a thrilling or frightening movie. Individuals with panic disorder often exhibit symptoms such as unexpected panic attacks, persistent concern about having more panic attacks, and significant changes in behavior related to the attacks.

7. D — Early Adulthood

Answer: Early Adulthood Early Adulthood is not considered a primary stage in the Family Life Cycle model.



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The primary stages include Launching Children, School-Age Families, and Empty Nest.

8. C — Effective crisis management always prevents long-term psychological effects.

The correct answer is: Effective crisis management always prevents long-term psychological effects. Crisis management can often mitigate or reduce long-term psychological effects, but it does not guarantee prevention of such effects. It is true that a crisis can disrupt family dynamics, make usual coping mechanisms ineffective, and potentially lead to stronger family bonds after the resolution of the crisis.

9. C — Assessing Lila's immediate safety and determining if she has a plan to harm herself

The correct answer is to assess Lila's immediate safety and determine if she has a plan to harm herself. Lila's comment indicates she may be at risk, so it is crucial to address her safety first. The other options could be relevant in later sessions but ensuring her safety is the priority.

10. D — Family dynamics can significantly influence how individuals cope with crises.

Answer: Family dynamics can significantly influence how individuals cope with crises. It's true that the dynamics within a family can have a major impact on how its members deal with crisis situations. Anyone can experience a crisis regardless of family strength, so it isn't appropriate to assume that strong family dynamics prevent crises. While understanding family dynamics can be beneficial, it isn't always possible, especially in acute situations or when resources are limited. It is incorrect (and biased) to assume that crises inherently degrade family dynamics' influence or importance.

11. B — Intervention stage

Answer: Intervention stage. The intervention stage is not part of the joining phase in structural family therapy. Mimicry, tracking, and maintenance are all recognized tasks within the joining phase of structural family therapy.

12. A — Permeable boundaries

Answer: Permeable boundaries Permeable boundaries are relatively flexible, meaning they can change when needed (as is the case here). A diffuse boundary often refers to a lack of boundaries or no boundaries, which isn't the case. Rigid boundaries rarely, if ever, make room for exceptions (so that would be Mark and Lisa always deciding what their family should do during weekends).

13. D — Emphasis on exploring past traumas.

Answer: Emphasis on exploring past traumas. Solution-focused brief therapy is centered on present solutions and future goals, rather than delving into past traumas. Techniques like the miracle question and the emphasis on client strengths and resources are fundamental to this approach.

14. B — Behavioral Conditioning

Answer: Behavioral Conditioning Behavioral conditioning is not one of the major concepts in Bowen's Family Systems Theory. The other three (Differentiation of Self, Triangles, and Emotional Cutoff) are key components of the theory.

15. C — Focusing on the family members' resources and strengths to empower them in overcoming challenges

Answer: Focusing on the family members' resources and strengths to empower them in overcoming challenges Focusing on the family members' resources and strengths to empower them in overcoming challenges is the best answer for describing a strength-based approach. A strength-based approach does NOT mean ignoring past conflicts or assuming all members have equal strengths. It also does not mean



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allowing family members to dictate the course of therapy entirely.

16. B — Shared expectations and behaviors among family members

Answer: Shared expectations and behaviors among family members. This is the appropriate term for family norms. Invisible rules refer to covert rules. Emotional connections denote the family bond. Communication under stress refers to family interaction.

17. A — Couples therapists strive to remain emotionally detached and uninvolved.

Answer: Couples therapists strive to remain emotionally detached and uninvolved. While remaining neutral and not taking sides is important, it is not practical or effective for couples therapists to remain emotionally detached and uninvolved. Couples therapy emphasizes active engagement and empathy to help partners navigate their relationship issues. The remaining items are accurate representations of common approaches in couples therapy, such as understanding dynamics, facilitating communication, and identifying harmful patterns.

18. A — Stonewalling

Answer: Stonewalling Michael is engaging in stonewalling, as he emotionally and physically withdraws from challenging conversations. Contempt would be occurring if Michael were making comments that demeaned or attacked Jane's character. Criticism would be making a cruel comment about Jane's behavior. Defensiveness would involve Michael failing to hear Jane or making the arguments entirely about himself and his needs.

19. C — Family members' issues are best addressed by changing their personal beliefs.

Answer: Family members' issues are best addressed by changing their personal beliefs. Changing personal beliefs is a core concept more aligned with rational emotive behavior therapy (REBT) rather than Bowen family systems therapy. The remaining answers are key assumptions in Bowen family systems theory.

20. A — Dual relationships should always be avoided under any circumstances.

Answer: Dual relationships should always be avoided under any circumstances. While dual relationships can be problematic, they are not inherently unethical. Therapists must carefully consider each situation, maintain clear boundaries, and ensure no harm to the client.

21. C — Marriage and family therapists must ensure the confidentiality and security of clients' healthcare information.

Answer: Marriage and family therapists must ensure the confidentiality and security of clients' healthcare information. HIPAA requires therapists to maintain the privacy and integrity of clients' health records and sensitive information. This is a legal requirement designed to protect patient data and enforce strict confidentiality standards.

22. D — Client autonomy

Answer: Client autonomy. By providing materials that may influence Elena's decision against coming out, John could be seen as undermining her autonomy. This situation does not indicate client abandonment, nor does it necessarily involve the therapist's personal interests inappropriately. Informed consent is not the primary issue here.

23. C — report suspected cases of domestic violence.

Answer: report suspected cases of domestic violence. Acting "in good faith" refers to reporting suspected cases of domestic violence when there is reasonable cause. Family therapists should make a proper assessment, but no state demands that reporters have absolute proof of violence before making a report.



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24. B — offering a diagnosis without formally assessing the individual.

Answer: offering a diagnosis without formally assessing the individual. It is essential for mental health professionals, including therapists, to avoid diagnosing individuals without directly working with them. This principle is encapsulated in The Goldwater Rule. Additionally, making diagnoses based only on observable behaviors and without a full assessment can be considered "armchair diagnosing" and is generally frowned upon in the profession.

25. A — A therapist initiating a personal relationship with a client

Answer: A therapist initiating a personal relationship with a client. Creating a personal relationship with a client can compromise the therapeutic relationship and lead to significant ethical violations. Using techniques from different modalities, attending a client's event, and referring to another therapist, under appropriate circumstances, may be professionally acceptable.

26. B — Her becoming flooded

Answer: Her becoming flooded Such hyperarousal likely indicates Lisa becoming flooded during the session. If she kept rationalizing her behavior, that might be a form of defensiveness. Although she may want to avoid talking about the topic, her intense physiological symptoms show that flooding is more likely the case than becoming avoidant. Becoming avoidant might look like intellectualizing or even minimizing the impact. Stonewalling would typically include having a stoic, detached, withdrawn stance.

27. B — Filial therapy

Answer: Filial therapy Filial therapy often involves individual sessions with a parent while still incorporating the child into the therapeutic process. This method enhances the parent's ability to address the child's emotional needs within the familial context. This approach is distinct from other models like structural family therapy, cognitive-behavioral family therapy, or multisystemic therapy, which do not typically involve individual sessions with a parent.

28. C — Working with the client to develop specific coping strategies and measure their effectiveness

Answer: Working with the client to develop specific coping strategies and measure their effectiveness. This goal is common in the middle phase of cognitive-behavioral therapy. Exploring unaddressed issues is commonly done during the early phase. We do not know if the client has low self-confidence, and we also do not know that the client is uncommitted to therapy.

29. B — Refuse to continue the session unless the husband agrees not to discuss his wife

Answer: Refuse to continue the session unless the husband agrees not to discuss his wife As part of systemic thinking, it is important to consider the role each partner plays in the relationship, whether they are present or not. It would not be appropriate to expect the husband to avoid discussing his wife's role in their communication problems. You may choose to continue the session and explore the husband's perspective or suggest rescheduling to ensure both partners can attend. It might also be appropriate to postpone the session until confirming future attendance by both partners, dependent on the therapy approach and presenting issues.

30. A — They support the use of mindfulness techniques as an evidence-based practice to help treat anxiety.

Answer: They support the use of mindfulness techniques as an evidence-based practice to help treat anxiety. The AAMFT endorses mindfulness techniques as they have been shown through research to be effective in reducing anxiety. These techniques are seen as complementary to other therapeutic interventions, helping



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clients manage symptoms and improve mental well-being. The AAMFT would not view mindfulness as simply a personal choice or require a medical professional's prescription. Additionally, they do not discourage its use due to interference concerns, but rather promote it as part of an integrative treatment plan.



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