

SELF HELP STRATEGIES FOR WORKERS FOLLOWING EXPOSURE TO TRAUMA

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Several years ago I met with a group of workers following a work-place accident that happened while drilling a new tunnel high up in the mountain. While inspecting the stone cruncher a large stone fell from the roof onto his back. His fellow co-workers took in extremely strong sensory intrusions and were obviously very bothered with intrusive images at the debriefing two days after the event. It took me hours to drive to the area and as this group of macho men are very reluctant to see a psychologist I did not think that I would have much chance of them returning for more meetings afterwards. I decided to give them very concrete instructions on what they could do if these intrusions continued over the first weeks. They were briefly told about self-help techniques where they actively took control over the intrusive images by calling up these images and then actively manipulate them by using the screen technique and moving them in space. The company nurse was my co-leader in this meeting and she contacted them individually after some weeks to enquire how they were doing. They grieved their colleague but they were not experiencing any posttraumatic effects that interfered with their work. However, two of them had spontaneously told her that they had no belief in psychology (or psychologists), but they had been so bothered by intrusive images that they had decided that they had better try the method that I had described, and to their amazement it had worked. Since then I have more and more relied on teaching such simple methods to people be that emergency workers or other clients that I see.

For four years I worked at a research center for work environment, health and safety. One of the research issues I became involved with during this time was burnout where we looked at stress and burnout among health care workers, police and other helping professionals. Then and later I have worked with personnel involved in disaster work including war situations on different continents and countries. One finding we saw in our data on burnout was that it was seldom the amount of trauma that predicted those with high scores on burnout inventories. We, as well as others, found that it very often was conflict between people at work that determined degree of ill-health. In international emergency operations the biggest stressors have not come from being exposed to trauma, but have been the bureaucracy that workers face. I do think it is important to see trauma as one of several stressors in our work life, maybe not the factor contributing the most to our distress at work.

What is so special with trauma is that it may require very large expenditure of physical and mental energy in a very short period of time, and that prolonged work without time to regain balance and replenish our resources can produce what I will call “instant burnout”. Why are

we in danger of this enormous use of energy in such situations? Partly it has to do with the personalities of helpers, being so eager to help, always putting others first, devoted to what they do, empathically oriented and having problems saying no. But I will take you through a different route of understanding before returning to the real theme of my presentation; self-help.

The Italian born US psychologist Mihaly Csikszentmihalyi, (pronounced "ME-high CHICK-sent-me-high-ee") easier called MC, is known for his work on happiness and creativity and for being the originator of the notion of flow. Csikszentmihalyi (1997, p. 29) described the flow experience as: "one that many people have used to describe the sense of effortless action they feel in moments that stand out as the best in their lives" There are three elements in flow:

- Absorption
- Enjoyment
- Intrinsic motivation

Flow is most likely when we perceive a balance between the challenges of the situation and the skills and resources we have to cope with these challenges. Often such resources are lacking in the work environment or the situation is too extreme for the use of our usual resources (Bakker, 2005).

Those who work in emergency situations will immediately recognize two of the factors of flow from their own involvement in trauma situations. Trauma work is highly motivating; we are intrinsically motivated and become totally absorbed forgetting everything around us. However, intense enjoyment of the situation is seldom present in a trauma situation. At least it is very hard to say out loud that we enjoy what we do in trauma work. However, there is no doubt that every one of us involved in such work feel intensely alive, we experience intense meaning in what we do, being deeply involved, and very important, we are able to work to the limit of our capabilities and beyond. This is seen at its extreme in disaster work and by workers involved in humanitarian assistance missions: In such situations it is very difficult to get people to take breaks or to end their work, they continue beyond their limits and run their body and soul down by this. Returning from humanitarian assistance work many have re-entry problems experiencing the lack of meaning in more ordinary tasks.

The use of mental resources and energy expenditure is often extreme in trauma situations, but because of the flow we often are unaware of this while in the midst of the work. Lutz and

Guiry (1994) in their description of flow wrote: Indeed, time may seem to stand still and nothing else seems to matter while engaged in the consumption event (cited in Bakker, 2005).

The important question is: How do we replenish our energy? Many events that really get to the core of the helper are events that in some way connect with their own life situation on an emotional level. It will be the appraisal of these events that determine our responses

Most helpers will get through traumatic events without emotional sequelae. Research shows that cognitive factors are important in determining the development and persistence of PTSD. How we think about our involvement and our reactions to such involvement is important for maintaining our well-being. Recently Heinrich and co-workers (2005) documented in a prospective study of fire-fighters that the combination of pre-existing high levels of hostility and low levels of self-efficacy was a strong predictor of the development of PTSD symptoms in fire-fighters. Self-efficacy can be boosted by teaching people strategies where they develop the skills to control their own thoughts, emotions and reactions.

I will not downplay the importance of having a well coordinated, integrated and institutionalized CISM approach in place for personnel care. Pre incident preparation and early intervention with leader and peer-support, defusing, debriefing and follow-up care provide a caring climate that help us replenish personal, group and organizational resources following trauma events. For people who develop more protracted problems a system must be in place for individual follow-up and therapy when necessary. In this presentation I will focus on aspects of self-care and how we can develop and use our personal resources in response to trauma.

At a personal level the challenge following a trauma is the same as following more ordinary work; how can we switch off from our work? How can we use or develop good personal strategies to deal with our work exposure? The conservation of resources theory (Hobfoll, xx) states that people seek to obtain, retain and protect resources. Stress occurs when resources are threatened with loss or lost, or when individuals fail to gain resources after substantive resource investment. Most of us use a variety of different strategies to recover from trauma work. What will function best will be very individual, but some years ago I remember reading a meta-analysis of stress management strategies that concluded that music and exercise were the overall best strategies.

In a recent study from the UK (Rook & Zijlstra, 2006) sleep was found to be crucial to daily recovery from strain. The better participants felt upon arising and the more positive ratings of sleep, the less likely one is to experience fatigue at the end of the workday. It is quality more than quantity of sleep that is important. It was also found that the traditional weekend respite was very important for recovery from work stress.

Although I will focus on some of the self-help strategies that can be used for alleviating negative consequences of a traumatic event, I hold positive strategies such as the use of humour, being with loved ones, engaging in sports as very important in regaining balance following absorption in trauma work. Momentary experiences of positive emotions can build psychological resources and foster energy. Experiencing positive emotions increases self-efficacy. Salanova, Bakker and Llorens (2006) and Bakker (2005) have recently shown how organisational resources (social support, autonomy, performance feedback) had a positive influence on the occurrence of flow over time. At the same time personal resources operationalized as strong beliefs about one's own competence at work also fostered these flow experiences over time. Self-efficacy facilitates well-being, and it is a powerful personal resource to build future positive experiences related to one's work life. "Feeling competent in the present, seems to predict being in flow in the future" Salanova, Bakker and Llorens (2006, p. 16).

The US psychologist Barbara Fredrickson (2001) and her group proposed and have gathered documentation for a "broaden and build" theory of coping resources. She postulates that negative emotions limit our momentary thought-action repertoire and make us ready to act (fight, flight or freeze). Such emotions are accompanied by cardiovascular and neuronal processes that prepare the body for action. Positive emotions on the contrary expand our thought-action repertoire and have the capability to "undo" cardiovascular after-effects of negative emotions and help us recover from negative emotional arousal.

I have taken a detour through the old field of work stress and burnout and the new field of positive psychology as they both have important lessons to teach for us about energy expenditure, self-efficacy and broadening our repertoire of responses to adverse situations. Self-help is about empowering ourselves and the people we serve.

Self-help – aim and rationale

There is considerable evidence regarding the positive effects of self-efficacy on performance and well-being in different domains such as the workplace, school and sports (Bandura 1999, 2001). People who believe they can exercise control over aversive events display lower physiological arousal and less performance impairment (Benight & Bandura, 2004).

If self-help means not using professional services, there is a long tradition of self-help in the emergency services. The use of peer-support is an integral part of care systems all over the world. In disaster and trauma situations it is obvious that people usually have to cope themselves as there are, and never will be, enough professionals to attend to every person that is affected by the trauma.

The use of self-help methods is important for several reasons:

- Self-help techniques can reduce the number of personnel that need mental health follow-up after critical events
- Can reach people who refrain from contacting professionals
- Can be taught to groups and reach many people
- Can prevent undue suffering
- Can be used following different types of events
- It is important in itself as it fosters self-efficacy

There is a diversity of different methods, encompassing those where people individually use methods they learn through self-help books, find on the net, learn from others or have learned previously for then to be used again following trauma. There are methods that more from mouth to ear within social networks, there are other methods that are part of common sense advice in stressful situations. But there are also more formalized self-help, i.e. CDs on how to cope with depression or trauma, and helplines where advice is given over the telephone. Lately the internet has offered structured help following trauma where people log in and can do therapy by e-mail, by writing assignments etc. Here self-help is closely guided by professionals, often in a very interactive format. For those entering therapy more and more emphasis is placed on what happens between sessions where practice and exercise has become an integral part of treatment. Be that exposure, behavioural experiments or practice of relaxation techniques, imagery techniques or other methods, they all rely heavily on clients work away from the therapist and thus must be regarded as a form of self-help. Self-help methods vary from no therapist help, through brief assistance to massive assistance. When I

work as a clinician I have a very simple philosophy, I move from the simple to the more complex in almost everything I do. I would like people to rely as little as they have to on a therapist – self-help methods are wonderful as people take the credit when things go fine, and you can take the blame and say that your instructions were inadequate if they do not work. If I see a single client or a group, if they can handle a situation based on some self-help advice I will go for that before advocating more complex strategies. I'd like to give some brief examples of how I have incorporated self-help techniques:

Some years ago following the war in Bosnia I was asked to see a group of refugees (15 to 20 people) who had experienced terrible traumas before their flight, including being in “concentration camps” and seeing executions. Several of them were under treatment for their traumas, but therapists were not very well versed in practical methods and they continued to struggle with very concrete problems of intrusion, nightmares and problems falling asleep. During a three hour meeting we first discussed some of the problems they were faced with, and then I taught them very concrete methods of gaining control with intrusive images, some nightmare-reduction techniques and a way of breathing that induces sleepiness. The refugee center reported that this was very helpful for the group.

Last year there was a film made of a large group of then schoolchildren that survived a bombing of a school in Bergen, Norway in 1944 where more than 60 children were killed. It was a tremendous experience for many children at a time when they were prohibited to talk about this event, and most of them were sent out of the city afterwards. The conspiracy of silence lasted for 60 years but at a memorial in 2004 many of them gathered and since then many of them have talked about their life-long anxieties, phobias, nightmares, intrusive images and sleep problems. Most of them are now in their seventies. After the presentation of a film about their situation and hearing them talk about their present problems I offered to come back to have an evening where I talked about self-help strategies. So I did with a room packed with people, and not one of them slept in the three evening hours we spent together. Again it was techniques to master intrusive images, nightmares and sleep problems that was at the core of the evening, combined with ways they could start facing all their anxieties.

Two years ago it was two full halls of high school students who had witnessed a fellow pupil shoot and seriously injure a 19 year old girl at a discothèque. Same format repeated twice,

with information to normalize reactions and specific advice to those who had been present on how to handle their after reactions.

One year ago, 10 rape victims, several of them undergoing trauma treatment gathered for two evenings to get instructions on self-help techniques for regulating thoughts, images and emotions, and lastly about a month ago, 25 survivors of sexual trauma (mostly incest) with an evening all devoted to self-help techniques for sleep difficulties.

I wish that I could show you nice charts with numbers and significant differences between my intervention groups and people in control conditions, but I can't. But I can tell you from the e-mails and response from participants that this is a kind of concrete advice they find so helpful, because it is fitted to the problems they struggle with every day. But delivered in a group format it is more difficult to tailor-make it to the individuals, so it is more like planting several different seeds and hope that some of them will set down a root. In individual contacts advice can build on pre-existing experience and skills and one sometimes just have to reinforce the strategies they already have in their repertoire.

After the Tsunami the Swedish government and the group they delegated to build up groups around the country asked us to train all the group leaders for these groups, and we have relied heavily on equipping them with a variety of methods that they could teach survivors, as well as use in their clinical practice. Our aim was that this kind of minimal intervention could reduce the need for input from specialist therapists.

When meeting groups or individuals following trauma there will be a minimum amount of contact needed between the person who teaches the self-help methods and those who are to benefit from it. For anxiety there is evidence that self-help treatments with more therapist contact demonstrate more robust effects across a range of anxiety diagnoses (Newman et al 2003).

Those of you who are familiar with relaxation exercises know how it takes time and effort with practice to master them. This is the case with most self-help methods, they may be simple and straightforward to explain, but may need be strenuous to learn and master. Motivating for training and practice is always important, so people do not give up if the method does not bring about instant success. Working with adolescents as much as I do, I

often feel that this is the hardest work, as they want proof of its value through instant feedback. They want instant therapy and have little patience with training. Preparing for setbacks is always part of the introduction, and if you are a therapist and ask your clients to use these methods between sessions you have to check up on progress. People's own creativity is utilized in many self-help methods. They often are able to vary the procedure in some manner to make it fit their purpose, make it easier to tolerate or find some twitch that makes it better.

A 10 year old girl that I instructed in counter conditioning, a method that works on creating positive associations to touching a finger point said "just like a chip has been inserted" and in this way took ownership of the method in a way that empowered her.

I would now like to move into the terrain of specific self-help methods. Across cultures most helpers experience the following situations as most stressful with the highest potential to lead to trauma reactions:

- The death of a child
- Death of a colleague
- Extreme helplessness and death when one has the responsibility
- Helping victims you know well

Very often, what determines our responses to such events are how they connect with our own lives and how we think about them.

A police officer was referred to me after she had responded to a drunken driver who collided with his car with his three year old daughter in the back seat. She was among the first on the scene and while waiting for the ambulance the small girl died in her arms. Her feelings of helplessness following this were massive. I did not see her until a few weeks after the child's death and then she had developed severe sleep problems, she had nightmares, but first and foremost she struggled with intrusive images and thoughts. She herself had had problems becoming pregnant and the irresponsibility of the father and the meaninglessness of the child's death played on emotional strings deep inside her.

I will use this example to illustrate the variety of self-help strategies that can be applied. I think that most trauma workers would agree that it is important to do the following in situations like this:

- Have a systematic talk-through with colleagues
- Gain control over bothersome sensory images
- Be able to make meaning out of our response to counteract feelings of helplessness and loss of meaning - meaning enhancement
- Connect with our loved ones
- Use personal coping strategies

What self-help methods were available for me to teach the police officer to gain control over the sensory images that bothered her following the child's death? Intrusive recollections need to be brought under control. This can be achieved by sensory intrusion management skills.

Among these are

- The screen method
- The hand technique
- Change visual perspective, framing memory
- Sensory intrusion modulation
 - Audio-control (radio, mp3 player, ear-plugs, music, etc.)
 - Smell antagonist (oils, perfume, container, fantasy)
 - Taste-control (counter-taste, fantasy)
 - Kinaesthetic, body positions (massage, relaxation)
- Counter-conditioning
- Restructuring or changing the memory

Most of us know that oftentimes it is not the imagery but the intrusive thoughts that is bothersome. What can be done about them? A variety of different techniques are available for this:

- Write them down in detail
- Describe them verbally
- Read them onto a tape that can be listened to
- Let the texts become "silly" song lyrics that can be sung for yourself
- Make a new order of the thoughts, read them backwards, and make a "funny" change

- Use thought stopping
- Build strong thoughts or coping statements
- Use distraction methods
- Make alternative thoughts – change the outcome
- Use detached mindfulness – just noticing the thoughts and remind oneself how little is gained by ruminating

In my example of the police officer I mentioned her sleep problems. Sleep is maybe the finest barometer on the state of our mental systems and very often will be affected by strong stressors at work. Trauma is very regularly followed by sleep disturbances. Failure to unwind and physiological activation lead to sleep complaints and poorer trauma processing and lack of sleep is associated with a variety of negative effects (Sonnentag & Krueger, 2006). For regaining balance it is of uttermost importance to be able to regain normal sleep. I could have talked the rest of the day about different aspects of sleep but for time reasons I will mention only some self help aspects. First of all although sleep hygiene is important I am sure that every worker who has problems sleeping following traumas either has intrusive thoughts or images that is causing problems, or they are refraining from entering bed in fear of nightmares. So what I already have talked about regarding methods to stop intrusive thinking and to control visual imagery is indeed useful here. But apart from that I suggest that the following methods be applied:

- Sleep hygiene
 - Coffee, tea, cola etc.
 - Activity and meals near bedtime, climate around sleep,
- Set aside specific time for worrying
- Cholis' breathing method
- Benson's relaxation response
- Nightmare methods

I will briefly describe the Cholis method as it is found so useful by so many, although it is a bit unpleasant to use. Cholis (1995) method is a breathing–retraining procedure for sleep-onset insomnia. The procedure of breathing proposed consists of (a) an additional exhalation, in a way that will only leave the residual volume (about 1 litre) and (b) prevention of inhalation during several seconds to raise the levels of CO₂. During sleep an increment of carbon dioxide in the blood is produced. At the same time, this acts as a sedative. This

breathing process produces an increase in the concentration of CO₂ in the blood. The method is as follows:

1. Lie on your back in a relaxed position with your head at the same level as your body or lower.
2. Shut your eyes.
3. Inhale softly. Do not breathe in too deeply. Exhale all air. Repeat this exercise three times.
4. After third breath, exhale all the air and stay like this for as long as you can without inhaling further. Then, breathe gently three times and delay breathing again at the end of the third exhalation.
5. To hold your breath without inhaling, you could distract yourself with any mental image.
6. Once you have repeated this cycle from five to eight times you will feel the desire to breathe normally and will be relaxed and sleepy. You can breathe then, softly and normally.

I guarantee from own experience and that of hundreds of people I have taught this procedure that it will work, but what I said about practice and motivation holds very much true here.

What about nightmares? This is an area where so much happens on the research front at the moment, especially due to Barry Krakow in Phoenix, Arizona. He has brought us much new research around trauma and sleep and together with Robert Kellner years ago introduced Imagery rescripting for nightmares. Until recently the method consisted of writing down in detail the nightmare with facts, thoughts and emotions, and then creating a new script where horror parts of the nightmare was changes, i.e. a new ending, before this was written down and then rehearsed. This is the method that I have used as a self help method. Recently the detailed exposure to the nightmare has been dropped, and it is the change of the nightmare that is focused on. In their latest article Krakow and Zadra (2006) present their Image Rehearsal Technique as follows:

- Psychoeducation
 - About nightmare and sleep
 - Consequences of poor sleep quality
 - Nightmares help and harm
 - Why do nightmares persist – a life of their own

- Nightmares as learned behaviour
- Developing imagery skills
 - Natural part of mental imagery
 - Imagery common just before sleep
 - Imagery as a daydream with more intention or structure
 - Practice imagery daily for a few minutes or more
 - Careful in triggering disturbing images
 - Learn to comfortably generate pleasant images
 - Imagery has a place in changes we make in our lives
- Developing imagery skills (continued)
 - Exercise: 5 to 10 minutes on something in their life they currently like to change (positive or neutral)
 - Reflecting on becoming a dreamer with capacity for more pleasant dreams
- Selecting and changing the nightmare
 - First practice technique on less emotional disturbing dreams
 - “Change it in any way that feels right to you” (can be changing minutiae in dream, the ending or whole new story)
- Rehearsing the new dream – activate imagery system

A similar procedure that holds some promise is the lucid dreaming approach (Spoormaker, Schredl & van den Bout, 2006). Here the procedure is as follows:

- Mental instruction: before going to bed say to yourself that the next time the nightmare occurs you will remember that you are only dreaming.
- You may exercise by bringing up the nightmare while you think that it is only a dream
- Anything can be changed in a lucid dream. How would you like to change it?

Switching off may involve lowering the bodily activation. Although intrusive images and thoughts often lies at the core of such activation, another avenue to regaining balance is to quiet the body. For this there are a variety of techniques that I imagine most of you are familiar with:

- Relaxation skills & breathing techniques
- Safe place

- Music
- Massage
- Sleep techniques
- Guided (positive) imagery
- Developing fantasy resources
- Encourage writing methods

Sometimes the best way of switching off is to combine the postponement technique where worries are set aside for a specific time where they are addressed with specific ways of distracting oneself. There are a variety of such techniques where attentional control is at the core:

- Behavioural distraction
- Focusing attention on the environment or sensory stimuli
 - Objects
 - Sounds
 - Persons
- Mental focusing
 - Ideas, thoughts – make an inner video, a poem
 - Fantasy voyage
- Bodily focusing
 - Breathing
 - Other areas of the body

I already have tried to cover too many of all the techniques available, but cannot leave you without talking about meaning construction. Twenty years ago I wrote an article, in Norwegian unfortunately, on how parents found or developed meaning following the loss of a child. How they learned to focus on the important things in their life, how they found new strengths, re-identify their values and build a new life without their beloved child. The way bereaved parents manage their meaning construction has a lot to tell us. Following involvement in a traumatic event we often have our values reinforced, we know what we stand to lose in our own lives. But the loss of a child or other trauma situations that challenge our meaning and go to the core of our existence may make us lose our foothold for a period of

time and then we need to have methods to regain our balance. Some strategies to achieve this may be:

- Finding good moments with others and share the experience with others
- Increase importance on being with one's closest family
- Work to deepen friendships
- Collecting moments – make mental photographs of good moments
- Open your senses and take more notice of what happens in nature and around you
- Really be in the things you are involved in
- Build on what has become important following the trauma

Those present with a psychotherapeutic background will know that there are presently three methods that has proven their value in the treatment of trauma, exposure therapy, cognitive-behavioural therapy (CBT) and Eye Movement Desensitization and Reprocessing (EMDR). The first one and to some degree the second one rely heavily on exposure. Exposure is believed to produce new memory representations that compete with prior learning and inhibit its effect, while cognitive therapy assume that relevant memory representations are available for conscious inspection and that their content can be altered by a process of logical or causal reasoning (Brewin, 2006). Brewin (2006) have recently challenged the theoretical basis of such explanations and have said that these explanations rely on outdated theories that now have been superseded by more sophisticated approaches to learning and that new knowledge from neuroscience are available to suggest other explanations. Simplistically Brewin propose that at any time there are various memory representations of events present that compete for retrieval. The purpose of therapy is to alter the relative accessibility of memory representations containing positive and negative information. One way of doing this is by strengthening competitor representations in which cues that previously led to retrieval of negative memories are now combined with positive elements. In Brewin's words: "...therapists must help to ensure that positive representations win the retrieval competition when the person is once again confronted with those cues" (p. 774). This new conception of what brings about change fits extremely well with many of the techniques that I advocate throughout this presentation. The self-help techniques help people to take control of their disturbing images, thoughts or nightmares by introducing new elements into fearful or distressing memory representations. The rehearsal involved may give the new representations a retrieval advantage. Brewin (2006) see this potential when he states: "...simply teaching individual methods of permanently disengaging their attention and disrupting the continued

processing of negative representations may be sufficient to produce a lasting reduction in symptoms” (p. 778). Already when EMDR was introduced we understood that exposure could not explain the effect because the dose of exposure was well below what usually is needed to achieve reduction in symptoms. This new model of thinking frees us from thinking that exposure always is needed for trauma symptoms to be reduced and that one has to “work through it”. Less exposure for the trauma memories, be that in therapy or through self-help methods, means less pain for people who struggle with the after-effects of trauma. However, it may demand more creative and flexible therapists that can assist in building new representations that win the retrieval competition.

Throughout this presentation I have advocated self-help almost as a salvation to all problems. I know well from almost 30 years in the field of trauma that the complexity of situations and reactions may demand much more than simple solutions and quick fix techniques. Self-help methods will never be a substitute for workplace or professional assistance. It can reduce the need for outside assistance, but when problems continue we need to have systematic routines, well thought out systems that secure adequate early intervention and good long-term follow-up. With new advances in the understanding of how therapeutic change can be brought about, we can continue to develop practical tools that can be used to regain balance following a trauma.

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