

IASD CE Examination : 10X004 - Dream Work in Therapy

CE Exam: Dream Work in Therapy by Clara Hill

This exam must be completed with a score of at least 75% in order for CE credit to be certified. You must also complete the entire exam in one session. Our current software does not allow you to save and exit, then return at a later time. Remember, you can use a printed copy of this exam for review and preparation. Please note that the participant satisfaction survey at the end of the exam is also required.

1. Please enter the ID number assigned to you in order to receive credit for your exam results:

Thank you. Please go to the next page to begin the exam.

Begin the examination here

1. The assumptions of the Hill model are that:

- A. Dreams are a continuation of waking life.
- B. The meaning of the dream is personal.
- C. Working with dreams needs to be a collaborative effort between the therapist and client.
- D. Dreams are useful tools for helping people understand more about themselves.
- E. All of the above.

2. The theoretical foundation of the Hill model is:

- A. Client-centered, psychodynamic, and behavioral.
- B. Existential, reality therapy, and cognitive therapy.
- C. Gestalt therapy, new age therapy, and Buddhist therapy.
- D. Gestalt therapy, rebirth therapy, and cognitive therapy.
- E. None of the above.

3. Which of the following is NOT a step of the Exploration Stage:

- A. Explaining the model.
- B. Exploring overall feelings in the dream.
- C. Exploring images using DRAW.
- D. Exploring interpretations of the dream.
- E. Exploring the timing of the dream.

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4. The therapist asks the client to retell the dream so that:

- A. The therapist can hear what the dream is.
- B. The client can become re-immersed in the dream.
- C. The therapist can assess the accuracy of the client's recall.
- D. A and B.
- E. A and C.

5. An image in the dream can be:

- A. An object.
- B. A person.
- C. An action.
- D. A thought.
- E. Any of the above.

6. How many dream images should the therapist plan to cover in a typical session?

- A. No images should be covered.
- B. 1 image
- C. 5-10 images
- D. 20 images
- E. All images

7. DRAW stands for:

- A. Depth, Rationality, Awakening, Working through.
- B. Dragging, Racing, Acting, Working through.
- C. Description, Re-experiencing, Association, Waking life triggers.
- D. Description, Rationality, Association, Waking life triggers.
- E. None of the above.

8. In terms of the emotional temperature:

- A. The higher the better.
- B. Some clients need to relax.
- C. Some clients need to have more arousal.
- D. Therapists don't need to pay attention to this.
- E. B and C

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9. The idea of associations can be traced to:

- A. Freud.
- B. Jung.
- C. Sullivan.
- D. Adler.
- E. A and B

10. Therapists will typically spend the most time in the:

- A. Exploration stage.
- B. Insight Stage.
- C. Action Stage.
- D. Stagecoach.
- E. Termination stage.

11. In the Insight Stage, therapists are expected to:

- A. Provide the interpretations.
- B. Collaborate with clients to construct interpretations.
- C. Allow the clients to construct interpretations.
- D. Work with the symbols in dreams.
- E. None of the above.

12. Which of the following is NOT a level at which dreams can be interpreted:

- A. Experience
- B. Waking life
- C. Inner personality dynamics
- D. Structural dynamics*
- E. Parts of self

13. Changing the dream can be used:

- A. In fantasy.
- B. For troubling nightmares.
- C. For sequels.
- D. It's not a good idea to change dreams.
- E. All but D

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14. A ritual is a:

- A. Symbolic gesture.
- B. Masochistic rite.
- C. Required action.
- D. Meaningless repetition.
- E. Religious gesture.

15. When applying the Hill model on ongoing psychotherapy, it is important that the therapist:

- A. Adhere to the structure as presented.
- B. Adapt the model to fit the clinical situation.
- C. Schedule extra time for dreamwork.
- D. Discourage clients from interpreting their own dreams.
- E. Keep dreamwork separate from other therapy.

16. The ideal time to introduce dreamwork is:

- A. Never.
- B. During the initial assessment.
- C. When a therapeutic relationship is established.
- D. When the client is at an impasse.
- E. When the therapist has a dream about the client.

17. Methods for teaching clients to increase dream recall include:

- A. Keeping a notepad beside the bed.
- B. Writing down dream immediately upon awakening.
- C. Waking up without an alarm clock.
- D. Recording fragments of dreams.
- E. All of the above

18. The pioneers in dream groups were:

- A. Ullman.
- B. Taylor.
- C. Skinner.
- D. A and B
- E. A and C

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19. A major technique in dreamwork is:

- A. "If it were my dream,...".
- B. "Here's what the dream means...".
- C. Diagnosing through dreams.
- D. Psychodrama.
- E. None of the above

20. More people use:

- A. Therapy than self-help.
- B. Self-help than therapy.
- C. Exercise than dieting.
- D. Pain medication than working out.
- E. Pleasure reading than self-help.

21. Benefits of self-help include:

- A. Clients can do it in the privacy of their home.
- B. It can be used between therapy sessions.
- C. It is convenient.
- D. It is affordable.
- E. All of the above

22. Research has shown that self-guided sessions are:

- A. More effective as therapist-guided sessions.
- B. Less effective than therapist-guided sessions.
- C. No different than therapist-guided sessions.
- D. Not part of competent psychotherapy.
- E. It can't be tested.

23. The idea that dreams can be a source of spiritual insight is a novel concept.

- A. True
- B. False

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24. A positive relationship has been found between:

- A. Mental health and dreamwork.
- B. Spirituality and acting out.
- C. Mental health and spirituality.
- D. Spirituality and exercise.
- E. None of the above

25. Spirituality refers to specific practices and beliefs.

- A. True
- B. False

26. Which of the following theorists have advocated the connections between spirituality and dreams?

- A. William James
- B. Carl Jung
- C. Kelly Bulkeley
- D. Robert Johnson
- E. All of the above

27. The 2003 Davis and Hill study compared the Hill dream model WITH a spiritual component to the Hill model WITHOUT the spiritual component, with the following result:

- A. Equal levels of general insight
- B. More existential well-being
- C. Equally high ratings of the sessions
- D. A and B
- E. A, B, and C

28. Dreams of the bereaved are typically:

- A. Vivid.
- B. Filled with emotion.
- C. Meaningful.
- D. Startling or confusing.
- E. All of the above

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29. Which of the following is NOT a task for the bereaved:

- A. Accept the reality of the loss.
- B. Work through the pain of the grief.
- C. Make new friends.
- D. Adjust to the environment in which the deceased is missing.
- E. Emotionally relocate the deceased.

30. The lack of fit between the culture of masculinity and the culture of therapy presents challenges for therapists.

- A. True
- B. False

31. Who recalls their dreams more often?

- A. Men
- B. Women

32. As compared with men, women report dreams that have more:

- A. Female characters.
- B. Friendly interactions.
- C. Food references.
- D. Themes of internal pressure.
- E. All of the above

33. Potential problems in doing dreamwork with men include:

- A. A heightened sense of shame.
- B. Difficulty in opening up.
- C. Competitiveness.
- D. Establishing trust.
- E. All of the above

34. Which of the following is NOT a component of nightmares?

- A. Intensity
- B. Increased heart rate
- C. Sharpened attention
- D. Decreased recall of dream details
- E. Feeling out of control

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35. How many nightmares do most healthy adults report per year?

- A. 1
- B. 2
- C. 5-10
- D. 1 each month
- E. 1 each week

36. Nightmares are most frequent in:

- A. Infants
- B. Children
- C. Young adults
- D. Healthy adults
- E. The elderly

37. "Thin" mental boundaries refers to:

- A. Levels of depression.
- B. Brain tissue being permeable.
- C. Creativity, openness of experience.
- D. Being a victim of fraud.
- E. None of the above

38. Nightmares are associated with which of the following psychological disorders?

- A. Hysteria
- B. Conversion reaction
- C. PTSD
- D. Schizophrenia
- E. Fetishes

39. Clients cannot be prepared to deal with nightmares.

- A. True
- B. False

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40. What percentage of clients bring dreams into therapy?

- A. None
- B. 1%
- C. 15-20%
- D. 15-70%
- E. 100%

41. Generally, therapists:

- A. Are well trained in how to work with dreams.
- B. Are trained only in psychoanalytic perspectives.
- C. Often do not know what to do beyond listening to the dream.
- D. Approach dreams from a behavioral perspective.
- E. Never work with dreams.

42. Therapists with more positive attitudes toward dreams are more likely to engage in all types of dream activities.

- A. True
- B. False

43. Much research has been done on the effects of training therapists to work with dreams.

- A. True
- B. False

44. Studies using the Session Evaluation Questionnaire Scale have shown that:

- A. Smoothness scores were elevated.
- B. Depth scores were higher in regular therapy than in dream sessions.
- C. Depth scores were higher in dream sessions than in regular therapy.
- D. No differences between dream sessions and regular therapy.
- E. None of the above

45. The following treatment outcomes have been found for dream work:

- A. Gains in insight
- B. Changes in assimilation
- C. Decreases in symptomatology
- D. Quality of action ideas
- E. All of the above

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46. Which of the following groups tend NOT to volunteer for dream work?

- A. Men
- B. Women
- C. People who are high in absorption
- D. People who are open to their experiences
- E. People who have high dream recall

47. Which variables do NOT seem to influence who benefits from dream work?

- A. Psychological-mindedness
- B. Gender
- C. Race-ethnicity
- D. Vividness of the dream
- E. All of the above

48. Clients need to be actively involved in dream work to profit from it.

- A. True
- B. False

49. Therapists are most likely to do dream work with clients who:

- A. Have troubling dreams.
- B. Have recurrent dreams.
- C. Have nightmares.
- D. Are interested in working with their dreams.
- E. All of the above

50. Which of the following has NOT been cited by clients as one of the most helpful aspects of dream work?

- A. Insight
- B. Associations
- C. Objective perspective
- D. Dream dictionary
- E. The therapist

Please complete this required participant satisfaction survey.

We welcome your feedback on this IASD CE course.

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1. This course:

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
provided information and insights relevant to my clinical practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
enhanced my knowledge of dream theory and research.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
enhanced my skill in critical inquiry and balanced judgment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
was well organized.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
acknowledged or addressed cultural issues in dreamwork.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
was sensitive to ethical issues in dreamwork.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Reading this book provided information and insights that helped me reach the following learning objectives:

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
Describe the three stages of the Hill Cognitive-Experiential Dream Model including the Exploration, Insight, and Action Stages.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understand how the Hill Cognitive-Experiential Dream Model can be applied to individual and group psychotherapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learn how the Hill Cognitive-Experiential Dream Model can be applied to working with special populations in therapy such as with the bereaved and with male clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understand how the Hill Cognitive-Experiential Dream Model can be applied to self-directed dream exploration and study.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Summarize research findings that have been conducted on the Hill Cognitive-Experiential Dream Model.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apply the Hill Cognitive-Experiential Dream Model to develop and conduct training for psychotherapist on how to work with dreams.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. I would:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
recommend this CE course to professional colleagues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
be interested in other CE courses by this author.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Comments on this course:

5. What topics would you like to see offered in future Dream Studies CE courses?