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Dreamwork with Children: Perceptions and Practice of School-Based Mental Health Professionals

Rosalia Rodriguez Huermann
Brigham Young University - Provo

DREAM WORK WITH CHILDREN: PERCEPTIONS AND PRACTICE OF SCHOOL-BASED MENTAL HEALTH PROFESSIONALS

by

Rosalia Huermann

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of a thesis submitted by

Rosalia Huermann

This thesis has been read by each member of the following graduate committee and by majority vote has been found to be satisfactory.

Date	Rachel E. Crook Lyon, Chair
Date	Lane Fischer
Date	Melissa Allen Heath

BRIGHAM YOUNG UNIVERSITY

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Date	Rachel Crook Lyon Chair, Graduate Committee

Accepted for the Department

Date	Ellie L. Young School Psychology Program Coordinator

Accepted for the College

Date	Barbara Culatta Associate Dean, School of Education

ABSTRACT

DREAM WORK WITH CHILDREN: PERCEPTIONS AND PRACTICE OF SCHOOL-BASED MENTAL HEALTH PROESSIONALS

Rosalia Huermann

Department of Counseling Psychology and Special Education

Educational Specialist in School Psychology

Forty nine public school mental health practitioners (i.e., school counselors, school psychologists, and school social workers) completed a survey about working with dreams when counseling students. Most practitioners in this sample reported having at least one student bring up dreams during counseling and spent some time in counseling working with students' dreams. Practitioners addressed dreams more frequently in situations where the student was having troubling dreams or nightmares, and/or was dealing with death and grief. They also acknowledged working with dreams with students who were diagnosed with Post Traumatic Stress Disorder, were emotionally disturbed, suffered from recurrent dreams, were depressed, and had learning disabilities. This study shows that practitioners were less likely to talk about dreams with students who had adjustment disorders, psychosis, were oppositional or ill, struggled with substance abuse problems, or had eating disorders. Furthermore, most practitioners indicated receiving no training and did not feel competent to work with children's dreams. However, most surveyed practitioners were interested in learning more about dreams in general.

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INTRODUCTION

Everyone dreams. As our awareness slips away and we fall asleep, our subconscious takes over, and we enter the realm of dreams. From the beginning of time individuals have been fascinated and puzzled by this phenomenon. This universal fascination with dreams continues to intrigue society. The common element: all of us have had dreams. Often misunderstood, dreams are enigmas waiting to be solved. Dreams are mystical in nature and provide imaginary opportunities, often not possible in the real world, for the dreamer to meet new people and experience new situations and emotions.

Like everyone else, children experience dreams. Their dreams can evoke powerful feelings and vivid images capable of impressing their minds with lasting emotions and memories (Clark, 1999).

Overview of Literature

A historic view of dreams. Many ancient writings clearly describe people's dreams and their interpretations. Greeks and Romans believed that dreams were divine messages, and those who received this information were considered blessed and favored by the gods. In Egypt, people who faced troubling circumstances went to sleep in the temple. When they awoke a priest would often interpret their dreams to provide the person with guidance and counsel. Also in the Bible there are many references to dreams. These dreams were usually prophetic in nature and were often interpreted as signs and warnings of what was to come.

Some cultures, such as Buddhists in China and Native Americans in the United States and Mexico, view dreams as an opportunity to meet with those who have gone before. Many who believe in communicating with the dead describe the dream world as a distinctive and unique dimension where the living encounter their deceased ancestors. These dream interactions with the deceased help the living find meaning and direction in life (Bulkeley, 1997).

Children and dreams. It is difficult for children to fully understand the significance and meaning of dreams. Piaget (1951) said that the distinction between dreams and reality "is not always easy and that emotional dreams, in particular, have a tendency to be completely confused with reality" (p. 92). Furthermore, research indicates that children struggle to understand the origin of dreams and how dreams are linked to thoughts and experiences. This may be attributed to the unconscious nature of dreams (Woolley, 1995). Not only is it difficult for children to understand the nature of dreams, but often their dreams become the source of additional stress. Nightmares, for example, might be a reflection of a child's psychological turmoil and anxiety. Experimental research has found that children usually suffer from regular nightmares when coping with major life events, such as parental divorce, the death of a loved one, abuse, exposure to violence, or accidental injury such as burns (Stoddard, Chedekel, & Shakun, 1996).

Dreams are also influenced by children's daily activities and mirror the developmental stages of the child (Ablon & Mack, 1980; Foulkes, 1982). Furthermore, there is evidence that differences in culture and social norms are reflected in children's dreams (Englehart, 1990). For example, Dollinger, Molina, and Campos Monteiro (1996) studied a group of children who lived in a favela (slum) in Brazil. The researchers considered unique life stressors, chronic and acute traumatic stress, developmental tasks, special abilities and disabilities, socioeconomic circumstances, and cultural factors in general. Knowing how dreams may influence a child's life can be a good source of information when trying to work with children in a therapeutic setting.

Therapy and dreams. The efficacy and success of working with children's dreams have been documented (Catalano, 1990; Clark, 1999; Eismann & Purcell, 1992). When a therapist listens to a child's dream, an avenue is opened into this perceptual process that can guide thought and action. Counselors who use dreams as a possible resource for healing can help clients clarify conflicts and better adapt to new situations. In addition, Ekstein pointed out that when therapists

use dream-processing techniques to reduce tension in children, potential for behavioral control is increased in the child (1981). In certain circumstances when children's dreams are not addressed, certain topics that might be helpful in promoting healing will not surface. Furthermore, it has been well- documented that talking with children about their dreams in clinical settings can help develop stronger self-esteem in children, which supports them in successfully facing frustrating and difficult circumstances (Green, 1968 as cited in Masserman, 1971). Consequently, addressing a child's dreams in therapy can help him/her confront their problems in life (Griffiths, 1935).

Dream recollection can be therapeutic, especially when a child's dream is understood as a coping mechanism for dealing with anxiety-provoking situations. Simply talking about a frightening dream can further encourage the child to master a difficult situation and can validate his/her efforts (Rousso & Gross, 1988). Eismann and Purcell (1992) concluded that when children and adolescents understand their dreams they "develop an internal sense of empowerment and social support, learned more adaptive problem solving skills and eventually applied the gains to their real lives" (p. 222). Likewise, when dreams are seen or identified as being the source of anxiety, recalling and talking about them could help resolve worries and fears. In these circumstances, counselors can provide suggestions that might empower and help children overcome anxiety and difficult situations (Rousso & Gross).

Statement of Problem

Empirical research conducted on the topic of children's dreams confirms that addressing dreams in a therapeutic setting can be beneficial. Furthermore, among mental health practitioners who work in private practices or institutions the success of helping children understand their dreams was documented and found to be helpful (Catalano, 1990; Clark, 1999; Eismann & Purcell, 1992).

However, no research exists on working with children's dreams in public schools. Due to the commonality of dreaming and the frequent exposure of children to traumatic situations, it is logical that school psychologists, school counselors, and school social workers would have opportunities to talk about dreams with children. Additionally, in a school-based setting, the topic of addressing children's dreams, using this information in a counseling session, and monitoring the effectiveness of utilizing dreams to strengthen children in coping with challenges is almost uncharted territory. Furthermore, it would be interesting to know to what extent school-based mental health workers have actively sought to address dreams when counseling and working with students.

Statement of Purpose

The purpose of the present research was to describe how much mental health practitioners in a public school setting worked with students' dreams. Additionally, this study attempted to gain a better understanding of how using dreams in counseling with children is perceived by mental health professionals in public schools.

Research Questions

1. What percentage of students brought dreams into counseling? What percent of time do school mental health practitioners spend working with students' dreams?
2. What are the attitudes of school mental health practitioners toward dreams?
3. In what situations have school mental health professionals worked with students' dreams? In which situations are school mental health practitioners likely to work on dreams?
4. According to the school mental health practitioner, how beneficial was it for the student to talk about dreams?
5. What are the reasons school mental health practitioners don't work with dreams?

6. How much training have school mental health practitioners had in dream interpretation? How competent do school mental health practitioners feel working with dreams in counseling?

7. Are mental health practitioners in public schools interested in learning more about children's dreams?

Importance of the Study

There are two major reasons why this study is important. First, more information needs to be gathered on this topic. Currently, no existing studies have investigated the use of dreams when working with children in public schools. However, children spend, on average, 35 hours per week and 36 weeks per year in school. Additionally, 75% of mental health services for children and youth are provided in public schools (Burns & Hoagwood, 2002). Subsequently, the question becomes even more important. If the therapeutic use of children's dreams can ease their suffering, facilitate recuperation, and assist them in coping and adjusting, then should school-based mental health professionals utilize this therapeutic tool? To what extent are school-based mental health professionals utilizing this tool? What are their reasons for not utilizing this tool or only utilizing this type of therapy on a limited basis?

Second, by learning about the status of dream work and the need or interest of school-based mental health workers to utilize this therapeutic tool, future courses of action can be outlined to more effectively meet the needs of children. For example, educational seminars could be offered for school-based practitioners giving them opportunities to express concerns and learn more about utilizing dream work with children. Furthermore, training can be provided for those who are unaware of the benefits or for those who desire training to improve therapeutic skills in this area.

REVIEW OF LITERATURE

As was the case in ancient civilizations, the study of dreams remains an intriguing mystery capturing both public and professional attention. Sigmund Freud was one of the most influential people in the early twentieth century who was fascinated by dreams and took an interest in studying them (Bulkeley, 1997). He believed that dreaming was simply the individual's natural attempt for wish fulfillment. Bulkeley also noted that other influential psychologists, like Jung and Adler, took a more practical and encompassing point of view. Based upon the fundamental work of Feud, Jung, and Adler, contemporary authors have sustained interest and expanded theoretical views about dreams.

Theories of Dream Work

Freud's theory of dreams. Perhaps Freud's most important and influential work was his groundbreaking theory and interpretation of dreams. He believed that dreams have meaning and that interpretation is possible (Bulkeley, 1997). He understood dreams to be the fulfillment of wishes and the representation of unconscious thoughts. Hence, his often quoted pronouncement, "The interpretation of dreams is the royal road to the unconscious activities of the mind" (Freud, 1965, p. 647). He observed that what his patients were able to remember upon awakening represented the manifested content of their dream, and that the disguised wishes of the unconscious constituted the latent content of their dream. He believed that dreams were repressed infantile wishes which served to gratify and liberate other repressed internal states of the psyche.

Jung's theory of dreams. Jung is considered the second most influential dream psychologist of the twentieth century. Like Freud's ideas, most of Jung's theories were based on personal experiences (Bulkeley, 1997). He focused on the manifest content of the dream and understood this content to be a true representation of the dreamer's inner state. He did not

believe in dreams being obscure, deep, or confusing. He argued that "the dream has a false front only because we fail to see into it. We would do better to say that we are dealing with something like a text that is unintelligible not because it has a face, but simply because we cannot read it" (Jung, 1933, pp. 12-13).

A second important aspect of this theory involved Jung's understanding of conscious and unconscious processes. He believed in a central process of compensation that controls and balances unconscious and conscious mind. Psychological health was to be found in the balance and harmony of these two states of mind. Dreams, the unconscious state of mind, play an important role in that they relieve and revive unconscious content that has been ignored by the conscious ego (Bulkeley, 1997). Furthermore, he saw dreams as bringing about different personality characteristics that failed to find expression in waking life (Catalano, 1990).

Adler's theory of dreams. Adler saw individuals as having an innate and powerful drive to achieve superiority and overcome inferiority. What a person uses to achieve superiority was what he called "the individual's style of life" (Bulkeley, 1997). He failed to make a clear distinction between conscious and unconscious states of mind. Thus he saw dreams as being a symbolic continuation from the events of waking life (Catalano, 1990). He believed that by looking into dreams, the behaviors, attitudes, and beliefs of an individual's style of life could be learned (Bulkeley). Adler stated,

> The dream must be a product of the style of life, and it must help to build up and enforce the style of life…the style of life is the master of dreams. It will always arouse the feelings the individual needs. We can find nothing in a dream that we shall not find in all the other symptoms and characteristics of the individual. (Adler, 1931, pp. 98, 100)

Furthermore, he understood dreams to be forward looking, to be capable of problem solving, and to be emotionally charged (Jones, 1970). Clearly these qualities of dreams connote

the idea of dreams having the purpose and capacity to push the dreamer forward to achieve superiority. Adler also saw dreaming as a consequence of failure to adapt to waking life. Thus he concluded that individuals who successfully resolve problems during their waking hours, dream less (Bulkeley, 1997).

Other theories. From an existential point of view, Boss (as cited in Bulkeley, 1997) understood dreams as being real experiences of no less value than those of waking life. Dreams were not symbolic of events or objects, but were concrete and real experiences the dreamer encounters. Dreams were capable of pointing out personal restrictions, thus liberating the individual and expanding their freedom to choose and act (Bulkeley,1997). Gestalt psychotherapy proposes that the act of disowning parts of a personality are the roots of pathology. Frederik Perls believed that dreams were the way to pinpoint those disowned personality traits (Bulkeley, 1997). Each dream is meaningful and represents aspects of the dreamer's personality that are being disowned (Bulkeley, 1997).

Important Questions About Dream Theories

These major theories laid the foundation for the later study of dreams. Do dreams work to conceal unconscious desires and wishes, or do they help to solve problems and unveil different facets of our personality? Are dreams influenced by everyday life events? If so, can dreams be considered a potential source of information to assist mental health professionals in developing interventions for therapeutic healing?

In regard to these questions, a fair amount of research and professional literature exists to inform mental health professionals working with adults, but what do we know about children's dreams? Do children's dreams also serve a purpose and are they influenced by daily events? In an attempt to answer these questions, Ekstein (1981) stated,

> I often use the dreams of children as if they were fairy tales. Behind every tale there is a bit of psychological truth. The fairy tale is not only magic wish fulfillment, the happy ending, but it is also the representation of inner conflict, of developmental tasks and developmental dilemmas. The fairy tale is more than a cautionary tale. It is not only a warning but also an attempt at solution. Behind the happy ending there is hidden, it seems to me, an adaptive solution. (p. 122)

Children's dreams have the potential to uncover specific problems as well as the necessary tools for fixing them.

Developmental Aspects of Dreaming

The type and content of dreams are concurrent with a child's developmental age. In essence, dreams follow a developmental pattern similar to the child's actual cognitive, physical, social, and emotional development. This developmental characteristic of dreams was well-documented in a 5-year longitudinal study by Foulkes (1982). In this study, children ages 3 to 4 made up the younger group of children, and children ages 9 to 10 constituted the older group. The primary objective of the study was to investigate the relationship between children's waking and sleeping lives. It was concluded that dreaming, just like waking cognitive maturation, progressed along a similar course. The content within children's dreams and its organization were congruent with the current level of actual cognitive development of the child.

Although the frequency of nightmares during childhood is often equated with symptoms of internal turmoil and emotional disturbances, dreams also follow a distinct developmental pattern and function. Recent research suggested that children as young as 3 and 4 years old understood that dreams were unreal, private, and internal (Foulkes, 1982; Siegler, 1987). This research also indicated that children of these ages struggled with trying to understand the origins of dreams as opposed to what they were. Perhaps it is the unconscious nature of dreams that

confused children about their origin (Woolley, 1995). Nevertheless, understanding and knowing developmental stages of a child's conception of a dream can facilitate dream understanding and help the counselor aid the child in overcoming difficult circumstances.

First stage and nightmares. The first appearance of nightmares in children has been reported as early as 1 ½ to 2 ½ years of age (Foulkes, 1982). Furthermore, nightmare frequency peaks in children ages 4 to 6. A more subtle but also important peak in nightmare frequency can be found in children ages 11 to 13. These distinctive stages, in which nightmares are more frequent, lead to several conjectures as to why children experience nightmares. A close analysis of developmental stages shows that it is during these periods of life that children go through enormous amount of change and development. Dealing with changes that involve separation, motor control, verbal expression, and physical maturation are not an easy task for a child. Having frequent nightmares might be a way of manifesting these fears and obstacles. Nightmares might play a major role as a human adaptation strategy (Siegler, 1987).

Second stage. The second stage of understanding dreams includes children between the ages of 7 and 8 years old. In this stage, children confidently recognized that dreams come from within; they understand that dreams occur inside their minds. They are beginning to understand the difference between thoughts and reality. Nevertheless, when asked to identify where dreams take place, they continued to report that dreams are external in origin, existing outside of their body, and "in the room beside them" (Piaget, 1951, p. 106).

Third stage. In the third and final stage, children over the age of 8 understand that dreams happen internally and have an internal origin. The child realizes the dream was internal, "according to Falq, as a 'story,' imprinted in the eyes or behind the eye – in short what the eye can 'see' internally, just as the ear 'hears' the internal voice of thought" (Piaget, 1951, p. 118).

Developmental Stressors and Nightmares

Foulkes (1971, 1982) also noted that dreams had a selective quality to them. The total content of a child's waking life was not present in dreams. He suggested that in younger children, dreams were less representative of the child's total experiences and more reflective of the child's waking life problems. These problems or adjustment tasks could be conscious or unconscious for the child during waking time (Foulkes, 1971). Furthermore, Ablon and Mack (1980) mentioned that some of the most common developmental stressors for children, such as "toilet training… birth of siblings, deaths, marked alterations in a parent's emotional state, changes in home or school situation, illnesses, operations, injuries, frightening events of the day, and similar stresses or traumas" (p. 185), can be clearly represented in the content of the child's dream.

Nightmares, for example, might be a reflection of a child's psychological turmoil and anxiety. It was not unusual for parents, who have children suffering from sleep disturbances, to confuse nightmares and night terrors. They saw them as being similar events. Although it is understandable that nightmares and night terrors could be conceptualized as similar events because in both cases the child experiences difficulties sleeping, they are different. Fisher et al. (1973) stated, "We have suggested that the night terror is not a dream at all in the ordinary sense, but a symptom, a pathological formation emerging from Non-Rapid Eye Movement (NREM) sleep, brought about by a rift in the ego's capacity to control anxiety" (p. 96). Nightmares typically occur during Rapid Eye Movement (REM) sleep and could be seen as a child's unconscious attempt at mastering a challenging task or a traumatic situation. On the other hand, night terrors were, as suggested by Fisher, Kahn, Edwards, and Davis (1973), "a manifestation of the failure of mastery" (p. 96). Therefore, dreams, which were considered by many to be negative, could help explain what might be bothering or upsetting a child.

Factors Influencing Dreams: Culture and Society

The contextual hypothesis suggests that sleep disturbances might be related to a child's every day stressors or difficulties. To test this hypothesis, Dollinger et al. (1996) studied a group of children who lived in a *favela* (slum) in Brazil. They considered unique life stressors, which encompassed chronic or acute traumatic stress, developmental tasks, special abilities and disabilities, socioeconomic circumstances, and cultural factors in general. The results of this study showed that life circumstances could produce sleep disturbances in children and that these life circumstances were unique to the population studied. The clusters reflecting the circumstances of these children were named: death/dying, environment, crowds, political situation, and religious and collectivist anxieties. All six of these composites predicated sleep disturbances.

When these anxiety-provoking occurrences were compared with those previously studied in America with adolescents identified with learning-disabilities and victims of a weather disaster, their uniqueness became even clearer. Anxiety provoking situations were unique to Brazilian children, lending further support to the contextual hypothesis. Brazilian children who had sleep disturbances were more likely than those without problems to experience anxieties related to their environmental circumstances (Dollinger et al., 1996).

It was obvious that children's dreams were influenced by cultural, social and environmental circumstances (e.g. concerning achievement, death and dying, and themes of conflict and aggression). When studying children from Finland and Palestine, Punamaki (1998) found that current environmental circumstances, such as living in a violent society, influenced dream content. Children who live in a violent environment had "mundane, intensive and vivid, persecution, and aggression dreams" (p. 335). According to the author, these dream themes could

be considered a child's attempt at mastering and overcoming difficult situations by creating a psychological safe haven.

Having vivid and intense dreams might be a way of imposing structure and guidelines to chaotic life circumstances. Furthermore, Finnish children's dreams showed a mixture of internal and external forces. They dreamt of being persecuted and aggravated, but also dreamt of experiencing guilt and shame. Although both groups had both types of dreams, further analysis indicated that Finnish children's dream content had more shame and guilt than those of Palestinian children. These differences support the influence of culture in dreams. Palestinian children, whose culture teaches them that dreams were "external messages meant to help," dreamt of themes that involved others and outer forces (persecution and aggression). On the other hand, Finnish children's dream themes reflected Western ideas of dreams representing unique and internal reality, guilt, and shame (Punamaki, 1998).

Dreams and Anxiety

Continuing along this same line of thought, how culture and living circumstances affect dreams, a research study was able to show that experiencing trait anxiety during wakefulness was closely related with anxiety laden dreams (Schredl, Pallmer, & Montasser, 1996). In this study, children ages 10 to 16 were selected to participate. Anxiety dreams were defined as "vivid dreams that include any type of negative feelings, including fear but also frustration, despair, etc" (Schredl et al., 1996, p. 265). The definition also included any dreams children identified as being "bad" dreams. Furthermore, a connection with a specific distressing affect was found. Children who reported having "threatening" test examination anxiety dreams scored higher than other children on examination anxiety measurements.

This finding was further supported by the fact that children who experience threatening examination dreams had lower grades than those who did not. English grades for children with

threatening examination dreams were 3.75, compared with 2.95 for students who did not report having these type of dreams (where 1 signifies excellent and 5 signifies inadequate). In addition, children with high trait anxiety reported having more realistic threats in their dreams. Children who scored higher commonly reported having human or animal aggressors in dreams on trait anxiety. Their counterparts, those who scored lower on trait anxiety, usually expressed having dreams where monsters were the aggressors or having no aggressors at all.

The findings of this study suggested that children with high levels of trait anxiety dream about the realistic threats they encounter in their waking lives. It can be said that nocturnal dreams provide children with exposure to circumstances that resemble their real life stressors. Interestingly, 40% of the children reported that they handled their distressing dreams by trying to forget them. However, this coping strategy may be counter-productive as it eliminates the therapeutic benefits found in facing difficulties and developing positive coping strategies that are productive and result in personal growth (Schredl et al., 1996).

Another study tried to find if there was a relationship between anxiety and nightmares in elementary-age school children (Mindell & Barrett, 2002). Children were selected from two suburban elementary schools in Philadelphia and the study involved children and parents alike. Children completed both a nightmare questionnaire and the State-Trait Anxiety Inventory for Children. Parents completed a parent nightmare questionnaire and were asked to assist the children in completing their questionnaires. Seventy-five percent of the children reported having nightmares. From those who reported frequency of nightmares, 38.5% reported experiencing one nightmare a year, 28.2% experience one a month, 25.6 % had one or two a week, and 7.8% had more than two per week. Distress caused by these nightmares was reported as *very scary*, *somewhat scary*, and *not scary at all* with 11.6%, 53.5%, and 34.9% respectively.

According to Mindell and Barrett's (2002) data there was a significant relationship between frequency of nightmares and levels of trait anxiety. According to the parents, children who experienced three or more nightmares a week had higher anxiety scores (M = 37.00, SD = 1.41) than those children who experienced one nightmare a week (M = 32.80, SD = 4.78 and mean = 30.00, SD = 5.26, respectively). In addition, children who rated their nightmares as being *very scary* also had higher levels of anxiety.

In conclusion, there is a clear relationship between experiencing anxiety and having nightmares. Children who experience scary or distressing nightmares more frequently have greater levels of anxiety. Although this relationship does not explain the causes of nightmares, it can be used to better understand children and nightmares (Mindell & Barrett, 2002).

Emotions

Emotions are another important element of dreams. The affective aspect of dreams can be considered a rich source for understanding a child's mechanisms of self-regulation (drive regulation) and developmental stage (Ablon & Mack, 1980). Children's dreams are powerful in terms of affect development because they put the dreamer (child) in the spotlight. The child becomes the protagonist whose concerns and life difficulties are center stage. Ablon and Mack (1980) referred to this type of children's dreams as "narcissistically focused" (p. 189). As Castle (1971) puts it, "the focus of thought is on the self rather than the outer world" (p. 103). Borrowing from Piaget's concept of children's developmental understanding of dreams, it is clear how the terms of assimilating and accommodating are also present in a child's internal experiences, such as dreaming.

It is also common for children to be molded and influenced by information they receive throughout their day, which in turn can increase or decrease their anxiety levels. Anxiety represented by fears, worries and scary dreams are quite common in children ages 4 to 12. A

study involving 190 participants found that children experienced anxiety in relation to fear 75.8% of the time, to worry 67.4% of the time, and to scary dreams 80.5% of the time. From a developmental point of view, experiencing fear and scary dreams were common among the younger group of children ages 4 to 6 and continued to increase and peak for children ages 7 to 9, and regressed to previous levels in children ages 10 to 12. Younger children dream more often about imaginary creatures and older children experience worries related to test performance. This study found that the main pathway or source of scary dreams was informational. Children's scary dreams came from information they received throughout their day (i.e. television, news, etc). A positive correlation exists between watching violence on television and having hostile aggressive dreams (Muris, Merckelbach, Gadet, & Moulaert, 2000).

Function of Dreams

Therapy. Psychotherapy can be defined as making connections in a safe place. Dreams can also be defined in the same way (Hartmann, 1995). Dreams allow the dreamer to make connections and contextualize disturbing new information. When the traumatic situation plays less of a role in the dream, it could be assumed that the trauma has been absorbed or integrated. What is the connection between psychotherapy and dreaming? Psychotherapy as a form of healing people can be considered a replica of a natural process that has that same purpose as dreaming (Hartmann, 1995). These tools should not be mutually exclusive but can work in concert.

Nielsen and Powell (1992) indicated that "…our dreams seem to be creative attempts to deal with the frustration of the previous day, and crazy as they may appear to be, they seem to help us control our lives by resting our minds" (p. 4). "Recall of dreams and working on them in therapy adds to and facilitates the process" of healing (Hartmann, 1995, p. 224). In addition, a number of laboratory studies investigating the Hill dream model, for instance, have shown that

clients rated dream sessions as higher in session quality, insight, and working alliance than regular therapy sessions (Cogar & Hill, 1992; Diemer, Lobell, Vivino, & Hill, 1996; Falk & Hill, 1995; Heaton, Hill, Petersen, Rochlen, & Zack, 1998; Hill, Diemer, & Heaton, 1997; Hill, Diemer, Hess, Hillyer, & Seeman, 1993; Hill, Kelley, Davis, Crook, Maldonado, Turkson, et al., 2001; Hill, Rochlen, Zack, McCready, & Dematatis, 2003; Rochlen, Ligiero, Hill, & Heaton, 1999; Wonnell & Hill, 2000; Zack & Hill, 1998).

These results suggest that dream work leads to positive outcomes, at least in laboratory-based studies with volunteer clients. Dreams provide a non-judgmental and safe environment for children to share their worries. In addition, children perceive talking about their dreams as being less threatening and uncomfortable, especially when the child is defensive in his/her interactions. Young children may be confused and unable to discriminate between fantasies and daydreams. Other children who experience anxiety or emotional disturbances may react adversely and find dream therapy to be counterproductive (Catalano, 1990).

Therapy that is emotionally relevant to the child tends to be more effective and beneficial. Uncovering negative patterns of thinking can help the child change his/her life outlook and move towards healing. Dream work can help therapist and child alike identify negative thinking patterns while increasing the “emotional relevance” of the therapeutic session. Images of dreams carry specific emotions that can be traced to waking consciousness. Often, children will find that their dream’s emotional content is in dissonance with their waking emotions and perception of a troubling situation. Clients move towards healing when they are able to identify and find continuity between their dream’s emotions and their waking life’s emotions (Hartmann, 1995).

Strengthening self-esteem. It has long been documented that the use of children’s dreams in clinical settings helps children develop stronger self-esteem to confront frustrating and

difficult circumstances (Green, as cited in Masserman, 1971). Like Adler, several authors have written about the idea that dreaming is simply the continuation of waking life. They have observed how children's dreams closely resemble life events, circumstances, and situations. In other words, a child's daily conflicts, whether conscious or unconscious, are manifested and expressed through symbolism in dreams. This supports the existence of a close relationship between developmental stages and dreaming (Foulkes, 1971).

Preparing for life's challenges. Ames (1964), in a longitudinal study, reviewed sleep practices and experiences of a large group of children. She reported, "The sequence of things dreamed about appears to be very close to the sequence of things feared in waking life" (p. 13). Consequently, dreaming about fearful events may help the child confront his/her problems by exposing him/her to the feared object or situation and presenting an opportunity to practice strategies for coping with difficulties or bringing resolution to challenging situations. Dreams aimed at solving a problem are often intensified and very vivid, which in turn prepare the child to take action and confront the problem when he/she is presented with it in real life (Griffiths, 1935).

Problem solving. From the time they are born, little children display a variety of automatic movements, such as sucking and grasping, which are preparatory for more complex motor and cognitive activities. In like manner, dreams can be considered a source for problem resolutions, imagination, experimentation, etc. Children work through developmental problems in their sleep. Thus children's dreams reflect the general themes of each developmental age period and are in harmony with waking life adventures (Green, 1971). Furthermore, just as maturational stages are reflected in dreams, the setting of the dream is also familiar to the child. Dreams are influenced by geographical places, aromas, cultures, etc. (Green, as cited in Masserman, 1971).

Assimilating new information. Piaget (1962) equated dreams with a child's symbolic play. They both change and evolve as the child grows; they follow a developmental pattern. He describes the purpose of dreaming and symbolic play as being primarily assimilative and integrative. Through these activities the child is capable of assimilating new incoming information into already exiting schemas (old experiences). He noted that the only difference between these two activities resided in the control the child was able to exert. Children seem to have greater control over symbolic play than over dreaming. Dreams can be seen as more threatening than pretense (deliberate imagination). Furthermore, one cannot control what is introduced in a dream, similar to our limited ability to control the intrusion of reality. In pretense, threatening images can be suppressed, but in dreams these threatening imagines or realities are often uncontrollable. In one way or another, dreams share more of a resemblance to the real world than deliberate imagination (pretense) does.

Because dreams are more like real life events, they have an element of surprise. Because of these similarities, young children may be more suited to distinguishing imagination from reality than to distinguishing dreams from reality (Woolley, 1995). Nevertheless, Castle (1971) pointed out that dreaming "permits among other things a high degree of specificity, immediacy and personal relevance" (p. 104) as it combines the idea of thinking with the idea of images.

Organizing experiences. From a psychoanalytical point of view, Monchaux (1978) emphasizes the importance of dreaming in helping organize internal and external experiences. Communicating these experiences can help children learn about how they process experiences and how they can master them. Freud (1965) said that "the interpretation of dreams is the royal road to knowledge of the unconscious activities of the mind" (p. 647). More specifically, when working with children's anxiety dreams or nightmares, dreams are a translucent source of

information. They let others see a child's current struggles, fears, and conflicts (Ablon & Mack, 1980).

Developing coping skills. Although somewhat limited in scope, some evidence suggests that dream work may be a tool in helping children develop stronger coping skills. There seems to be a general acceptance among psychoanalytic therapists about the therapeutic benefits that can be derived from looking into children's dreams in therapy, even during a diagnostic evaluation (Ablon & Mack, 1980; Catalano, 1990). Furthermore, Ablon and Mack also noted that the "relating of dreams outside of the therapeutic context can be valuable for the development of ego skills such as the use of language, imagination, communication, realty testing, and memory" (p. 207). Catalano added that dream content can serve as an indicator of developmental problems, and "a diagnostic measure of the child's ego functioning, defensive style, and coping ability" (p. 10).

In 1962 Harley observed that children between 6 to 10 years of age (latency) rarely talked about their dreams. Nevertheless, she noticed that when dreams were reported, they were very useful for reasons other than direct interpretation:

> …either the child's explanation of the occasion for the dream, or the dream's manifest content, have offered a spring-board to discussion of everyday events and feelings; or, usually unknown to the child, the dream has helped to clarify or to confirm preceding and subsequent material; or the latter have cast light on the implication of the latent dream thoughts, often too unconscious to permit interpretation; or the dream has stimulated new valuable play productions or daydreams. (p. 272)

These remarks clearly exemplify how working with dreams, more specifically children's dreams, can be beneficial and productive without the need of resorting to direct interpretation. These comments are consistent with others, such as Ablon and Mack (1980), who see the use of

dreams as being therapeutic and beneficial in several circumstances, including psychoanalytic psychotherapy, diagnostic evaluations, and personal understanding in situations outside of therapy.

Weakening defensive barriers. Nevertheless, Harley (1962) further suggested that direct interpretation has also been very helpful in working with children experiencing "considerable inner pressure, with corresponding weakness or weakening of the defensive barriers against their excessive excitations." She continued,

> …it is for such children that the reported dream has seemed to me not only frequently to serve as a 'safety valve' for the discharge of instinctual strivings, but also to provide a means of achieving some distance from which they may view their unconscious, as well as some focus for their often intense and diffuse anxiety. (pp. 272-273)

Promoting emotional healing. From the available literature on children's dreams, it is clear that dreams are not only sources of information but also tools to promote healing. A good example of how dreams can be used when counseling children and adolescents is given in Garfield's (1987) experimental research. In an attempt to identify common themes in sexually abused teenage girls, Garfield interviewed 13 girls between the ages of 13 to 20. Nightmares of sexually abused children and teenagers can be very disturbing with specific representations of themes, characters, emotions, objects, and negative as well as positive elements. In the above mentioned study, most girls reported dreaming about being chased or attacked. Almost half of the girls dreamt of being directly attacked, hurt, and consequently killed. Close and loved family members were also chased and attacked in their dreams. In more than half of the dreams, the "bad guy" was the molester. Feelings of guilt and shame were also present and phallic representations were found. The nightmare themes corresponded with the five psychological responses to sexual abuse (secrecy, helplessness, entrapment and accommodation, delayed and

unconvincing disclosure, and retraction). Of the 13 dreams analyzed, only 2 contained positive elements. These positive elements were identified as the victim's coping strategies and mechanisms to deal with the nightmares.

Changing emotions. Another important characteristic of dreams resides in their capacity for changing emotions and feelings. Punamaki's (1999) research with children who lived under traumatizing circumstances further confirms the idea of dreams having therapeutic properties, as they are involved in night-morning mood changes. Among the traumatized group, he found that children who felt "fearful, angry and worried in the evening" (p. 228) had dreams about family members, experienced a pleasant atmosphere, happy feelings, and favorable outcomes.

On the contrary, children who reported being in a good mood before bedtime, experienced more threatening dreams and reported unhappy feelings. Again, these findings add to the body of research that indicates that dreams have compensatory and assimilatory functions. Children living through traumatic events may find relief during sleep time by dreaming events that are opposite to those that took place during their waking hours. Children who encountered difficult events/circumstance during the day reported having dreams that exerted feelings of happiness and well-being. On the other hand, as the author pointed out, children who experienced a good day "could afford" (Punamaki, 1999, p. 229) having dreams with more negative content. In these negative dreams children re-lived past traumatic events of their lives.

Punamaki (1999) suggested that being in a good mood before bedtime can predict the nature of dreams and dream mastery. Children, who lived under traumatizing circumstances in Gaza due to political violence, failed to experience these accommodating properties of dreams and therefore did not experience a change in mood from evening to morning (Punamaki).

Working with Children's Dreams

It has been well-documented that using dreams in a therapeutic setting can be beneficial (Ablon & Mack, 1980). Talking with children about their dreams can help them express feelings and concerns they might have a hard time speaking about in normal settings. Researchers have suggested that these scary or anxiety-provoking dreams are natural mechanisms employed by children to overcome the daily frightening events they encounter. By reliving their frightening experiences, children learn to master the anxiety provoking tasks in a safe environment. Much can be done by encouraging children to talk about their dreams with others and by helping them recognize that we all dream and that it is natural. This simple task can help children reduce anxiety and also learn from and relate to others' dreams. Furthermore, a sense of caring and importance is transmitted to children as they learn to listen to other children's dreams (Rousso & Gross, 1988).

In addition, simple play activities like *dreaming pots* can help children overcome frightening dreams or nightmares. This play activity was described by Mills (2001) and proved to be effective in helping children who had just suffered the devastating consequences of hurricane Iniki in the small Hawaiian island of Kauai. Children were asked to hold a clay pot in their hands, close their eyes, and then visualize dream symbols. Once these symbols were clearly visualized, they could open their eyes and start decorating the pot with them. In addition, the children were told to draw on a piece of paper what they wanted in life right now. They were told that the hole in the bottom of the pot was designed to let the bad dreams pass through and that only the good dreams were retained in the pot. By putting the pots next to their beds when they went to sleep, children were reminded of all their good dreams.

The metaphor of the clay pot encourages children to talk, share, and think about their dreams, helping them focus on positive and good dreams. It is perhaps this simple act of

visualizing, talking and sharing with others that helps children overcome their nightmares or bad dreams and regain an optimistic outlook on life. Although the author does not provide any concrete evidence to support the success of this technique, Mills (2001) mentioned that she has used it effectively for a wide range of problems and ages.

Dream work is considered an important tool and a form of creative arts that can stimulate grieving children to share and expresses their feelings. Mary Ann Healy-Romanello (1993) in her article, *The Invisible Griever: Support Groups for Bereaved Children*, addresses this issue by suggesting that children are given time to share their nightmares and dreams with the group verbally, by drawing them, or by representing and modeling them with clay. Cooper (1999) found that grieving children are able to recall and remember dreams more frequently than non-grieving children. Furthermore, grieving children seem more aware of their dream worlds and content. Although the reasons for these are not conclusive, a connection can be drawn between dreams and unconscious efforts of grieving children to heal. Thus encouraging children to talk about and share their dreams may be a powerful way to help grieving children identify and expresses painful feelings (Cooper, 1999).

Jones (as cited in Masserman, 1971) made an important contribution when he emphasized the importance of encouraging children's play, imagination, and feeling expression as part of an educational as well as "therapeutic experience" (pp. 74-75). Jones proposes confronting frustrating situations and embracing powerful emotions. He further added that teachers should help children express and experience different as well as similar ideas. They should encourage children to report dreams remembered from the night before.

Working with Children's Dreams in the Public School Setting

Time constrictions and the nature of students' problems affect school mental health practitioners' professional activities and therapeutic approaches. For example, school

psychologists spend most of their time doing assessment and less time doing intervention, consultation and research (Smith, 1984). This time distribution seems to limit their opportunity for counseling one-on-one with a student and/or conducting group counseling sessions. Providing students with therapy services at school may be perceived as too time consuming (Bardon & Bennett, 1974).

In addition, the nature of presenting problems at school may warrant a more direct and fast approach to remedy situations. In a study that surveyed 146 school psychologists, fighting, academic problems, and relationship difficulties were identified as the most frequently addressed problems with students (Pryzwansky, Harris, & Jackson, 1984). This study identified the Behavioral/Learning theoretical approach as being the most useful way to help students with these problems. Therefore, it could be argued that time constraints and the nature of presenting problems in school settings, limit school mental health practitioners' opportunities to explore and use less common therapeutic approaches (i.e., dream work) when counseling with students.

Conclusion

It seems that little research exists documenting the use of school-based dream work with children despite the considerable amount of research done in the area of children's dreams. The lack of knowledge, together with a deeply rooted idea that in order to use dreams in therapy one must be well-versed in the theories of psychoanalysis, has kept therapists from taking advantage of the therapeutic benefits of using dreams in their work. Furthermore, the lack of current as well as older research done in the area is yet another obstacle. Clinicians may feel uncomfortable talking about dreams and therefore might consciously or unconsciously discourage the topic. When dreams are not acknowledged, the risk increases for children to grow up thinking that dreams are not important and therefore, they will altogether discard a powerful source for healing. A great tool for learning about children's development and coping and defense

mechanisms is thereby undermined. In addition, an opportunity to strengthen the therapeutic relationship by encouraging communication is lost (Catalano, 1990).

Not much is known as to who has worked or regularly works with children's dreams. Conventionally, psychologists who adhered to the psychoanalytic movement have been more prone to introduce and look into dreams in their therapeutic settings. But what about other mental health practitioners that work in public settings such as hospitals or schools? More specifically, what about school psychologists, school counselors, and school social workers who spend most of their time in direct contact with children? Have they used the benefits of dream work with students? Have they encouraged children to talk and share their dreams? This study seeks to answer these questions.

METHOD

Pilot Study

Prior to developing a questionnaire, one local school district's school psychologists were asked if the topic of children's dreams would be a topic of interest and an intervention that they currently utilized in the school setting. Of 80 participating school psychologists, approximately 25% stated they talked with students about dreams and that this was a topic of interest. This gave the researcher confidence that enough school psychologists would participate in a study about dream work, making the study a viable topic in the school.

Participants

A total of 49 school mental health practitioners from three Utah public school districts participated in this research (29 female, 20 male). The age of the participants ranged from 23 to 64 years, yielding a mean of 41.5 (*SD*=12.4). Furthermore, the range for years of work experience was also wide, with some participants having worked for as little as 1 year and others for up to 49 years. The mean for years of work experience was 9.7 years (*SD*=10).

The majority of participants were School Psychologists (37), although School Counselors (10) and School Social Workers (2) were also represented. There were 34 participants who indicated having a Masters +30 hour's training level (Ed.S.), 5 had Doctorate degrees, 9 had Masters degrees, and 1 had a Bachelors degree.

Data Analysis

The obtained data was entered into SPSS (Statistical Package for Social Sciences-Windows version). Analyses consisted of descriptive statistics summarizing data in percentages, frequency counts of themes, and central tendency measures (i.e., mean, median).

Measure

The dream survey utilized in this study was adapted from the Therapist Dream Questionnaire developed by Crook and Hill (2003). The general ideas and main concepts of the Therapist Dream Questionnaire were not changed; however, questions were reworded to properly address the target population (i.e., school mental health practitioners). In addition, items that were not applicable were not included. The final survey was electronically reviewed by 5 graduate students to clarify questions and to estimate required time for completion. The Dream Survey encompassed 5 sections with a total of 71 items.

The first section included basic demographic questions (i.e., gender, age, education, profession, and number of years working). Practitioners were asked to estimate the percentage of time spent counseling in school settings and to indicate their level of training in a Likert-type rating scale (1 = *no training*, 5 = *extensive training*) and personal competence in working with children and dreams (1 = *not at all competent*, 5 = *extremely competent*). They were also invited to estimate the percentage of time children brought dreams into counseling and the percentage of counseling time they spent talking about dreams. Furthermore, perceived importance (1 = *not important*, 5 = *very important*) and efficacy (1 = *not at all beneficial*, 5 = *extremely beneficial*) of dream work with children was rated in this section.

The second section of the survey aimed at finding out how practitioners have used dreams in their work with children. This section contained 19 items in a Likert-type scale (1 = *never*, 5 = *frequently*). Practitioners were asked to rate the use of dreams in terms of their utility for exploration (e.g., listen if student brings in dreams, ask student to describe images in greater detail, ask student for triggers in waking life to dream images), facilitating students' insight (e.g., encourage student to re-experience feelings in dream, collaborate with student to construct a meaning of the dream), and promoting change (e.g., works with student to develop ideas for

making changes based on what s/he learned in the dream, relate the dream to student's current waking life experiences).

The third section used 21 items to assess whether practitioners had worked or would be willing to work with students' dreams under specific conditions. Willingness to work with dreams was assessed using a Likert-type scale (1 = *not likely*, 5 = *very likely*).

The fourth portion of the survey measured the practitioners' attitudes about dreams. In this section, the Attitudes Toward Dreams-Revised scale (ATD-R; Hill et al., 2001), a 9-item self-report measure of a person's attitudes regarding dreams, was used. Participants responded to all items on a 5-point Likert scale (5 = *high*) where high scores represented a more favorable attitude towards dreams. All items in the ATD-R loaded on one factor and the original ATD-R yielded an internal consistency alpha of .88 with a 2-week test-retest reliability of .92 (Hill et al., 2001). For the present study, an internal consistency alpha of .92 was obtained for the ATD-R.

The fifth and final portion of the survey included three items. Participants were asked to respond to an open-ended question about their thoughts in working with dreams in counseling. The next item focused on participants' reasons for not addressing dreams in their counseling with children using 10 modified items from Crook and Hill (2003). If they had not used dreams in counseling, practitioners were asked to check as many items as applied (e.g., "dreams are not important enough to discuss when counseling with students;" "students can figure out their own dreams without my help;" "I need to focus on other issues when counseling with students"). Finally, practitioners were asked if they would be interested in learning more about using dreams in counseling with children as well as their preferred dream training modality (e.g., list of related books and articles, in-service training).

Procedures

The research study received approval from the Internal Review Board at Brigham Young University. In addition, clearance to conduct the study was sought from participating school district supervisors before e-mails and letters were sent to participants. No incentives for returning the survey were provided, other than options of receiving feedback regarding the study and the opportunity to attend in-service training on the topic of dream work with children.

Participants were selected from three central Utah school districts. All mental health practitioners (i.e., School Psychologists, School Counselors, and School Social Workers) from Nebo and Provo school districts together with Jordan school district's school psychologists were invited to participate. Of the 176 practitioners who were contacted, 49 professionals completed the survey, yielding a response rate of 27.8% (49/176).

Nebo and Provo school districts' practitioners were contacted through email and invited to fill out information electronically (online). Participants received a packet via email which contained a letter of presentation stating the purpose of the research, an informed consent form, and the dream survey. Two emails were sent to these groups of participants: an initial invitation to participate and a two-week follow up reminder.

Additionally, 70 school psychologists from Jordan School District were invited to participate. These participants received a hard copy packet which contained a letter of presentation stating the purpose of the research, an informed consent form, and the dream survey. This packet also contained a self-addressed stamped returned envelope and was handed out at an in-service training meeting. No follow-ups were made with Jordan school district's school psychologists.

Although Provo and Nebo school districts are adjacent to each other, they are quite different in size and diversity of their student population. In the year 2005 Nebo School District

had an enrollment of 24,909 students. Most students in this district were ethnically White (91.2%) followed by Hispanics (6.4%) and Asian/Pacific Islanders (1.1%). In addition, 29.1% of the students come from economically disadvantaged backgrounds and 13.7% of students were identified with disabilities.

Provo School District, a much smaller district, had an enrollment of 13, 380 students in the year 2005. Like Nebo School District, most students were considered ethnically White (71.9%); however, their percentages for students of other ethnicities were much higher. Twenty one percent of their students identified themselves as Hispanics, 4.6% as Pacific Islanders, 1.4% as American Indian/Alaska Native, and 1% as Black. Furthermore, almost half of their student body are from an economically disadvantaged background (43.7%) and 12.9% of the student population receive special education services based on identified disabilities.

Jordan School District is the largest school district in the state of Utah with a student enrollment of 75,548 in the year 2005. Ethnic/Racial diversity indicates most students enrolled in this district were White (89.6%), followed by Hispanic (6.6%) and Asian/Pacific Islanders (2.8%). In addition, the district had 21.2% of students who were considered economically disadvantaged and 12.3% of the student population are identified with disabilities.

RESULTS

In order to better understand school-based mental health workers' perceptions of dream work, 49 practitioners completed a 71-item Dream Survey (Crook & Hill, 2003). A summary of their responses are reviewed in the following section.

Percentage of Students Who Brought Dreams into Counseling

Of 49 respondents, 48 estimated the percentage of students who brought dreams into counseling and the amount of time spent working with children's dreams. School mental health practitioners reported that an average (median) of 6% of students had brought dreams into counseling with a range of 0% (n = 6) to 20% (n = 5). Participants also estimated spending a median of 4% of counseling time, with a range of 0% (n = 12) to 50% (n = 1), working on students' dreams. A closer look at the frequency of the distribution indicates that most practitioners (n = 27) reported that children brought dreams into counseling (5% to 20%). However, the majority of practitioners indicated spending between 0% and 3% of their time working with children's dreams (n = 30).

Attitudes of School-Based Mental Health Practitioners Toward Dreams

Practitioners' attitudes towards dreams was measured using a 5-point Likert scale (1 = *strongly disagree*, 5 = *strongly agree*). High scores on these items represented a more favorable attitude towards dreams. Items yielded a mean of 3.22 and a standard deviation of .877.

Situations in Which Practitioners Worked with Children's Dreams

Items in this section (see Table 1) were identified as situations/topics in which practitioners had already addressed dreams using a 5-point Likert-type scale (1 = *not likely*, 5 = *very likely*). Between 44% and 50% of practitioners indicated they had worked with dreams when children were confronted with troubling dreams or nightmares (n = 26), and when dealing with death and grief (n = 23). Between 40% and 32% of practitioners endorsed addressing

dreams with children who were diagnosed with PTSD (*n* = 21), were emotionally disturbed (*n* = 20), suffered from recurrent dreams (*n* = 19), were depressed (*n* = 17), and/or had learning disabilities (*n* = 17).

Situations in Which Practitioners Would be Willing to Work with Children's Dreams

In terms of situations in which school mental health professionals would be willing to work with dreams, practitioners were likely to address dreams with students who had recurrent dreams, and/or were dealing with family situations such as divorce. On the other hand, practitioners were less likely to talk about dreams with children who had adjustment disorders, psychosis, were oppositional or ill, struggled with substance abuse problems, or had eating disorders (see Table 2).

Benefits of Talking about Dreams with Students

A 5-point Likert scale (1 = *not at all beneficial,* 5 = *extremely beneficial*) was used to rate practitioners' perceptions of how beneficial it was for students to talk about dreams (see Figure 1). A total of 44 participants rated this item yielding a mean of 2.48 and a standard deviation of 1.15.

Reasons for Not Working with Students' Dreams

According to the data collected (see Table 3), practitioners indicated the main reason for not addressing dreams with students was their need to focus on other issues (*n* = 12), and the fact that students don't remember or talk about dreams (*n* = 10). Others indicated that the idea of talking about dreams had simply never occurred to them (*n* = 8). Furthermore, not having enough time (n = 6) to focus on dreams and thinking that dreams are not important (*n* = 4) were also indicated.

Table 1

Frequency and Percentage of Practitioners Who Worked with Dreams in Various Situations

Situation	Frequency	%
Student having troubling dreams or nightmares	26	50.0
Student dealing with death and grief	26	44.2
Student with Post-Traumatic Stress Disorder	21	40.4
Student with an Emotionally Disturbed Diagnosis	20	38.5
Student having recurrent dreams	19	36.5
Student dealing with family situations (e.g., divorce)	19	36.5
Student with depression	17	32.7
Student with Specific Learning Disabilities	17	32.7
Student dealing with sexual abuse	16	30.8
Student dealing with peer relationships	16	30.8
Student with Attention Deficit Hyperactivity Disorder	16	30.8
Student dealing with guilt	15	28.8
Student with test anxiety	15	28.8
Student is interested in learning about his/her dreams	14	26.9
Student with Oppositional Defiant Disorder	12	23.1
Student with Conduct Disorder	12	23.1
Student dealing with illness	9	17.3
Student with schizophrenia/psychosis	9	17.3
Student with Adjustment Disorder	9	17.3
Student with substance abuse problem	8	15.4
Student with Eating Disorder	7	13.5

Note. N = 49.
Frequencies and percentages were based on a 5-point Likert scale (1 = *not likely*, 5 = *very likely*).

Table 2

Likelihood to Work with Dreams in Various Situations

Situation	*M*	*SD*
Student having troubling dreams or nightmares	3.49	1.20
Student having recurrent dreams	3.10	1.39
Student dealing with death and grief	3.02	1.37
Student dealing with family situations (e.g., divorce)	2.95	1.30
Student with Post-Traumatic Stress Disorder	2.95	1.34
Student is interested in learning about his/her dreams	2.90	1.37
Student dealing with sexual abuse	2.81	1.29
Student with depression	2.81	1.35
Student dealing with guilt	2.71	1.33
Student dealing with illness	2.66	1.38
Student with test anxiety	2.66	1.27
Student dealing with peer relationships	2.64	1.39
Student with an Emotionally Disturbed Diagnosis	2.61	1.37
Student with substance abuse problem	2.51	1.32
Student with Adjustment Disorder	2.50	1.30
Student with Attention Deficit Hyperactivity Disorder	2.38	1.34
Student with Conduct Disorder	2.38	1.39
Student with Eating Disorder	2.37	1.20
Student with Specific Learning Disabilities	2.36	1.37
Student with Oppositional Defiant Disorder	2.34	1.35
Student with schizophrenia/psychosis	2.12	1.18

Note. $N = 49$. High scores indicate willingness to work with students dreams.
Scores are based on a 5 point scale, (1 = *never*, 5 = *frequently*).

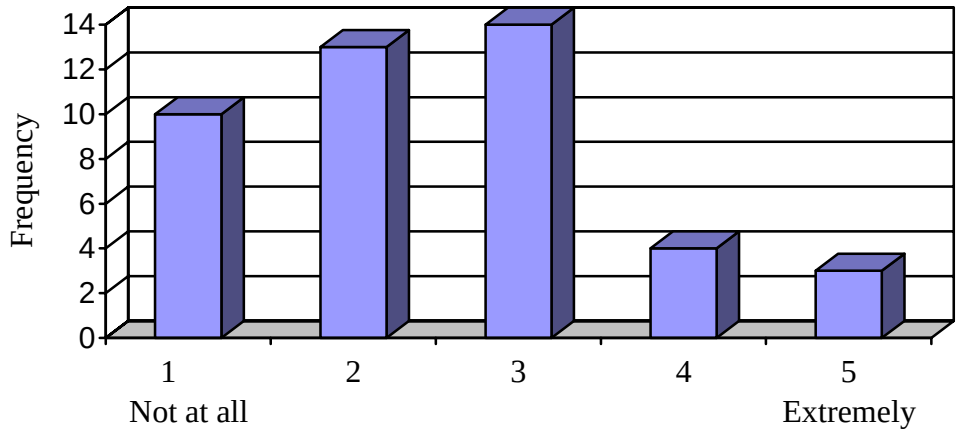

Figure 1 . How Beneficial Was it for Students to Talk About Dreams?

Table 3

Reasons for Not Working with Dreams When Counseling Students

Reasons	Frequency	%
I need to focus on other issues when counseling with students	12	23.1
Students do not remember or talk about dreams	10	19.2
It just never occurred to me	8	15.4
There is not enough time to focus on dreams when counseling with students	6	11.5
Dreams are not important enough to discuss when counseling with students	4	7.7
Students can figure out their own dreams without my help	1	1.9
I feel silly talking about dreams	0	94.2
I am scared of what students might think or feel if I bring dreams into our counseling session	0	94.2
I don't think that students are interested in dreams	0	94.2

Note. Frequencies and percentages were calculated with an $N = 49$.

In like manner, most practitioners (n = 27) did not feel competent working with children's dreams (M = 1.6, SD = .837). Some reported feeling somewhat competent (n = 16). Others reported feeling more competent (n = 5), and one practitioner reported feeling extremely competent (see Figure 3).

Interest in Learning More About Children's Dreams

Most practitioners were interested in learning more about dreams in general (37/49, 71.2%), and were specifically interested in attending an in-service training (63.5%), reviewing recommended websites (63.5%), or reading recommended books or articles (59.6%).

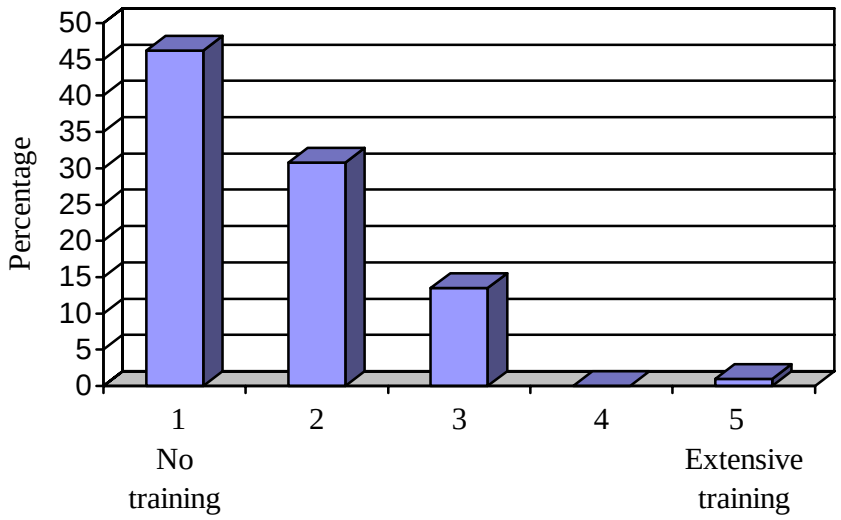

Figure 2 . Practitioners' Training in Dream Work

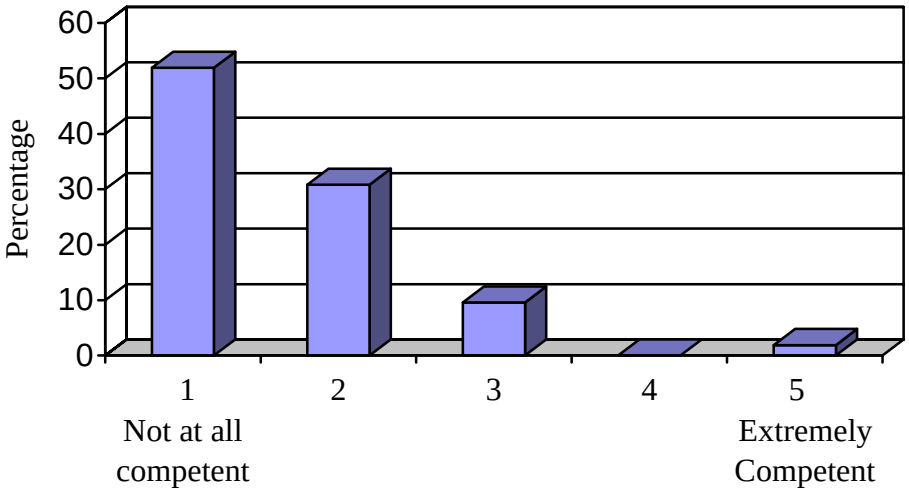

Figure 3. Practitioners' Perceived Competency Working with Dreams

DISCUSSION

In summary, this research study found the following from the surveyed sample of school mental health practitioners: (a) students have brought dreams to counseling sessions; (b) school mental health practitioners generally lack training and competence to work with students' dreams; (c) dream work was used when counseling students in particular situations; and (d) public school mental health professionals were interested in the subject and desired to learn more.

A major finding of this study is that most school mental health practitioners in the sample reported having at least one student bring a dream into counseling and spend some time in counseling working with students' dreams. This may indicate that children feel comfortable talking and discussing dreams during counseling and may reflect their attempts to cope or find resolution to a problem. Research, indicates children's dreams closely resemble life events, circumstances, and situations (Ablon & Mack, 1980; Ames, 1964; Green, 1971). Therefore, listening to a dream may be helpful in learning more about a child (Ablon & Mack; Foulkes, 1982; Harley, 1962) and in finding solutions to distressing situations (Ekstein, 1981; Griffiths, 1935).

A second finding was that most practitioners surveyed indicated they received no training and felt incompetent to work with children's dreams. One possible interpretation for this finding is that given the lack of training, practitioners felt little competence in working with children's dreams. In addition, lack of training seems to have also influenced other reasons provided for not working with dreams, such as, "I need to focus on other issues when counseling with students," "It just never occurred to me," and "There is not enough time." For example, many people associate dream work with psychoanalytic counseling which can be perceived as time consuming and ineffective for dealing with behavioral problems at school. Hence, it can be argued that

embedded in these reasons are fairly common misconceptions about dream work and its potential benefits.

Although practitioners did not spend much time working on dreams with students, they had a fairly positive attitude about dreams (M = 3.22). A majority of those who did work with student's dreams (51.9%) indicated that it was "a little and somewhat beneficial" (M = 2.48) for the student. School mental health practitioners worked with students' dreams mainly in situations which involved nightmares or terrors, and children dealing with death and grief, PTSD, emotional disturbances, recurrent dreams, depression, and learning disabilities. Practitioners were also willing to address dreams with students dealing with family situation (e.g., divorce). However, they were less likely to work on dreams when students suffered from conditions that blurred their perception of what was real and not real (e.g., psychosis, substance abuse). They also avoided talking about dreams with students who were uncooperative (e.g., oppositional), and had adjustment or eating disorders.

These findings are congruent with Crook and Hill (2003) who found that therapists in private practice strongly endorsed using dream work with clients who had troubling dreams or nightmares, recurrent dreams and/or nightmares, were psychologically-minded, were interested in learning about their dreams, were diagnosed with post-traumatic stress disorder, and were seeking growth. Additionally items that were moderately supported by therapists included working on dreams with clients who had an adjustment disorder, clients who were being seen for long-term therapy, clients who discussed pleasant dreams, and clients who struggled with substance abuse. Therapists were less likely to work on dreams if the client was not psychologically-minded or had been diagnosed with schizophrenia or psychoses.

Finally, the present study found that most of those who participated were interested in learning more about the topic. They were interested in attending an in-service training and/or

receiving a list of recommended web-sites, books or articles to review. These finding are perhaps the most encouraging for the field. They provide evidence of public school mental health practitioners' desire to learn more about dream work. This research also provides an opportunity to expand the use of dream work in the public school setting and may help to provide additional training to practitioners. To date, no research has been done regarding the use of dream work and mental heath practitioners employed in public schools. In addition, these results provide ideas for future interventions to train and increase knowledge of using dream work when counseling students.

Limitations and Cautions

A potential limitation of this study was the relatively low return rate. This could be due to the fact that no incentives were provided other than the opportunity to attend an in-service training or receive further information through a list of recommended web-sites, books or articles. In addition, one participant communicated via e-mail not being able to access the survey on-line because of the school's firewall protection. This may also have been the case for others who attempted to open and access the survey electronically. Furthermore, the low response rate may be due to sample bias. Perhaps some did not respond to the questionnaire because they were not interested in the topic and did not use dreams in their work with students. This could potentially bias the finding towards practitioners who favor the use of dreams in their work with children and are more willing to fill out the survey.

Second, the information obtained through the survey is subjective to the perception, experiences, and ability to recall of each respondent. In particular, it may have been difficult for participants to estimate some items (e.g., percentage of time spent counseling in the schools, percentage of students who brought in dreams). A final limitation is that the targeted population was not randomly selected. School districts invited to participate were those who readily gave

permission to conduct the research and did not have time consuming procedural guidelines to acquire permission. Therefore, a convenience sample was used in this research and the generalizability and external validity is limited.

Implications for Future Research and Practice

Although this study was conducted with a small population and the response rate was not high, it provides some indication of the use of dream work in the public school setting. Additional research is required to find out more on how dream work is being used in public school settings around the nation in order to establish a solid baseline from which to begin working. In addition, it would also be important to determine the efficacy of dream work when used in public school settings from a practitioner's as well as a student's perception.

In this study, not using dream work when counseling with students seemed to be correlated with practitioners' lack of training. When consideration is given to the finding that most practitioners in the sample reported having at least one student bring a dream into counseling, it would seem appropriate and imperative that dream work training be included in training programs. This would expand practitioners' abilities to counsel, and help students in their work. Consequently, future research should be conducted regarding the training of school mental health practitioners (i.e., school psychologists, school counselors, and school social workers) in dream work. For example, if practitioners received more training in the use of dream work, would they be more inclined to use it if the opportunity arose? How would they rate or perceive this counseling method? How would training programs perceive this addition and how much emphasis would they place on this method?

Summary

The present study found that most public school mental health practitioners in this sample reported having at least one student bring a dream into counseling and spent some time in

counseling working with students' dreams. Furthermore, practitioners' attitudes about dreams were fairly positive and those who reported working with dreams rated the practice as being *a little* and *somewhat beneficial* for the student. Lack of training and knowledge seemed to be the major obstacle for not addressing dreams when counseling with students. However, the vast majority of participants indicated wanting to learn more about the topic.

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APPENDIX A : Letter to School Mental Health Practitioners

Dear Mental Heath Practitioner:

You have been asked to complete this survey because your information and experience are important to us. We will use the information you provide as a baseline for the pervasiveness and perceived efficacy of talking about dreams when counseling children in public school settings. If you choose to participate, you will be asked questions about the following topics:

(1) How often do you address dreams and do students benefit from talking about their dreams?

(2) When talking about dreams, what topics do students typically discuss?

(3) Are you interested in the topic of dream work with children?

Additional information will be sent via e-mail to those participants who indicate an interest in learning more about the topic, dream work with children. Additionally, an in-service training will be provided for those who are interested in pursuing additional training.

This questionnaire will take approximately 10-15 minutes to complete. The information you provide will remain anonymous. Questionnaires will be stored and safeguarded in a locked filing cabinet in the CPSE department at Brigham Young University.

The experiences and information you provide will help establish a baseline for the pervasiveness and perceived efficacy of talking about dreams when counseling children in public school settings and how it relates to school mental health practitioners, mainly school psychologists, school social workers, and school counselors. This may help raise awareness of another effective tool for helping children and perhaps increase the interest in learning more about the topic.

Only school-based mental heath practitioners employed in Nebo, Provo, Jordan, Granite, and Alpine school districts in Utah will be invited to participate. The risk is considered minimal and your participation is voluntary.

This research is being completed by Rosalía Huermann, Rachel Crook Lyon, Melissa Allen Heath, and Lane Fischer. The latter three persons are assistant or associate professors in the CPSE department at Brigham Young University in Provo, Utah.

If you have concerns, you may contact the lead investigator, Rosalía Huermann at (801) 356-0846 or by e-mail at rosaliar@hotmail.com. If you wish to discuss concerns

with Melissa Allen Heath, School Psychology Program Coordinator at Brigham Young University, you may contact her at 801-422-1235.
Thank you for your help with this important research.

You may access the survey by clicking on the following link:
http://www.surveymonkey.com/s.asp?u=953572096244

Sincerely,
Rosalía Huermann
School Psychology Graduate Student
Brigham Young University - Provo, UT 84601-5093

APPENDIX B: Consent to be a Research Subject

Introduction: This research is being conducted by Rosalía Huermann, a graduate student in School Psychology at Brigham Young University, to determine how pervasive and effective is the use of dreams in counseling with students in public school settings. Mental health professional (school psychologists, school social workers and school counselors) working in the following school districts of Utah were selected to participate: Nebo, Provo, Alpine, and Jordan. Based on this information you are a candidate to participate in this study.

Procedures: You are asked to complete the questionnaire enclosed. You will be asked to provide demographic information and answer ten survey questions, with the latter two requiring a short written response. The survey questions pertain to the topic of dreams and counseling with children and your perception of how effective it is to work with children's dreams. Furthermore, questions are intended to gain further knowledge of school metal health practitioner's experiences, opinions and current interests on the topic.

Risks/Discomforts: There are minimum risks for participants in this study. Participation in this research will require you to respond to a brief list of questions, taking approximately 10 minutes of your time.

Benefits: The benefits of this study may have limited benefits to you directly as a participant. However, results of this study, through your participation, will lead to more information on the topic of school-based mental health professionals using dreams when counseling with children in public school settings. This could lead to advancing research on this topic and validating the effectiveness of this type of counseling intervention.

Confidentiality: All information will remain confidential. The information will not identify certain individuals, but instead, will be categorized as group data. Questionnaires will only be accessible to those directly involved with the research.

Compensation: No incentives for returning the survey will be provided. However, information will be sent via e-mail to those participants who indicate being interested in learning more about the topic. In addition, an in-service training on the topic of dream work with children will be provided.

Participation: Participation in this research is completely voluntary. You have the right to withdraw at any time or refuse to participate entirely without jeopardy or penalty.

Questions about the Research: If you have any questions regarding this study, you may contact the lead investigator Rosalía Huermann at rosaliar@hotmail.com, or Dr. Rachel Crook Lyon (801) 422-4375.

Questions about your Rights as a Research Participant: If you have questions you do not feel comfortable asking the researcher, you may contact Dr. Renea Beckstrand, Institutional Review Board Chair, (801) 422-3873, 422 SWKT, renea_beckstrand@byu.edu.

Clicking on the following link and filling out the survey is your consent to participate in this research.

APPENDIX C: Dream Survey

(1) **Gender:** F ☐ M ☐ (2) **Age:** _____

(3) **Highest Educational Degree Obtained**
☐ Bachelors ☐Masters ☐Masters +30 hours or Ed. S. ☐Doctorate

(4) **Profession**
☐School Counselor ☐School Psychologist ☐School Social Worker

(5) Number of years working in a school setting in this profession_____

(6) Please estimate the percentage of time you spend counseling in the schools_____%

(7) Rate how much training you have had in dream interpretation. Include in your estimate such things as workshops, supervision, reading, graduate courses:

No training **1** **2** **3** **4** **5** **Extensive training**

(8) How competent do you feel working with dreams in counseling?

Not at all competent **1** **2** **3** **4** **5** **Extremely competent**

(9) Overall, how important do you think it is to work with dreams in counseling?

Not important **1** **2** **3** **4** **5** **Very important**

(10)_____ What percentage of your students have brought dreams into counseling?
(11)_____ Of your time in counseling, what is your best estimate of the percentage of time that you actually spend working with your students' dreams?

(12) In your opinion, how beneficial was it for the student to talk about dreams?

Not at all beneficial **1** **2** **3** **4** **5** **Extremely beneficial**

Indicate how much you typically do the following activities in individual or group counseling:

Never	**1**	**2**	**3**	**4**	**5**	**Frequently**
(13) Mention that you are willing to work with dreams:						
(14) Explain how you work with dreams:						
(15) Invite student to tell dreams:						
(16) Listen if student brings in dreams:						
(17) Encourage student to associate to dream images (i.e., say whatever comes to mind):						
(18) Ask student to describe images in greater detail:						
(19) Encourage student to re-experience feelings in dream:						
(20) Ask student for triggers in waking life to dream images:						
(21) Give student your understanding of what the dream means:						
(22) Collaborate with student to construct a meaning of the dream:						

(23) Relate the dream to student's current waking life experiences:	**1**	**2**	**3**	**4**	**5**
(24) Relate the dream to past experiences in the student's life:	**1**	**2**	**3**	**4**	**5**
(25) Work with conflicts that are represented in dreams:	**1**	**2**	**3**	**4**	**5**
(26) Ask student to act out different parts of the dream:	**1**	**2**	**3**	**4**	**5**
(27) Relate dream to student's spiritual beliefs:	**1**	**2**	**3**	**4**	**5**
(28) Suggest to student what changes s/he could make based on leanings from the dream:	**1**	**2**	**3**	**4**	**5**
(29) Work with student to develop ideas for making changes based on what s/he learned in the dream:	**1**	**2**	**3**	**4**	**5**
(30) Help student try to change the dream:	**1**	**2**	**3**	**4**	**5**
(31) Use dream images as metaphors later in counseling:	**1**	**2**	**3**	**4**	**5**

Please indicate if you have worked with dreams in the following situations. In addition, whether or not you have worked with students' dreams, please rate how likely you would be to talk about dreams when counseling.

	I have worked on dreams:		**How likely would you be to work on dreams:**								
	Yes	**No**	**Not likely**	**1**	**2**	**3**	**4**	**5**	**Very likely**		
(32) Student with recurrent dreams:	☐	☐							**1**	**2**	**3**	**4**	**5**
(33) Student with troubling dreams or nightmares:	☐	☐							**1**	**2**	**3**	**4**	**5**
(34) Student is interested in learning about his/her dreams:	☐	☐							**1**	**2**	**3**	**4**	**5**
(35) Student dealing with death and grief:	☐	☐							**1**	**2**	**3**	**4**	**5**
(36) Student dealing with family situations (e.g., divorce):	☐	☐							**1**	**2**	**3**	**4**	**5**
(37) Student dealing with guilt:	☐	☐							**1**	**2**	**3**	**4**	**5**
(38) Student dealing with illness:	☐	☐							**1**	**2**	**3**	**4**	**5**
(39) Student dealing with sexual abuse:	☐	☐							**1**	**2**	**3**	**4**	**5**
(40) Student with substance abuse problem:	☐	☐							**1**	**2**	**3**	**4**	**5**
(41) Student with peer relationship concerns:	☐	☐							**1**	**2**	**3**	**4**	**5**
(42) Student with test anxiety:	☐	☐							**1**	**2**	**3**	**4**	**5**
(43) Student with schizophrenia/psychosis:	☐	☐							**1**	**2**	**3**	**4**	**5**
(44) Student with depression:	☐	☐							**1**	**2**	**3**	**4**	**5**
(45) Student with Specific Learning Disabilities:	☐	☐							**1**	**2**	**3**	**4**	**5**

(46) Student with an Emotional Disturbed Diagnosis:	☐	☐	**1**	**2**	**3**	**4**	**5**
(47) Student with Adjustment Disorder:	☐	☐	**1**	**2**	**3**	**4**	**5**
(48) Student with Attention Deficit Hyperactive Disorder:	☐	☐	**1**	**2**	**3**	**4**	**5**
(49) Student with Post-Traumatic Stress Disorder:	☐	☐	**1**	**2**	**3**	**4**	**5**
(50) Student with Oppositional Defiant Disorder:	☐	☐	**1**	**2**	**3**	**4**	**5**
(51) Student with Conduct Disorder:	☐	☐	**1**	**2**	**3**	**4**	**5**
(52) Student with Eating Disorder:	☐	☐	**1**	**2**	**3**	**4**	**5**

Indicate how much you believe each of the following statements about the functions of dreams:

Strongly disagree	**1**	**2**	**3**	**4**	**5**	**Strongly agree**
(53) Dreams represent unconscious messages:	**1**	**2**	**3**	**4**	**5**	
(54) Dreams are due to random firings of the brain:	**1**	**2**	**3**	**4**	**5**	
(55) Dreams reflect waking life:	**1**	**2**	**3**	**4**	**5**	
(56) Dreams are meaningless:	**1**	**2**	**3**	**4**	**5**	
(57) Dreams represent the brain's attempt to purge unneeded connections:	**1**	**2**	**3**	**4**	**5**	
(58) Dreams are attempts at problem solving:	**1**	**2**	**3**	**4**	**5**	
(59) Dreams are messages from external sources (i.e., God, devil, deceased relatives):	**1**	**2**	**3**	**4**	**5**	

Indicate your attitudes about dreams:

Strongly disagree	**1**	**2**	**3**	**4**	**5**	**Strongly agree**
(60) I believe that dreams are one of the most important ways to understand myself:	**1**	**2**	**3**	**4**	**5**	
(61) I do not pay any attention to my own dreams:	**1**	**2**	**3**	**4**	**5**	
(62) Dreams have meaning:	**1**	**2**	**3**	**4**	**5**	
(63) Dreams are too confusing to have any meaning to me:	**1**	**2**	**3**	**4**	**5**	
(64) I dislike speculation about the meaning of dreams:	**1**	**2**	**3**	**4**	**5**	
(65) I value my dreams:	**1**	**2**	**3**	**4**	**5**	
(66) Practical everyday life is too important to me to pay attention to my dreams:	**1**	**2**	**3**	**4**	**5**	

(67) How often have you speculated about the possible meaning of one of your dreams?	**Never**	**1**	**2**	**3**	**4**	**5**	**Often**
(68) Do you have any beliefs or theories about the meaning of dreams?	**Not at all**	**1**	**2**	**3**	**4**	**5**	**Definitely**

69) What are your thoughts about working with dreams in counseling?

(70) If you have never mentioned or worked with a dream when counseling with students, please check as many items as apply:

☐ It just never occurred to me.

☐ I feel silly talking about dreams.

☐ Dreams are not important enough to discuss when counseling with students.

☐ I'm scared of what students might think or feel if I bring dreams into our counseling sessions.

☐ Students can figure out their own dreams without my help.

☐ I don't think that students are interested in dreams.

☐ There is not enough time to focus on dreams when counseling with students.

☐ Students do not remember or talk about dreams.

☐ I need to focus on other issues when counseling with students.

☐ Other

_____

(71) How interested would you be in learning more about using dreams in counseling? Check all that apply.

☐ Not interested ☐ Interested:

☐ Would like to receive a reference list of related books and articles

☐ Would like a list of related websites

☐ Would like to attend an in-service training

Please provide e-mail information: _____

If you have questions or concerns, feel free to e-mail or call
Rosalía Huermann, BYU Graduate student in School Psychology
(801) 356-0846
rosaliar@hotmail.com
or
Rachel Crook Lyon, Assistant Professor, Brigham Young University
(801) 422-4375 (office)
rachel_crooklyon@byu.edu