



LOG ID	BOOK REFERENCE	RCT FILTER	CONFIDENCE TIER
SEC 5.4.3	CHAPTER 5: LOW-LEVEL UTILITIES (Shamanic Root Access)	ON	CONSENSUS

AUDITED CLAIM

EXPLORING SYSTEM POWER (LUCIDITY ALGORITHM)

SYSTEMS MODEL — AS STATED IN THE BOOK

Clinically, **rehearsing alternative behavioral responses** and confronting feared imagery within the dream state significantly reduces nightmare-related distress by **restoring psychological mastery**.

VALIDATION QUERY

Does rehearsing behavioral responses or confronting feared imagery during lucid dreaming improve waking self-efficacy or reduce nightmare distress?

EMPIRICAL FINDING

Clinical trials consistently show that **rehearsing behavioral responses** to threatening imagery significantly reduces **nightmare distress**. The core therapeutic mechanism relies on restoring **psychological mastery** and **agency** over feared content.

PRIMARY ANCHORS

- Krakow et al., 2001, JAMA
- Kunze et al., 2019, Behavior Therapy

ABOUT THIS RECORD

Each claim in the book is decompiled from its IT metaphor into a naked, falsifiable scientific claim, then anchored to a **primary peer-reviewed source**. Claim and anchor are queried against the Consensus academic database (200M+ papers) under a fixed protocol — top-tier **Q1/Q2 journals only**, preprints excluded, human studies only. If a hypothesis fails the audit, the build is rejected: the AI generates the syntax; the peer-reviewed grid validates the physics.

CONFIDENCE TIERS

- CONSENSUS** — **this log** — broadly established, highly replicated mechanics.
- EMERGING** — plausible, actively researched; no universal consensus yet.
- EXPERIMENTAL** — contested, extrapolated, or purely theoretical.

RCT FILTER — Controlled Studies is ON for interventions (a forced action must beat a control) and OFF for mechanisms (so foundational neuroscience isn't blocked).

THE DREAM MACHINE

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Yes, rehearsing nightmare responses usually reduces nightmare distress, but self-efficacy gains are clearer than lucid-dream-specific effects.

1. Introduction

The literature supports a qualified yes: rehearsing new behavioral responses to nightmares and confronting feared imagery generally reduce nightmare distress, and these benefits often track with increased mastery or self-efficacy. The strongest evidence comes from imagery rehearsal and imaginal exposure trials conducted while awake, not from lucid-dream interventions themselves. Across randomized trials, both imagery rescripting and exposure reduce nightmare frequency and distress relative to waitlist or passive controls, with sustained effects in several studies (Krakow et al., 2001; Kunze et al., 2017; Lancee et al., 2020). Meta-analytic evidence also shows that imagery rehearsal therapy has small-to-moderate benefits for nightmare frequency, sleep quality, and posttraumatic symptoms, and that exposure-based approaches produce similar clinical gains (Yücel et al., 2019; Lancee et al., 2010; Kroener et al., 2023).

Mechanistically, the best-supported pathway is increased mastery over nightmare content rather than lucidity itself. In nightmare trials, gains from imagery rescripting were mediated by enhanced mastery or self-efficacy, whereas gains from imaginal exposure were mediated by greater tolerability of negative dream emotions (Kunze et al., 2019; Lancee et al., 2020; Kunze et al., 2019). By contrast, lucid-dream-specific evidence is sparse and preliminary: one pilot found reduced nightmare frequency after lucid dreaming treatment but also found that lucidity was not necessary for improvement (Spoormaker & Van Den Bout, 2006). Newer proof-of-concept work in narcolepsy suggests treatment can improve self-efficacy for symptom management, but it remains too small to isolate the added value of targeted lucidity reactivation (Mundt et al., 2024).

Does rehearsing behavioral responses or confronting feared imagery during lucid dreaming improve waking self-efficacy or reduce nightmare distress?

Requires at least 5 papers that directly answer your question. Try adjusting your query to find more papers.

FIGURE 1 Consensus on lucid dream rehearsal for nightmares

The meter should read as stronger for nightmare-distress reduction than for lucid-dream-specific self-efficacy effects. Most supportive evidence comes from adjacent nightmare therapies that rehearse mastery or confront feared imagery during wakefulness, while lucid-dream interventions remain underpowered and mechanistically unresolved (Spoormaker & Van Den Bout, 2006; Krakow et al., 2001).

2. Methods

This Deep Search synthesis drew on a search over more than 170 million research papers indexed in Consensus, including Semantic Scholar, PubMed, and other sources. The workflow identified 95 initially relevant papers for the focal question, expanded through citation crawling and targeted concept searches, screened 240 papers, judged 101 as eligible after relevance filtering, and included the top 50 most relevant human controlled studies for this review.

The corpus was intentionally broad enough to capture direct lucid-dream interventions, nightmare-focused rescripting and exposure trials, mechanistic mediator studies, and adjacent REM-sleep memory-reactivation work that could clarify whether dream-based rehearsal changes waking self-efficacy or nightmare distress.

Search Strategy

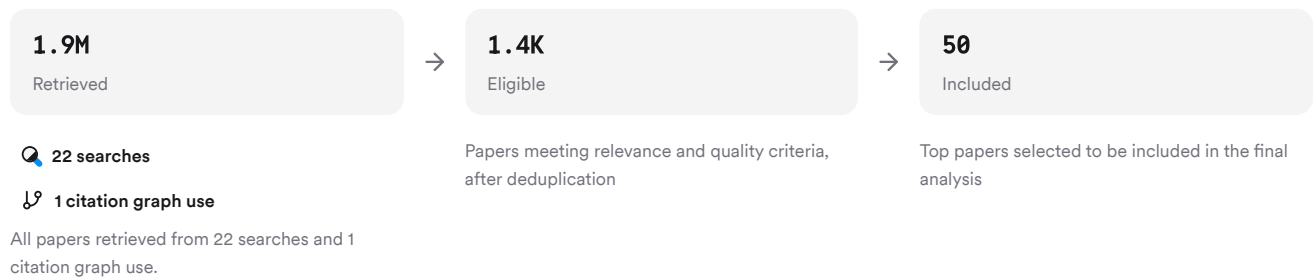


FIGURE 2 Deep search study identification and screening flow

Searches combined lucid dreaming, nightmare rescripting, exposure, mastery, self-efficacy, and dream-emotion modulation to capture both direct and adjacent evidence.

3. Results

3.1 Key Papers

Three papers anchor this literature because they establish efficacy, mechanism, and the specific limits of lucidity. The JAMA trial established that brief imagery rehearsal can substantially reduce nightmares and improve sleep and PTSD symptoms, the 2019 mediator study linked rescripting benefits to mastery/self-efficacy, and the 2006 lucid-dream pilot showed improvement without proving lucidity as the active ingredient (Krakow et al., 2001; Kunze et al., 2019; Spoormaker & Van Den Bout, 2006).

Paper	Summary
(Van Schagen et al., 2015)	Large RCT shows strong nightmare reduction (Krakow et al., 2001)
(Cook et al., 2010)	Mastery mediates rescripting effects (Kunze et al., 2019)
(Maruani et al., 2025)	Lucidity not required for improvement (Spoormaker & Van Den Bout, 2006)

FIGURE 3 Foundational papers on nightmare rehearsal mechanisms

3.2 Nightmare Distress

Dimension	Rescripting / Rehearsal	Exposure / Confrontation	Lucid-Dream-Based Approaches	Citations
Distress outcome	Moderate to large reductions	Similar reductions	Early positive signals only	(Lancee et al., 2020; Kunze et al., 2017; Holzinger et al., 2015)
Frequency outcome	Consistent improvement	Consistent improvement	Improvement, but small pilots	(Krakow et al., 1995; Kunze et al., 2017; Spoormaker & Van Den Bout, 2006)
Durability	Sustained 3-42 months	Sustained up to 42 weeks	Limited follow-up base	(Lancee et al., 2020; Lancee et al., 2011; Holzinger et al., 2015)

Dimension	Rescripting / Rehearsal	Exposure / Confrontation	Lucid-Dream-Based Approaches	Citations
PTSD/sleep spillover	Often improves too	Sometimes improves too	Less clearly established	(Krakow et al., 2001; Margolies et al., 2013; Spoormaker & Van Den Bout, 2006)
Added value over active control	Sometimes absent	Sometimes absent	Unknown	(Harb et al., 2019; Schmid et al., 2021; Mundt et al., 2024)

FIGURE 4 Comparison of nightmare intervention outcome patterns

Nightmare-distress reduction is therefore the most reproducible endpoint in the corpus. Even brief or digitally delivered nightmare therapies often help, including internet IRT, telephone-guided IRT, military ERRT, and digital wildfire-survivor programs (Giesemann et al., 2017; Lancee et al., 2020; Pruiksma et al., 2020).

3.3 Mechanisms

Rescripting appears to work by restoring agency over nightmare content. In multiple nightmare-treatment studies, increases in mastery mediated improvements in nightmare frequency and distress, supporting the idea that rewriting or behaviorally altering the feared scenario changes perceived controllability (Lancee et al., 2020; Kunze et al., 2019; Kunze et al., 2016).

Exposure appears to work differently. Trials comparing imagery rescripting with imaginal exposure found similar clinical outcomes, but exposure benefits tracked increased tolerability of negative emotions rather than mastery, and simple confrontation of feared imagery could be sufficient for some patients (Kunze et al., 2019; Lancee et al., 2010).

Physiological data support real fear reduction. Nightmare-focused CBT reduced both subjective and physiological reactions to nightmare imagery, and reductions were generally maintained to six months (Rhudy et al., 2010).

3.4 Lucidity and Self-Efficacy

Feature	Result
Direct lucid-dream nightmare trial	Nightmare frequency decreased after LDT (Spoormaker & Van Den Bout, 2006)
Need for lucidity	Improvement occurred even when lucidity was not necessary (Spoormaker & Van Den Bout, 2006)
Narcolepsy proof-of-concept	Self-efficacy for symptom management improved (Mundt et al., 2024)
TLR-specific effect	Did not induce lucid control in non-lucid participants (Mundt et al., 2024)
Observational motor-practice evidence	LD rehearsal linked to perceived waking self-efficacy gains (Bonamino et al., 2024)
Caveat	These self-efficacy data are subjective and nonclinical

FIGURE 5 Direct evidence on lucidity and self-efficacy

Direct evidence that lucid-dream rehearsal improves waking self-efficacy is limited to small or observational studies. The clearest clinical self-efficacy signal comes from CBT for nightmares plus targeted lucidity reactivation in narcolepsy, but the sample was only six patients and the lucidity component could not be cleanly separated from broader nightmare treatment (Mundt et al., 2024).

Results Timeline

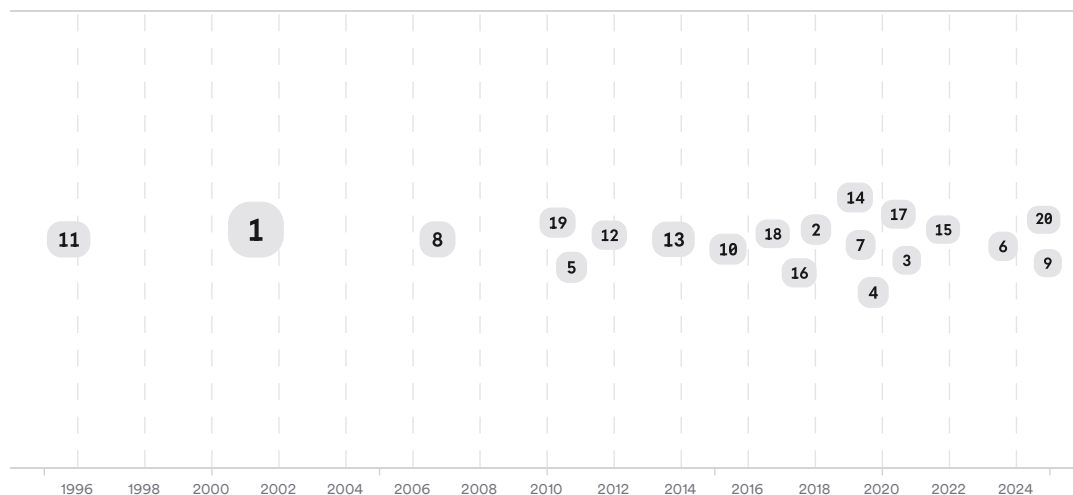


FIGURE 6 Timeline of nightmare and lucid dream studies, larger markers indicate more citations

The timeline is likely to show an early efficacy phase for imagery rehearsal, a later mechanism phase focused on mastery versus tolerability, and a recent exploratory phase testing digital delivery, memory reactivation, and lucid-dream augmentation (Krakow et al., 1995; Kunze et al., 2019; Mundt et al., 2024).

Top Contributors

Type	Name	Papers
Author	J. Lancee	[42d8e8dca3835e0cb7b2a82c545e7063][8f68f147d02157e3a534dea0c09c9277] [2d11dff3c5505992a4eb685590b3f15c][fb1f0f1d379352938809462efae7c472] [0ca1cf84ab9d51ef979d5d9316b879b6][40c8e620626f54cb80d067fd3ecb6e8e] [89ff070e547b5b6287a605c1b220776c][dd680d0d158f5e7cb6c1a35e09a1ec50]
Author	B. Krakow	[82d574df18e8583d8bd7c06ecb4e0d96][51f33a80b64550eebc7ae9186ab5ba07] [c59f0a8f57f1588485f71cc82df8c68c]
Author	Gerlinde C Harb	[dd573c0c3d2c5112ba8681f87e56a178][71fde1ebf6a95566986aa1e0eb6cd8dd] [c771946f83ad549a95d9df7a39965940]
Journal	Journal of Clinical Sleep Medicine	[dd573c0c3d2c5112ba8681f87e56a178][2892ac4bf2de531eabb9a80a73b48c42] [74362a5c9189575693ba62e5bea54146][5685d69e340f5e6bad7f889f3c4fa6a7]
Journal	Journal of Sleep Research	[42d8e8dca3835e0cb7b2a82c545e7063][2d11dff3c5505992a4eb685590b3f15c] [ec71580788b25b89b96f36a79af3300d][75e30b5b25095d1da1fea494b05b285b]
Journal	Psychotherapy and Psychosomatics	[8f68f147d02157e3a534dea0c09c9277][09590ff373a35a4ca8c99c472453d508] [22e2b6a35aa751d18b68cb9a20df75bf][963c90645aba51299339b1efda1ca18a]

FIGURE 7 Authors and journals appearing most often

4. Discussion

The strongest conclusion is that nightmare-focused rehearsal and confrontation techniques work, but the field has not shown that they work specifically because they occur during lucid dreams. Large randomized trials and meta-analyses consistently show benefits of imagery rehearsal, exposure, and related rescripting methods on nightmare frequency and distress (Yücel et al., 2019; Krakow et al., 2001). These effects replicate across idiopathic nightmares, PTSD, depression, children, adolescents, and mixed psychiatric samples, though effect sizes are smaller or less consistent in some trauma-heavy veteran cohorts (Maruani et al., 2025; St-Onge et al., 2009; Krakow et al., 2001; Van Schagen et al., 2015; Cook et al., 2010).

The self-efficacy story is plausible and moderately supported. Nightmare studies repeatedly identify mastery as a mediator, and one RCT directly reported enhanced self-efficacy after brief nightmare treatment regardless of whether the active ingredient was rescripting, exposure, or positive imagery (Kunze et al., 2019; Schmid et al., 2021). That makes it reasonable to infer that rehearsal of successful responses can improve waking beliefs about coping. Still, direct lucid-dream evidence for this pathway remains thin and mostly nondefinitive (Spoormaker & Van Den Bout, 2006; Mundt et al., 2024).

The main limitation is separation of components. Many trials combine psychoeducation, sleep-habit change, relaxation, diary work, rescripting, and sometimes exposure, so the specific causal role of behavioral rehearsal inside dreams remains uncertain (Pruiksma et al., 2020; Walters et al., 2019; Kunze et al., 2016). Some high-quality trials also found no superiority over active controls or over CBT-I alone, which argues against overselling any single nightmare technique (Harb et al., 2019; Cook et al., 2010; Priguda et al., 2023).

The lucid-dream literature is especially preliminary. Pilot and add-on studies suggest potential benefits, faster improvement among successful lucid dreamers, and good theoretical fit with nightmare mastery, but samples are very small and lucidity often fails to emerge or is unnecessary for symptom change (Holzinger et al., 2015; Mundt et al., 2024; Spoormaker & Van Den Bout, 2006). For personal treatment decisions, especially in PTSD, depression, or narcolepsy, a licensed clinician is the right person to interpret whether these approaches fit an individual case.

Claim	Evidence Strength	Reasoning	Papers
Nightmare rehearsal/rescripting reduces nightmare distress and frequency.	 Strong	Multiple RCTs and a meta-analysis show replicated benefit versus passive controls.	(Yücel et al., 2019; Lancee et al., 2020; Krakow et al., 2001)
Exposure to feared nightmare imagery also reduces nightmare distress.	 Strong	Several trials show exposure performs similarly to rescripting and beats waitlist.	(Lancee et al., 2010; Kunze et al., 2017; Lancee et al., 2011)
Increased mastery/self-efficacy is a likely mechanism of rescripting benefit.	 Moderate	Mediator analyses directly support mastery, but mechanism work is still limited.	(Kunze et al., 2019; Lancee et al., 2020; Kunze et al., 2019)
Lucid-dream-specific rehearsal improves waking self-efficacy.	 Weak	Small clinical and observational studies suggest it, but direct tests are scarce.	(Mundt et al., 2024; Bonamino et al., 2024)
Lucidity itself is necessary for nightmare improvement.	 Weak	Best direct pilot evidence argues against necessity.	(Spoormaker & Van Den Bout, 2006; Mundt et al., 2024)

FIGURE 8 Key claims and supporting evidence strength

5. Conclusion

Rehearsing alternative responses to nightmares and confronting feared dream imagery generally improve nightmare outcomes, and the most credible mechanism is increased mastery over the nightmare rather than lucidity itself. Waking self-efficacy also appears to improve in some studies, but that evidence is much thinner and mostly indirect when the intervention is specifically lucid dreaming (Schmid et al., 2021; Mundt et al., 2024).

Research Gaps

The clearest gap is not whether nightmare rehearsal helps, but whether doing it during lucid dreams adds anything beyond standard waking rescripting or exposure. Evidence is especially sparse for direct head-to-head trials, objective measures of waking self-efficacy, and clinical populations where lucidity can be reliably induced.

Topic/Outcome	Direct RCTs	Mechanism Tests	Long-Term Follow-Up	Clinical Generalization
Lucid-dream rehearsal for nightmares	1	2	1	2
Waking self-efficacy after lucid rehearsal	1	2	GAP	1
Imagery rehearsal therapy	10	4	8	9
Imaginal exposure for nightmares	4	3	4	4
REM cueing or memory reactivation add-ons	2	3	1	2

Open Research Questions

The next phase should test whether lucid-dream-specific rehearsal provides incremental benefit over established nightmare therapies, and for whom.

Question	Why
Does lucid-dream rehearsal outperform waking imagery rehearsal for nightmare distress in a randomized trial?	This would isolate whether lucidity adds therapeutic value beyond already effective rescripting practice.
Do improvements in nightmare mastery during lucid dreams cause measurable gains in waking self-efficacy?	Mechanism studies could distinguish subjective empowerment from true generalized coping improvement.
Can targeted lucidity or memory reactivation reliably enhance treatment response in PTSD or narcolepsy?	Current add-on studies are promising but too small to establish clinical usefulness or optimal dosing.

Overall, rehearsing behavioral responses or confronting feared imagery appears to reduce nightmare distress, but the evidence that **lucid dreaming itself** drives waking self-efficacy gains remains preliminary.

These search results were found and analyzed using Consensus, an AI-powered search engine for research. Try it at <https://consensus.app>. © 2026 Consensus NLP, Inc. Personal, non-commercial use only; redistribution requires copyright holders' consent.

References

Bonamino, C., Watling, C., & Polman, R. (2024). Sleep and lucid dreaming in adolescent athletes and non-athletes. *Journal of Sports Sciences*, 42, 1566 - 1578. <https://doi.org/10.1080/02640414.2024.2401687>

- Cook, J., Harb, G. C., Gehrman, P., Cary, M. S., Gamble, G. M., Forbes, D., & Ross, R. (2010). Imagery rehearsal for posttraumatic nightmares: a randomized controlled trial.. *Journal of traumatic stress*, 23 5, 553-63. <https://doi.org/10.1002/jts.20569>
- Gieselmann, A., Böckermann, M., Sorbi, M., & Pietrowsky, R. (2017). The Effects of an Internet-Based Imagery Rehearsal Intervention: A Randomized Controlled Trial. *Psychotherapy and Psychosomatics*, 86, 231 - 240. <https://doi.org/10.1159/000470846>
- Harb, G. C., Cook, J., Phelps, A., Gehrman, P., Forbes, D., Localio, R., Harpaz-Rotem, I., Gur, R., & Ross, R. (2019). Randomized Controlled Trial of Imagery Rehearsal for Posttraumatic Nightmares in Combat Veterans. *Journal of Clinical Sleep Medicine*, 15, 757 - 767. <https://doi.org/10.5664/jcsm.7770>
- Holzinger, B., Klösch, G., & Saletu, B. (2015). Studies with lucid dreaming as add-on therapy to Gestalt therapy. *Acta Neurologica Scandinavica*, 131, 355 - 363. <https://doi.org/10.1111/ane.12362>
- Krakow, B., Hollifield, M., Johnston, L., Koss, M., Schrader, R., Warner, T., Tandberg, D., Lauriello, J., McBride, L., Cutchen, L., Cheng, D., Emmons, S., Germain, A., Melendrez, D., Sandoval, D., & Prince, H. (2001). Imagery rehearsal therapy for chronic nightmares in sexual assault survivors with posttraumatic stress disorder: a randomized controlled trial.. *JAMA*, 286 5, 537-45. <https://doi.org/10.1001/jama.286.5.537>
- Krakow, B., Kellner, R. W., Pathak, D., & Lambert, L. (1995). Imagery rehearsal treatment for chronic nightmares.. *Behaviour research and therapy*, 33 7, 837-43. [https://doi.org/10.1016/0005-7967\(95\)00009-m](https://doi.org/10.1016/0005-7967(95)00009-m)
- Krakow, B., Sandoval, D., Schrader, R., Keuhne, B., McBride, L., Yau, C., & Tandberg, D. (2001). Treatment of chronic nightmares in adjudicated adolescent girls in a residential facility.. *The Journal of adolescent health : official publication of the Society for Adolescent Medicine*, 29 2, 94-100. [https://doi.org/10.1016/s1054-139x\(00\)00195-6](https://doi.org/10.1016/s1054-139x(00)00195-6)
- Kroener, J., Hack, L., Mayer, B., & Susic-Vasic, Z. (2023). Imagery rescripting as a short intervention for symptoms associated with mental images in clinical disorders: A systematic review and meta-analysis.. *Journal of psychiatric research*, 166, 49-60. <https://doi.org/10.1016/j.jpsychires.2023.09.010>
- Kunze, A., Arntz, A., Morina, N., Kindt, M., & Lancee, J. (2017). Efficacy of imagery rescripting and imaginal exposure for nightmares: A randomized wait-list controlled trial.. *Behaviour research and therapy*, 97, 14-25. <https://doi.org/10.1016/j.brat.2017.06.005>
- Kunze, A., Lancee, J., Morina, N., Kindt, M., & Arntz, A. (2019). Mediators of Change in Imagery Rescripting and Imaginal Exposure for Nightmares: Evidence From a Randomized Wait-List Controlled Trial.. *Behavior therapy*, 50 5, 978-993. <https://doi.org/10.1016/j.beth.2019.03.003>
- Kunze, A., Lancee, J., Morina, N., Kindt, M., & Arntz, A. (2016). Efficacy and mechanisms of imagery rescripting and imaginal exposure for nightmares: study protocol for a randomized controlled trial. *Trials*, 17. <https://doi.org/10.1186/s13063-016-1570-3>
- Lancee, J., Eftting, M., & Kunze, A. (2020). Telephone-guided imagery rehearsal therapy for nightmares: Efficacy and mediator of change. *Journal of Sleep Research*, 30. <https://doi.org/10.1111/jsr.13123>
- Lancee, J., Spoormaker, V., & Van Den Bout, J. (2010). Cognitive-Behavioral Self-Help Treatment for Nightmares: A Randomized Controlled Trial. *Psychotherapy and Psychosomatics*, 79, 371 - 377. <https://doi.org/10.1159/000320894>
- Lancee, J., Spoormaker, V., & Van Den Bout, J. (2011). Long-term effectiveness of cognitive-behavioural self-help intervention for nightmares. *Journal of Sleep Research*, 20. <https://doi.org/10.1111/j.1365-2869.2010.00894.x>
- Margolies, S., Rybarczyk, B., Vrana, S., Leszczyszyn, D. J., & Lynch, J. (2013). Efficacy of a cognitive-behavioral treatment for insomnia and nightmares in Afghanistan and Iraq veterans with PTSD.. *Journal of clinical psychology*, 69 10, 1026-42. <https://doi.org/10.1002/jclp.21970>
- Maruani, J., Martins, N., Clerici, E., Lejoyeux, M., & Geoffroy, P. (2025). Imagery Rehearsal Therapy (IRT) is associated with reduced nightmare severity and depressive, anxiety and suicidal symptoms in adults with Major Depressive Episode. *International Journal of Clinical and Health Psychology : IJCHP*, 26. <https://doi.org/10.1016/j.ijchp.2025.100658>
- Mundt, J. M., Pruiksma, K., Konkoly, K. R., Casiello-Robbins, C., Nadorff, M. R., Franklin, R.-C., Karanth, S., Byskosh, N., Morris, D. J., Torres-Platas, S., Mallett, R., Maski, K., & Paller, K. A. (2024). Treating narcolepsy-related nightmares with cognitive behavioural therapy and targeted lucidity reactivation: A pilot study. *Journal of Sleep Research*, 34. <https://doi.org/10.1111/jsr.14384>
- Priguda, E., Evans, J., Mcleay, S., Romaniuk, M., Phelps, A., Lewis, K., Brown, K., Fisher, G., Lowrie, F., Saunders-Dow, E., & Dwyer, M. (2023). Posttraumatic sleep disturbances in veterans: A pilot randomized controlled trial of cognitive behavioral therapy for insomnia and imagery rehearsal therapy.. *Journal of clinical psychology*. <https://doi.org/10.1002/jclp.23561>

- Pruiksma, K., Taylor, D. J., Mintz, J., Nicholson, K. L., Rodgers, M., Young-McCaughan, S., Hall-Clark, B. N., Fina, B. A., Dondanville, K., Cobos, B. A., Wardle-Pinkston, S., Litz, B., Roache, J., & Peterson, A. (2020). A pilot randomized controlled trial of cognitive behavioral treatment for trauma-related nightmares in active duty military personnel. *Journal of Clinical Sleep Medicine*, 16, 29 - 40. <https://doi.org/10.5664/jcsm.8116>
- Rhudy, J., Davis, J. L., Williams, A. E., McCabe, K., Bartley, E., Byrd, P. M., & Pruiksma, K. (2010). Cognitive-behavioral treatment for chronic nightmares in trauma-exposed persons: assessing physiological reactions to nightmare-related fear.. *Journal of clinical psychology*, 66 4, 365-82. <https://doi.org/10.1002/jclp.20656>
- Schmid, C., Hansen, K., Kröner-Borowik, T., & Steil, R. (2021). Imagery Rescripting and Imaginal Exposure in Nightmare Disorder Compared to Positive Imagery: A Randomized Controlled Trial. *Psychotherapy and Psychosomatics*, 90, 328 - 340. <https://doi.org/10.1159/000512757>
- Spoormaker, V., & Van Den Bout, J. (2006). Lucid Dreaming Treatment for Nightmares: A Pilot Study. *Psychotherapy and Psychosomatics*, 75, 389 - 394. <https://doi.org/10.1159/000095446>
- St-Onge, M., Mercier, P., & De Koninck, J. (2009). Imagery Rehearsal Therapy for Frequent Nightmares in Children. *Behavioral Sleep Medicine*, 7, 81 - 98. <https://doi.org/10.1080/15402000902762360>
- Van Schagen, A. V., Lancee, J., De Groot, I. W., Spoormaker, V., & Van Den Bout, J. (2015). Imagery rehearsal therapy in addition to treatment as usual for patients with diverse psychiatric diagnoses suffering from nightmares: a randomized controlled trial.. *The Journal of clinical psychiatry*, 76 9, e1105-13. <https://doi.org/10.4088/jcp.14m09216>
- Walters, E. M., Jenkins, M., Nappi, C. M., Clark, J., Lies, J., Norman, S., & Drummond, S. (2019). The Impact of Prolonged Exposure on Sleep and Enhancing Treatment Outcomes with Evidence-Based Sleep Interventions: A Pilot Study.. *Psychological trauma : theory, research, practice and policy*, 12, 175 - 185. <https://doi.org/10.1037/tra0000478>
- Yücel, D., Van Emmerik, A. V., Souama, C., & Lancee, J. (2019). Comparative efficacy of imagery rehearsal therapy and prazosin in the treatment of trauma-related nightmares in adults: A meta-analysis of randomized controlled trials.. *Sleep medicine reviews*, 50, 101248. <https://doi.org/10.1016/j.smrv.2019.101248>