Mastering Competencies in Family Therapy
Chapter 4: Systemic and Strategic Therapies

1. MRI systemic therapists conceptualize symptoms of individuals within the larger network of their family and social systems. MRI systemic therapists take a __________ stance toward all members of the family.
   a. nonblaming
   b. nonpathologizing
   c. both A and B
   d. neither A nor B

   ANS:   C
   REF:   MRI Systemic Therapy (p. 62)

2. In response to a mother’s report that her daughter’s no longer bringing her tea in the morning must mean her daughter does not love her, the therapist says: “Your daughter’s bringing you tea fewer times a week may mean she is building friendships with girls her own age, which could be a sign she is making progress toward her goal of becoming more independent.” What is the term to describe this?
   a. Reframe
   b. Paradox
   c. Metacommunication
   d. Attempted solution

   ANS:   A
   REF:   MRI Systemic Therapy (p. 62)

3. Which of the following best describes the basic component of a reframe?
   a. Therapists seeing the problem not as an individual problem, but as a relational one.
   b. Therapists discussing what the client has been doing to solve their problem.
   c. Therapists identifying the interactional behavioral sequences that constitute the problem.
d. Therapists finding an alternative yet equally plausible explanation for the same set of facts.

ANS: D  
REF: MRI Systemic Therapy (p. 62)

4. MRI therapists focus on viewing the presenting problem as a part of which of the following?
   a. The individual’s inherent neuroses
   b. As a dysfunctional element of all familial relationships
   c. The interactional sequence of behaviors that have emerged through repeated exchanges
   d. Attempts at second-order change

ANS: C  
REF: The Big Picture: Overview of Treatment (p. 64)

5. In the big picture of treatment, MRI therapists focus solely on which of the following?
   a. Fixing the problem
   b. Interrupting the problem interactional sequences
   c. The therapist’s agenda
   d. Repeating attempted solutions

ANS: B  
REF: The Big Picture: Overview of Treatment (p. 64)

6. MRI therapists view the problematic interactional sequences in families as families attempting to do which of the following?
   a. Assert independence from each other
   b. Destroy the family dynamics
   c. Sabotage parent child relationships
   d. Maintain family homeostasis

ANS: D  
REF: The Big Picture: Overview of Treatment (p. 64)

7. The general flow of MRI systemic therapy is as follows:
   a. Assess the interactional sequence and meanings; interrupt the sequence; evaluate the outcome; and interrupt the new pattern.
   b. Assess the interactional sequence and meanings; interrupt the sequence; evaluate the outcome; and assess for new problems.
   c. Assess the interactional sequence and meanings; interrupt the sequence; evaluate the outcome; and terminate.
   d. Assess the interactional sequence and meanings; fix the sequence; evaluate the outcome; and fix the new pattern.
8. When establishing the therapeutic relationship with clients, MRI systemic therapists respect the family as a system with its own unique way of knowing and understanding the world. Which of the following is one way MRI systemic therapists demonstrate respect to their clients?
   a. The therapist instructs the family on how to change.
   b. The therapist pushes the clients to adapt to his/her language and viewpoint.
   c. The therapist may maintain a one-down stance or an expert position with clients.
   d. The therapist maintains a position to always be liked by the clients.

   ANS: C
   REF: The Big Picture: Overview of Treatment (p. 65-66)

9. Maneuverability refers to:
   a. the therapist’s freedom to use personal judgment in defining the therapeutic relationship.
   b. the therapist’s ability to try different therapeutic approaches to finding a solution for the client.
   c. the therapist’s freedom to explore different aspects of a person’s relationships.
   d. repositioning the power differentials in the family to readjust the system.

   ANS: A
   REF: The Big Picture: Overview of Treatment (p. 65-66)

10. When MRI systemic therapists view families in therapy, they always focus on which of the following?
    a. The interaction
    b. The dance
    c. The game
    d. All of the above

    ANS: D
    REF: The Big Picture: Overview of Treatment (p. 66)

11. When a couple is arguing about how to discipline a defiant child, the therapist will not focus on solving the problem with the child but rather will focus on how the parents communicate. This example represents which of the following?
    a. Detecting the problem
    b. Detecting the interaction pattern
    c. Detecting the roles in the family
    d. Detecting who to blame for the problem

    ANS: B
    REF: The Big Picture: Overview of Treatment (p. 66)
12. The interactional pattern is traced through four general phases. Which of the following is NOT one of the phases?
   a. Homeostasis
   b. Positive feedback
   c. Negative Feedback
   d. Self-correction

   ANS: C
   REF: The Big Picture: Overview of Treatment (p. 66)

13. When an MRI systemic therapist (a) explores the behaviors and interactions when an anxious client feels “okay” or normal; (b) identifies the behaviors, contexts, and relational interactions when the anxiety starts to rise; (c) specifies what the client does when she feels the anxiety at its height and how others respond; and (d) traces the behaviors and interactions until she feels “okay” or back to normal again, this is known as which of the following?
   a. Identifying the interaction patterns
   b. Retuning the client to homeostasis
   c. Reframing the client’s problem
   d. Self-correcting the client

   ANS: A
   REF: The Big Picture: Overview of Treatment (p. 66-67)

14. MRI therapists view all problems as fundamentally:
   a. biological.
   b. psychological.
   c. systemic.
   d. individual.

   ANS: C
   REF: The Big Picture: Overview of Treatment (p. 67)

15. If parents always respond to a child’s defiant behavior with some form of lecture and verbal punishment, an MRI systemic therapist would categorize this as what type of solution?
   a. Genius
   b. More of the same
   c. Old hat
   d. Illogical

   ANS: B
   REF: The Big Picture: Overview of Treatment (p. 68)

16. All of the following are examples of metacommunication EXCEPT which?
a. Voice tone  
b. Eye glances  
c. Gestures  
d. Content

ANS: D  
REF: The Big Picture: Overview of Treatment (p. 68)

17. According to MRI systemic therapists, what type of change is necessary for problems in families to be resolved?
   a. Permanent change  
b. First-order change  
c. Second-order change  
d. Dramatic change

ANS: C  
REF: The Big Picture: Overview of Treatment (p. 68)

18. Which of the following most accurately reflects how MRI systemic therapists target change in therapy?
   a. Help the family to create a new game or dance without symptoms.  
b. Help the family to create a problem-free family homeostasis.  
c. Help the family to develop a new set of interaction patterns.  
d. All of the above.

ANS: D  
REF: Targeting Change: Goal Setting (p. 69)

19. Which of the following statements is TRUE about MRI systemic therapist’s theory of health?
   a. MRI systemic therapy does not have a predetermined definition of “healthy family functioning.”  
b. MRI systemic therapy defines a healthy family as one that is completely symptom free.  
c. MRI systemic therapy believes individual family members will reorganize to functional.  
d. None of the above.

ANS: A  
REF: Targeting Change: Goal Setting (p. 70)

20. A therapist states: “My son is always defiant” is not a well-defined problem. A preferred problem description is ‘When I ask my son to do something, he refuses, and when I push further he starts yelling and cursing. That’s when I give in.” The MRI systemic therapist is trying to do what in regard to setting goals for therapy?
   a. Concretely define the problem.
b. Identify attempted solutions.
c. Describe the behavioral change.
d. Develop a plan.

ANS: A
REF: Targeting Change: Goal Setting (p. 70)

21. When developing goals in therapy, MRI systemic therapists approach therapy by focusing on which of the following?
   a. Targeting the parents
   b. Targeting the preferred solution
   c. Targeting the attempted solution
   d. Targeting the presenting problem

ANS: C
REF: Targeting Change: Goal Setting (p. 70)

22. Which of the following DOES NOT fit with the definition for a therapeutic double-bind in MRI systemic theory?
   a. The MRI therapeutic double bind is used to undo a double-bind message in a family or relationship
   b. The MRI therapeutic double bind means no matter what you do, you are wrong; there is no escape.
   c. The MRI therapeutic double bind means no matter what you do, you do something different.
   d. The MRI therapeutic double bind is used to move the family in a new direction.

ANS: C
REF: The Doing: Interventions (p. 71)

23. Which of the following is an example of an initial phase intervention used in MRI systemic therapy?
   a. Paradoxical behavioral prescriptions
   b. Dangers of improvement
   c. Behavioral prescriptions
   d. Reframing the problem

ANS: D
REF: Putting it All Together: Case Conceptualization and Treatment Plan Templates (p. 72-73)

24. Strategic therapy, which shares many similarities with the MRI approach, was developed by whom?
   a. Haley
   b. Erickson
   c. Bateson
d. Minuchin

ANS: A
REF: Strategic Therapy (p. 75)

25. In strategic therapy, directives are used to:
   a. center the family on the intent of the session.
   b. bring to the attention of an individual the repercussions of their actions.
   c. complete a specific task, usually between sessions but sometimes within the session.
   d. simulate a problem that the family is experiencing.

ANS: C
REF: Strategic Therapy (p. 76)

26. Which of the following statements about the use of directives in Strategic therapy is FALSE?
   a. The tasks are usually “logical” or linear solutions to the problem.
   b. The tasks “perturb” the system’s interaction patterns to create new interactions.
   c. Directives get people out of their ruts with the smallest change possible.
   d. Directives create visceral “aha” moments because clients are in the midst of the action that needs to change.

ANS: A
REF: Strategic Therapy (p. 76)

27. According to Haley, strategic therapy is highly structured, with five formal stages. Which of the following is the correct sequence of the stages of the initial interview?
   a. 1) Problem stage, 2) social stage, 3) interaction stage, 4) goal-setting stage, and 5) task-setting stage
   b. 1) Social stage, 2) problem stage, 3) interaction stage, 4) goal-setting stage, and 5) task-setting stage
   c. 1) Interaction stage, 2) problem stage, 3) social stage, 4) goal-setting stage, and 5) task-setting stage
   d. 1) Social stage, 2) problem stage, 3) interaction stage, 4) task-setting, and 5) goal-setting stage

ANS: B
REF: Strategic Therapy (p. 76)

28. During the social stages of the initial interview, the therapist must complete all of the following in just a few minutes EXCEPT?
   a. Personally greet everyone in the family who attends the session.
   b. Carefully observe and assess interactions and moods of family members.
   c. Share his or her observations with the client family.
   d. Help the family feel comfortable.
ANS: C
REF: Strategic Therapy (p. 77)

29. Questions such as what is your problem?; what is it you want from me?; what changes do you want?; and why are you here? would be asked by the therapist during which stage of the initial assessment?
   a. The social stage
   b. The interaction stage
   c. The goal-setting stage
   d. The problem stage

ANS: D
REF: Strategic Therapy (p. 77)

30. The goal of which stage is to see the family structure and interaction patterns through the interaction of the family discussions?
   a. The social stage
   b. The interaction stage
   c. The goal-setting stage
   d. The problem stage

ANS: B
REF: Strategic Therapy (p. 78)

31. Gorge, a therapist practicing strategic therapy, says to the family after they describe their problem: “I’m not sure if I am able to handle such a problem.” What is Gorge doing?
   a. He is taking a one-down stance to increase the client’s motivation.
   b. He is taking the hopeless stance to motivate the client to find hope.
   c. He is demonstrating a deep respect for the power and ways of the client.
   d. All of the above.

ANS: D
REF: Strategic Therapy (p. 79)

32. A person may appear to be powerless; however, their behavior can tend to generate significant power indirectly. This may manifest by making unreasonable demands, or receiving more attention or care than would traditionally be warranted. This type of problem conceptualization in strategic therapy is referred to as:
   a. Involuntary vs. voluntary
   b. Helplessness vs. power
   c. Hierarchy vs. equality
   d. Hostility vs. love

ANS: B
REF: The Viewing: Case Conceptualization and Assessment (p. 79)
33. Many family interactions — rejecting a lover because one feels unworthy, disciplining a child, pursuing a partner for sex or communication — can be viewed as motivated by either what?
   a. Involuntary vs. voluntary
   b. Helplessness vs. power
   c. Hierarchy vs. equality
   d. Hostility vs. love

   ANS:  D
   REF:  The Viewing: Case Conceptualization and Assessment (p. 80)

34. Strategic therapists pay attention to and respect family hierarchy. When observing hierarchy between parents and children, when a parent makes a request and the child complies willingly, this is know as what type of hierarchy?
   a. An effective hierarchy
   b. An ineffective hierarchy
   c. An equilateral hierarchy
   d. An excessive hierarchy

   ANS:  A
   REF:  The Viewing: Case Conceptualization and Assessment (p. 80-81)

35. When working with a family in therapy, Caitlin, a strategic therapist, requests that dad disciplines the child instead of mom when the child breaks the house rules. What technique is Caitlin using with her clients?
   a. An indirect directive
   b. A paradox
   c. A straightforward directive
   d. A metaphorical task

   ANS:  C
   REF:  Targeting Change: Goal Setting (p. 82-83)

36. An indirect or paradoxical intervention involves which of the following?
   a. Teaching the client their behavior is justified within a safe context and to feel validated by the therapist
   b. Enhancing the symptoms so the full realm and scope of emotions fueling the behavior can be evaluated
   c. Demonstrating that the behaviors can be controlled voluntarily and the client has more control than may be perceived
   d. Allowing the individual to perform the behavior in the appropriate context, therefore allowing them to move on

   ANS:  C
   REF:  Targeting Change: Goal Setting (p. 83)
37. Which of the following statements is TRUE about paradoxical tasks?
   a. The therapist wants to resolve the problem for the family.
   b. The therapist expresses sincere concern about the family.
   c. The therapist uses them when he/she thinks the family is abnormal.
   d. The therapist must enforce the change in order for a paradox to be successful.

   ANS: B
   REF: Targeting Change: Goal Setting (p. 83-84)

38. Logan, a strategic therapist, is working with a client who reports uncontrollable worrying all of the time. The client reports she cannot stop worrying and feels like her worrying is out of control. Logan asks her client to set an egg timer to worry for 10 minutes at a set time each day for the next week. What is Logan doing?
   a. Symptom prescription
   b. A straightforward directive
   c. A metaphorical task
   d. None of the above

   ANS: A
   REF: Targeting Change: Goal Setting (p. 84)

39. Strategic therapists use pretend techniques to help clients obtain their desired goal. Pretend techniques can best be described by which of the following statements?
   a. A series of interventions that allow the “system” to pretend the problematic behaviors do not exist
   b. Faking a behavior or achievement of the goal for a designated period of time
   c. Allowing the negativity of the behavior to affect the individual
   d. Engaging in communication about the problem, therefore not allowing the problem to permeate the relationship

   ANS: B
   REF: Targeting Change: Goal Setting (p. 84)

40. “If one makes it more difficult for a person to have a symptom than to give it up, the person will give up the symptom.” This statement sums up the basic premise of what in strategic therapy?
   a. Symptom prescription
   b. Paradox
   c. Ordeals
   d. Pretend techniques

   ANS: C
   REF: Targeting Change: Goal Setting (p. 84-85)
41. Josiah is working with a family of six in therapy. The two oldest daughters are struggling with competition for everything — the best grades, making sports teams, and their parents' attention. Josiah works with the family over a period of time and decides to use an ordeal with the oldest daughters. Which of the following is an example of an ordeal?
   a. Josiah tells the daughters to each write in their journal for 20 minutes before coming to their parents with their most recent argument/competition.
   b. Josiah tells the daughters to fake not wanting to compete with each other for one evening.
   c. Josiah tells the daughters to compete at a designated time each day for 30 minutes.
   d. Josiah tells the daughters that they need to compete more; if they stopped things might get worse than they are between them.

   ANS: A
   REF: Targeting Change: Goal Setting (p. 84-85)

42. The Milan systemic approach in therapy is a “long-term brief therapy.” What does this mean?
   a. Therapists meet with clients indefinitely, but only for 20- to 30-minute sessions.
   b. Therapists only meet with clients 10 times total.
   c. Therapists generally meet with clients about once a month.
   d. Both B and C.

   ANS: D
   REF: Milan Systemic Therapy (p. 88)

43. Which of the following statements is TRUE about Milan Systemic therapy?
   a. The Milan approach uses more language-based interventions.
   b. The Milan approach uses more action-oriented interventions.
   c. Milan therapy began as an attempt to move away from pure cybernetics.
   d. Milan therapy uses uniquely crafted behavioral prescriptions.

   ANS: A
   REF: Milan Systemic Therapy (p. 88)

44. Circular questions are useful for which of the following purposes?
   a. To diagnose the identified client
   b. To make the overall dynamics and interactive patterns in the system overt
   c. To help the therapist verbally provide a reframe to the clients
   d. None of the above

   ANS: B
   REF: Milan Systemic Therapy (p. 89)
45. A therapist asks “After Jenny got sad, what did mom and Susie do next? What did dad do? What did your grandma do?” After the responses, the therapist asks “What did Jenny do next?” Theses are example of what type of circular questions?
   a. Behavioral sequence questions
   b. Comparison ranking questions
   c. Before-and-after questions
   d. Hypothetical circular questions

   ANS: A
   REF: Milan Systemic Therapy (p. 89)

46. A therapist asks “Who is the most upset when Jenny has a crying spell? Who is the least affected? Who is the most helpful when Jenny us upset? Who is the least helpful?” These are examples of what type of circular questions?
   a. Behavioral sequence questions
   b. Behavioral difference questions
   c. Comparison ranking questions
   d. Before-and-after questions

   ANS: C
   REF: Milan Systemic Therapy (p. 89)

47. What kind of circular questions are the following: If grandma were to suddenly lose her job, who would be the most likely person to support her? Who would be the least likely?
   a. Behavioral difference questions
   b. Comparison ranking questions
   c. Before-and-after questions
   d. Hypothetical circular questions

   ANS: D
   REF: Milan Systemic Therapy (p. 89)

48. The Milan approach typically involves 10 highly-structured sessions, one each month over 10 months. Each session is divided into five parts. Which of the following is not one of the five segments?
   a. Pre-session: The team meets to discuss the family and develop hypotheses and interventions.
   b. Session: The conductor of the session meets with the family as the rest of the team observes from behind the mirror.
   c. InterSession: The conductor takes a break and develops an intervention with the help of the team, who typically sees the family dynamics more quickly than the person in the room.
   d. Interference: The team goes into the session and delivers the intervention to the family.

   ANS: D
49. In the Milan approach, the therapeutic stance is one of neutrality. All of the following are correct explanations of neutrality from the Milan perspective EXCEPT?
   a. Nonpartiality toward particular family members or problem descriptions
   b. Mutipartiality: the willingness to honor all perspectives
   c. Not becoming attached to particular meanings or outcomes
   d. Never taking sides in therapy

   ANS: D
   REF: Making Connections: The Therapeutic Relationship (p. 91)

50. Milan therapists are not interested in the best or most accurate description, but rather how the multiple stories fit together — the pattern that connects. This means the therapist has stance of which of the following?
   a. Boredom
   b. Disbelief
   c. Curiosity
   d. Multiplicity

   ANS: C
   REF: Making Connections: The Therapeutic Relationship (p. 91-92)

51. Irreverence clearly demonstrates the therapist’s relationship with the problem not the client. How is this demonstrated by the therapist?
   a. In the therapist’s confidence and un-panicked response to the problem
   b. When the therapist shows limited respect for the client, therefore grounding them in reality
   c. When the therapist demonstrates they are not intimidated by the clients behavior
   d. When the therapist minimizes the presenting problem and allows the client to view it form a different perspective

   ANS: A
   REF: Making Connections: The Therapeutic Relationship (p. 92)

52. A critical component of Milan therapy is for the therapist to actively monitor their influence on the client system. This is grounded in which philosophical stance?
   a. Humanism
   b. Second-order cybernetics
   c. Post-modernism
   d. Modernism

   ANS: B
   REF: Making Connections: The Therapeutic Relationship (p. 92)

53. When Milan therapists are assessing the family games, they are doing what?
54. Which of the following statements most accurately reflects the overarching focus of Milan therapy?
   a. To generate new meanings and distinctions for the system that change the “games” in the family
   b. To fix or correct the family’s interactions
   c. To reduce perturbing or shaking up the system so that it self-corrects
   d. To punctuate the problems in the family and command new interactional sequences

   ANS: A
   REF: Targeting Change: Goal Setting (p. 94)

55. Which of the following statements is FALSE about the goals of health in Milan therapy?
   a. The goal is simply symptom reduction by means of new systemic interaction patterns.
   b. The goal is for the family to integrate new information in such a way to alter the rules of the family game so that no member has symptoms.
   c. The goal is for the family to be able to maintain stability and cohesion in the system.
   d. None of the above.

   ANS: D
   REF: Targeting Change: Goal Setting (p. 94)

56. “A teen’s sneaking out behavior may serve to bring the parents closer together; without the child’s ‘problem,’ the parents may not come together.” This statement, made by a Milan therapist, is an example of which of the following?
   a. Critiquing
   b. Paradox
   c. Hypothesizing
   d. Circular questions

   ANS: C
   REF: The Doing: Interventions (p. 94)

57. A hypothesis usually defines the role of the symptom in maintaining the family’s homeostasis. Each of the following are the common types of hypotheses identified by the Milan team EXCEPT?
a. Hypotheses that analyze communication
b. Hypotheses about myths and premises
c. Hypotheses that analyze homeostasis
d. Hypotheses about alliances

ANS: C
REF: The Doing: Interventions (p.95)

58. A Milan therapist interprets the behavior of each member of the family positively and as having an underlying benevolent motivation. This is known as which of the following?
   a. Positive connotation
   b. Milan-style reframe
   c. Neither A nor B
   d. Both A and B

ANS: D
REF: The Doing: Interventions (p. 95)

59. When a Milan therapist requests that the family not change, even though they have come in for change, the therapist is using what technique?
   a. Circular questions
   b. Counterparadox
   c. Ritual
   d. Invariant prescription

ANS: B
REF: The Doing: Interventions (p. 95)

60. Zena is a first year therapist using the Milan approach. She is working with a family in which the only child and the stay-at-home father have a very close bond or covert coalition. Zena instructs the parents to arrange to go on a date and not tell the child where they are going. This creates a secret between the parents to hopefully end the inappropriate coalition between the father and child. What type of intervention did Zena use?
   a. Circular questions
   b. Counterparadox
   c. Ritual
   d. Invariant prescription

ANS: D
REF: The Doing: Interventions (p. 96)

61. Which of the following statements is TRUE regarding the adaptability of systemic and strategic family therapies when working with various cultural groups?
a. Systemic and strategic family therapies rely on a theory-based definition of health and normalcy, so they do not adapt easily to different cultural groups and subpopulations.
b. These therapies aim to work from within the therapist’s worldview; when this is successfully achieved, the therapist adapts the language and interventions to the therapist’s values and beliefs.
c. Since a specific therapeutic plan is designed for each problem in strategic family therapy, there are no contraindications in terms of patient selection and suitability.
d. Systemic ideas and approaches cannot be easily modified to meet the needs of families from various cultural groups and ethnicities.

ANS:  C
REF:  Tapestry Weaving: Diversity Considerations (p. 99-100)

62. Although there has been less systematic research on the outcomes of strategic, Milan, or MRI, there is growing research on the effectiveness of evidenced-based systemic approaches for each of the following specific conditions EXCEPT?
   a. Adolescent substance abuse
   b. Eating disorders
   c. Severe mental illness
   d. Couple distress

ANS:  B
REF:  Research and the Evidence Base (p. 102)

63. Multisystemic family therapy, an evidenced-based treatment developed to treat serious juvenile offenders, places emphasis on each of the following during the adolescent’s treatment EXCEPT?
   a. Imprisoning the adolescent for an extended period of time
   b. Removing the offenders from problematic social networks
   c. Improving the adolescents’ school performance
   d. Developing a strong support network for the adolescent and their family

ANS:  A
REF:  Clinical Spotlight: Multisystemic Therapy (p. 102-104)