

FAMILY THERAPY II PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. Which concept involves reframing symptoms as serving a protective or functional role within the family?**
 - A. Positive Connotation
 - B. Ordeal
 - C. Rituals
 - D. Directives
- 2. Which epistemological stance assumes a single, objective reality that can be measured, quantified, and studied through strict empirical observation and linear cause-and-effect models?**
 - A. Modernism
 - B. Biological determinism
 - C. Interactional patterns
 - D. Positivism
- 3. What core areas do paradigms help define?**
 - A. Reality, knowledge, and method
 - B. Ethics, law, and policy
 - C. Diagnosis, treatment selection, and outcome
 - D. Language, culture, and context
- 4. John Weakland is best known for which contribution to family therapy?**
 - A. John Weakland
 - B. Mara Selvini-Palazzol
 - C. Luigi Boscolo
 - D. Gregory Bateson
- 5. Which statement best describes negative punishment?**
 - A. Removing a desired stimulus to decrease behavior.
 - B. Adding a pleasant stimulus to increase behavior.
 - C. Introducing an aversive stimulus to decrease behavior.
 - D. Extinction

- 6. Which of the following statements accurately reflects the founding group of the Milan Systemic Approach?**
- A. The founding group includes Gianfranco Cecchin, Mara Selvini Palazzoli, Luigi Boscolo, Giuliana Prata
 - B. The founding group includes Gianfranco Cecchin and Noam Chomsky
 - C. The founding group includes Gianfranco Cecchin and Michael White
 - D. The founding group includes Gianfranco Cecchin and Sigmund Freud
- 7. Which concept states that two incompatible psychological states cannot occur at the same time?**
- A. Reciprocal Inhibition
 - B. Systemic Desensitization
 - C. Extinction
 - D. Classical conditioning
- 8. Which statement describes Milan symptom development as used in family therapy?**
- A. Dirty games
 - B. Behavioral tasks
 - C. Extinction
 - D. Milan symptom development
- 9. Which of the following statements identifies Gianfranco Cecchin's role in the Milan Systemic Approach?**
- A. He is a co-founder
 - B. He is a critic with no formal role
 - C. He is a student of narrative therapy
 - D. He is not associated with the approach
- 10. Lambert's Common Factors: Which component accounts for 30%?**
- A. Client/extra-therapeutic factors
 - B. Therapeutic alliance
 - C. Therapeutic models/techniques
 - D. Hope/expectancy

Answers

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1. A
2. D
3. A
4. A
5. A
6. A
7. A
8. D
9. A
10. B

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Explanations

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1. Which concept involves reframing symptoms as serving a protective or functional role within the family?

A. Positive Connotation

B. Ordeal

C. Rituals

D. Directives

Focusing on positive connotation means seeing symptoms as serving a protective or functional role within the family system. In this view, a seemingly problematic behavior isn't just a flaw or individual pathology; it's a way the family maintains balance, protects members from deeper distress, or signals an underlying need that hasn't been met. By reframing the symptom in a constructive light, the therapist reduces blame and invites the family to collaborate on addressing the real pressures behind the behavior. For example, a child's withdrawal might be seen as a way to keep peace in a tense home, or a parent's controlling pattern could be understood as an attempt to manage anxiety within the system. The other concepts don't center on this reframing. Ordeal involves making a client perform a burdensome task to change behavior, rituals are repeated family patterns that help maintain structure, and directives are explicit therapist instructions to alter actions. Positive connotation uniquely captures reframing symptoms as protective or functional within the family.

2. Which epistemological stance assumes a single, objective reality that can be measured, quantified, and studied through strict empirical observation and linear cause-and-effect models?

A. Modernism

B. Biological determinism

C. Interactional patterns

D. Positivism

Positivism, the stance described here, holds that there is one objective reality that researchers can know through careful observation. It emphasizes measurement and quantification, using empirical data gathered through observation, experimentation, or standardized assessments. The idea is to uncover causal relationships that follow relatively linear patterns, so findings can be described with statistical analyses and generalizable laws. This approach fits the description because it centers on neutral, evidence-based inquiry where reality is seen as something that can be measured, counted, and explained using strict empirical methods and straightforward cause-and-effect reasoning. It assumes that if we control or account for variables, we can predict outcomes based on observable data. Other perspectives shift from this view in important ways. Modernism is a broader intellectual movement that includes science and rationality but does not specify a single objective measurement-focused epistemology in the way positivism does. Biological determinism focuses on biological causes of behavior rather than on a stance about how knowledge is produced. Interactional patterns emphasize relational processes and context, often aligning with approaches that consider meaning and environment, not a single objective reality measured in linear terms.

3. What core areas do paradigms help define?

- A. Reality, knowledge, and method**
- B. Ethics, law, and policy
- C. Diagnosis, treatment selection, and outcome
- D. Language, culture, and context

Paradigms set the basic stance on three linked questions: what is real (ontology), what counts as valid knowledge about that reality (epistemology), and how we go about investigating and knowing it (methodology). This is why the option describing reality, knowledge, and method best captures what a paradigm defines. Because a paradigm guides what phenomena are considered, how we interpret them, and which methods are acceptable to use, it directly shapes inquiry and practice. The other options touch important areas in practice and study, but they are not the fundamental triad that a paradigm delineates: ethics, law, and policy are normative domains influenced by paradigms; diagnosis, treatment, and outcome are clinical processes; and language, culture, and context are contextual factors rather than the core structural dimensions of a paradigm.

4. John Weakland is best known for which contribution to family therapy?

- A. John Weakland**
- B. Mara Selvini-Palazzol
- C. Luigi Boscolo
- D. Gregory Bateson

John Weakland is best known for helping pioneer the systemic, cybernetic way of thinking that became the foundation of family therapy at the Mental Research Institute. He and his MRI colleagues reframed family problems as patterns of interaction within a system, not as issues residing in an individual. They showed how feedback loops and circular communication among family members sustain symptoms, and they helped develop approaches that focus on altering those interaction patterns rather than just treating one person. This work established the MRI's influence on modern family therapy and shaped the development of brief and systemic therapies. The other figures listed are tied to different strands of family therapy (for example, the Milan group with paradoxical interventions), whereas Weakland's enduring contribution lies in introducing and validating the systemic, interaction-focused perspective in clinical practice.

5. Which statement best describes negative punishment?

- A. Removing a desired stimulus to decrease behavior.**
- B. Adding a pleasant stimulus to increase behavior.
- C. Introducing an aversive stimulus to decrease behavior.
- D. Extinction

Negative punishment reduces a behavior by taking away something the person wants after the behavior occurs. The statement fits this idea: removing a desired stimulus to decrease behavior. In practice, you might remove a privilege or access to a valued activity following the behavior, making it less likely the behavior will recur because the consequence is the loss of something desirable. This differs from adding something pleasant to encourage a behavior (positive reinforcement), or adding something aversive to discourage a behavior (positive punishment). It also isn't extinction, which is about withholding reinforcement altogether rather than removing a specific valued stimulus after the behavior.

6. Which of the following statements accurately reflects the founding group of the Milan Systemic Approach?

- A. The founding group includes Gianfranco Cecchin, Mara Selvini Palazzoli, Luigi Boscolo, Giuliana Prata
- B. The founding group includes Gianfranco Cecchin and Noam Chomsky
- C. The founding group includes Gianfranco Cecchin and Michael White
- D. The founding group includes Gianfranco Cecchin and Sigmund Freud

The founding group of the Milan Systemic Approach is a four-therapist team from Italy: Gianfranco Cecchin, Mara Selvini Palazzoli, Luigi Boscolo, and Giuliana Prata. They developed this systemic family therapy approach in the 1970s, emphasizing a collaborative stance with families, circular questioning to map interaction patterns, and paradoxical or experiment-based interventions to shift rigid family dynamics. The other figures listed belong to different domains or therapeutic frameworks—Noam Chomsky is a linguist, Michael White is a founder of Narrative Therapy, and Sigmund Freud is the pioneer of psychoanalysis.

7. Which concept states that two incompatible psychological states cannot occur at the same time?

- A. Reciprocal Inhibition
- B. Systemic Desensitization
- C. Extinction
- D. Classical conditioning

Two incompatible psychological states cannot occur at the same time. This idea, reciprocal inhibition, means that when one state is present, the other is prevented from occurring because they are mutually exclusive. In practice, relaxation is used to counter anxiety because relaxation and anxiety cannot dominate together; being relaxed inhibits the anxious response. This principle is what underpins systematic desensitization, which gradually exposes a person to feared stimuli while maintaining a relaxed state so the fear response is inhibited over time. The other terms describe related processes but not the basic principle itself: extinction is the weakening of a learned response when reinforcement stops; classical conditioning is about forming associations between stimuli; systemic desensitization is a therapeutic technique that uses reciprocal inhibition to treat fear, not the inhibitory principle alone.

8. Which statement describes Milan symptom development as used in family therapy?

- A. Dirty games
- B. Behavioral tasks
- C. Extinction
- D. Milan symptom development

In Milan systemic therapy, symptoms are seen as arising from the family's interactional patterns rather than from any one member. Milan symptom development describes tracing the sequence of reciprocal actions, reactions, and negotiations that produce and sustain the presenting problem. The therapist maps how the situation unfolds over time, highlighting circular causality and how each person contributes to keeping the symptom going. This framing helps the family see the problem as a product of the system, not as a fault in a single individual, and it guides interventions that aim to shift the interaction pattern rather than blame someone. The other terms belong to different approaches: "dirty games" is a concept from strategic therapy referring to covert power plays, while "extinction" and "behavioral tasks" come from behavioral traditions and focus on altering individual behaviors rather than analyzing the systemic emergence of symptoms.

9. Which of the following statements identifies Gianfranco Cecchin's role in the Milan Systemic Approach?

- A. He is a co-founder**
- B. He is a critic with no formal role
- C. He is a student of narrative therapy
- D. He is not associated with the approach

Gianfranco Cecchin's role in the Milan Systemic Approach is as a co-founder who helped launch and shape the method. Alongside Mara Selvini Palazzoli and Luigi Boscolo (and Giuliana Prata), he was part of the original Milan team that developed the approach in the 1960s–70s, introducing core practices such as circular questioning, a neutral, non-hierarchical stance, and the use of hypothesizing to explore relational patterns rather than pathologizing individuals. This leadership and foundational contribution distinguish him from roles like a mere critic or a student of another therapy, and confirm his central place in the origin of the Milan approach.

10. Lambert's Common Factors: Which component accounts for 30%?

- A. Client/extra-therapeutic factors
- B. Therapeutic alliance**
- C. Therapeutic models/techniques
- D. Hope/expectancy

In Lambert's framework, much of what makes psychotherapy effective comes from factors that are shared across different therapeutic approaches rather than from any one technique. The component that accounts for about 30% of outcomes within this shared-factor category is the therapeutic alliance—the quality of the working relationship between therapist and client, including agreement on goals and tasks and the emotional bond. This alliance is what keeps clients engaged, fosters trust, and supports consistent participation in treatment, making interventions more likely to work regardless of the specific model or technique used. Other pieces of the common-factors picture also contribute to outcomes but in different amounts. The client's own life context and other extratherapeutic factors typically contribute a larger share, around forty percent. Expectancy or hope plays a role as well, and the remaining influence is more tied to specific techniques or models. However, the therapeutic alliance stands out as the central element within the common factors that roughly accounts for thirty percent of therapeutic outcomes.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://familytherapy2.examzify.com>

We wish you the very best on your exam journey. You've got this!

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