

The Sex Offender Freeze Frame Treatment Technique (SOFFTT)

Abstract

The "Sex Offender Freeze Frame Treatment Technique" (SOFFTT) was initially created to help a client come to terms with the array of dynamics within the offending cycle. It was later put into text in order to assist other therapists who were looking for a structured method of taking clients through treatment.

The SOFFTT utilizes pictures and symbols that the client creates in order to depict actions, feelings, thoughts and motivation. In this way, it can be used with people who are in the mild range of intellectual impairment as well as anyone with higher cognitive abilities. The technique lends itself well to the analysis of either singular or multiple offences.

This paper outlines the SOFFTT approach and describes how to use this to help an individual depict and explore the series of actions, thoughts, feelings and motivations that have occurred – surrounding the instance of touching someone without their consent.

The term "freeze frame" is defined in the Oxford English Dictionary as the "facility of stopping a film or videotape in order to view a motionless image." Freeze frame is also a drama medium term. During a live performance, actors will freeze at a pre-arranged time to enhance a particular scene. This term is thought to have come from the video editing process back in the day when video was captured on film in a series of "frames." The editor could command "freeze frame" to look more closely at an individual frame/moment in time. This is the essence of the Sexual Offender Freeze Frame Treatment Technique (SOFFTT). The SOFFTT approach captures the series of moments in time – pausing to reflect on each one and to examine them more closely. It is often through this process that truths, that may have been masked or overlooked, are revealed to the onlooker. SOFFTT is distinct from the one minute mental and self-calming "Freeze-Frame[®] Technique" developed by Doc Childre (Childre & Cryer, 1994 & 1998) that is used in stress counselling (Kemper, 1999) and also as a research tool (e.g., Tiller, McCraty, & Atkinson, 1996).

In brief, SOFFTT involves the creation of a structured, physical model upon which the interventions will be based. The framework/model is developed collaboratively between the client and therapist, and it produces an ongoing working record in the form of a series of pictures created by the counsellor and client of such aspects as the salient issues pertaining to: the abusive act, the prevailing mindset at the

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time of the offense, arousal awareness, and the cognitive distortions that occurred. It also incorporates the aspects of victim empathy, exit strategies and relapse prevention through an increased awareness of the factors that lead to the instance(s) of sexual abuse.

History of the Sexual Offender Freeze Frame Treatment Technique (SOFFTT)

The history of SOFFTT is as follows. I am a social worker in the Developmental Services system in Ontario. A person with mild intellectual impairment was referred to me for counseling because of two offending behaviours in a two-year period, though they continued to deny any wrong doing. I developed my technique in order to approach the matter from a perspective that would help this person focus upon the essential elements within the offenses and get beyond the surface-explanations that had been rationalized and told to others over the previous two years. In this way, we could interface with the facts and realities of the offence so that some growth could occur and thus prevent the likelihood of a third offence from occurring.

Given the amount of energy that this individual had put into denial of the offenses and the rationalization of his motivation at the times of the offenses, I thought it would be most helpful to establish a method of capturing these perspectives in time. They could later be used so that the magnitude of distortion that had occurred could be appreciated within their mind. The client's initial explanations were devoid of the admission of doing harm and, as such, their ability to establish victim-empathy was blocked. The failure to admit that there was a problem had led to little growth on the matter during the past two years and had led to a second offence accordingly. The risk-to-reoffend level for this individual appeared to remain unchanged by the court's penalties imposed upon them, given that they had not led to any self-awareness or self-control methods to be used in similar situations in the future.

My freeze frame technique was formulated in order to help the client to progressively address a significant number of the facets that are typically present in the act of sexual offending including such elements as:

- Denial
- Cognitive distortions that permitted the offense to occur, and those that later attempt to preserve self-worth
- The sequence/pattern of seemingly benign or neutral steps that led to the act(s)
- Concurrent and changing motivations prior to the offending act(s)
- Consent, or lack of consent
- Victim empathy
- Self-awareness with regards to sexual arousal and management of arousal
- Exit strategies/relapse prevention strategies

It uses a method that is not dependent upon literacy skills, but rather utilizes pictures and symbols that the client creates in order to depict actions, feelings, thoughts and motivation. In this way, it can be used with people who are in the mild range of intellectual impairment as well as anyone with higher cognitive abilities, whether literate or not.

In this approach, the therapist and client work to produce four stacks of cards, each of a different colour. (The choice of colours is optional.) For example, a RED row of cards depict "what happened." A YELLOW row of cards, arranged below each of the red cards, depicts what the client "was thinking/feeling" during each of the actions depicted in the RED cards. A row of PINK cards is arranged to correspond with each of the red/action cards and they depict the victim's "thoughts and feelings" for each corresponding re/action card. The final row of BLUE cards depicts strategies that the clients could have used to "exit" or extract themselves from the situation at any time. These exit strategy cards form the basis of future action/relapse prevention plans.

The use of these cards throughout the therapeutic process will provide for a way to solidify the gains made in previous sessions and will directly address the client's working-memory deficits. The regular handling of the cards provides the client with a *tangible* interaction with their, and the victim's, various thoughts/emotions/actions of the sexual offense.

By using a pictorial depiction of each facet of the offense(s), the client was provided with the opportunity to delve deeper into each act, thought or feeling that they had leading up to, and during, the offence. With a slow exploration in this manner, the client can be brought to the question of what the victim might have been feeling/thinking subsequent to each of the client's actions. This allows for victim-empathy to be acquired in a gradual and intentional manner. When adequately acquired, victim empathy should outpace the client's fear of punishment as the primary reason to halt the offending pattern(s) and actions in the future.

Modern therapeutic interventions with people who have sexually offended will also have a major focus upon the Good Lives Model (National Institute of Corrections, 2011), which fosters strength within the client and has a direct bearing on the success of the treatment. (In this model, strategies for coping are added to a person's repertoire of personal functioning, as opposed to a lifetime of restricting one's activities.) Therapy is also well designed when it makes provisions for the client to gain a full understanding of the implications of the offending behaviours and the development of methods to recognize, appreciate and modify their arousal patterns as needed. My freeze frame technique is designed to fill the latter goal and should always be used in conjunction with a Good Lives Model. My technique also has provided the benefit of helping the client to readily identify patterns that were present when a series of offenses were made.

I have worked with sex offenders over the past twelve years; seven years while at a Children's Aid Society agency and five years as a counsellor working with people who have developmental challenges. To my knowledge, there is no similar program in existence. The one I created was based on my clinical practice and the research and training that I have received over the years.

Counselling sessions were carried out weekly over a two year period with my first client. It has been more than two years since this intervention was used with the client that I developed it for and this individual has had no record of subsequent offenses since that time. (Note that in order to maintain confidentiality of my client, neither their gender, nor the nature of their sexual offenses have been divulged.)

Following its use in a clinical setting, a text version of SOFFTT was prepared. Most recently, it was adapted as a demonstration format and was used as part of the weekly therapy sessions for a group of sex offender clients over a two month period. In the section following, I describe how to use the SOFFTT approach to help a client depict and explore the series of actions, thoughts, feelings and motivations that have occurred during an historic sexual offense – namely, the instance(s) of touching someone without their consent. In this hypothetical case study in which the SOFFTT approach is demonstrated (i.e., in a SOFFTT "template"), the gender of the offender is male, and the "victim," female.

The Sex Offender Freeze Frame Treatment Technique (SOFFTT) Template

Approach

As already explained above, the therapist and client require four sets of cards, each of a different colour. The use of these cards throughout the therapeutic process will provide for a way to solidify the gains made in previous sessions and will directly address the client's working-memory deficits. The regular handling of the cards provides the client with a *tangible* interaction with their, and the victim's, various thoughts/emotions/actions of the sexual offense.

Materials

These are shown in Figure 1: one marker pen and sets of RED, YELLOW, PINK, and BLUE cards (or sheets of sturdy paper) (6"×4"). Numbers corresponding to each Freeze Frame session should be put on the lower left hand corner of each card.

Completing the Cards

RED cards

In the first phase, the client is provided with a stack of "RED" cards and the marker. Then he is then asked to recount, for the therapist, the order of events as would be unfolding, as viewed from an onlooker's perspective. The



Figure 1. Materials: One marker pen and a selection of coloured cards or sturdy paper (6"×4")

"scenes" are distinct moments in the unfolding of the events. The depictions on the cards are limited only to the "actions" that occurred. The cards are numbered to preserve their sequence. The client is informed that a successive row of cards will be made in which he will provide an account of his rationale at each step, however this will be deferred for the moment. In Figure 2, the client has drawn one of the scenes that ultimately led to the sexual offense. He sat down on a bench beside his friend and asked "How is school?"

In the completion of the RED cards, the therapist asks for additional details that may be relevant to the story - i.e., "Where were your arms placed at this point?", "Can you add that detail to the drawing?", "What happened next?" The therapist can offer questions about omissions such that they wonder how they moved from this scene to the next reported scene, adding additional cards/scenes to ensure that the therapist and the client have a common understanding of the events that occurred.

Then, the cards are reviewed with the therapist offering up any additional information of the facts that the therapist has at their disposal -

i.e., through witness statements, court reports, etc. The client is then asked how these additional facts fit into the sequence of events/cards. If the client disagrees with the victim's account of an act that occurred, the scene would then be drawn with the understanding that the client does not agree with this scene having occurred. These cards would be inserted at a place in the sequence by the client with the client suggesting where the alleged act was reported to have occurred in the sequence of events. These cards are then marked as being different than the other agreed upon acts that occurred - i.e., with brackets placed around the card's number (which might be erased or removed should he later agreed that the actions did occur.)

The therapist reviews the completed list with the client, several times, in order to ensure that the objective facts of the matter are clearly understood. This written record of events, with numbered cards, allows for later additions to the order of events - e.g., by adding 6a after the card number 6. It also serves as the foundation upon which later work will be grounded.

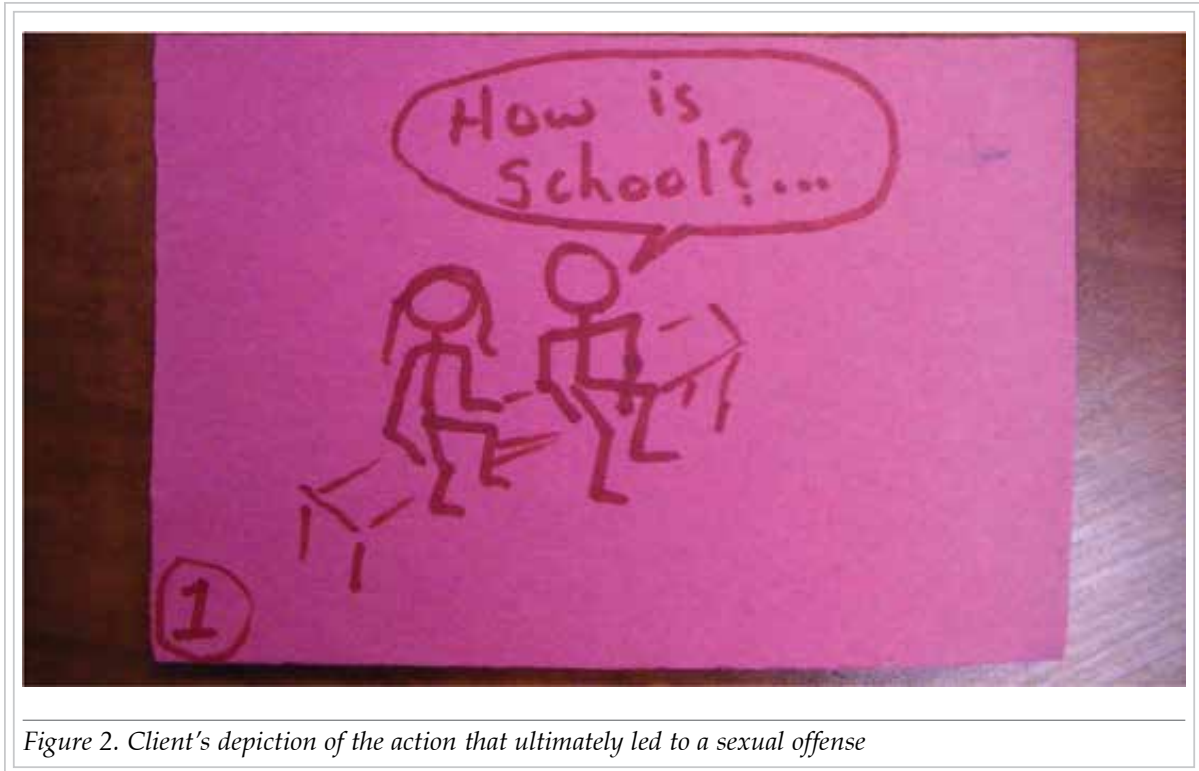


Figure 2. Client's depiction of the action that ultimately led to a sexual offense

YELLOW cards

Once the list of events is complete, using the set of RED cards, the client is given the opportunity to offer their explanation of events. The RED Cards are in sequence, left to right, showing the unfolding of events. Beneath each red card is placed a corresponding YELLOW card. This row of yellow cards allows the client to offer their *unchallenged* explanation of what they were experiencing at each step. As a further adaptation, it can be helpful to divide the card so that the thoughts are depicted in the upper half of the card and the feelings are depicted in the lower half. As depicted in Figure 3, the client explained what went through his mind after he sat down beside his friend. He thought his friend looked tense and thought it would be good to give her a massage, which he did.

The YELLOW cards allows for the client to offer reflection and explanation of each step in the offending sequence, or cycle if there are previous abuses that have followed a similar pattern. This is a very important step to be taken when faced with a client that maintains "cover stories" that minimize or negate their responsibility in the abuse. The capturing of this thinking

process is of vital importance to later interventions if, as is common amongst sex offenders, there are cognitive distortions operant which facilitated the abuse.

Now that the client has had their opportunity to "tell their side of the story" in offering up their explanation, the pressure to reiterate any rationalizations throughout subsequent sessions is lessened because they have been given the opportunity to "get it out" and to have been heard by the therapist. The fact that their account has also been put to paper is sometimes additionally helpful in letting the client "feel heard" in the process.

PINK cards

The next row of cards to be completed is the PINK cards. The YELLOW cards are moved away at this time and only the RED cards are present. A row of PINK cards is made with one PINK card being placed beneath each of the corresponding red ("action") cards. The client is asked to share "What the victim was likely feeling in this scene." If this phase is found to be too difficult for the client then the question is phrased as, "What would *anyone* in such a posi-

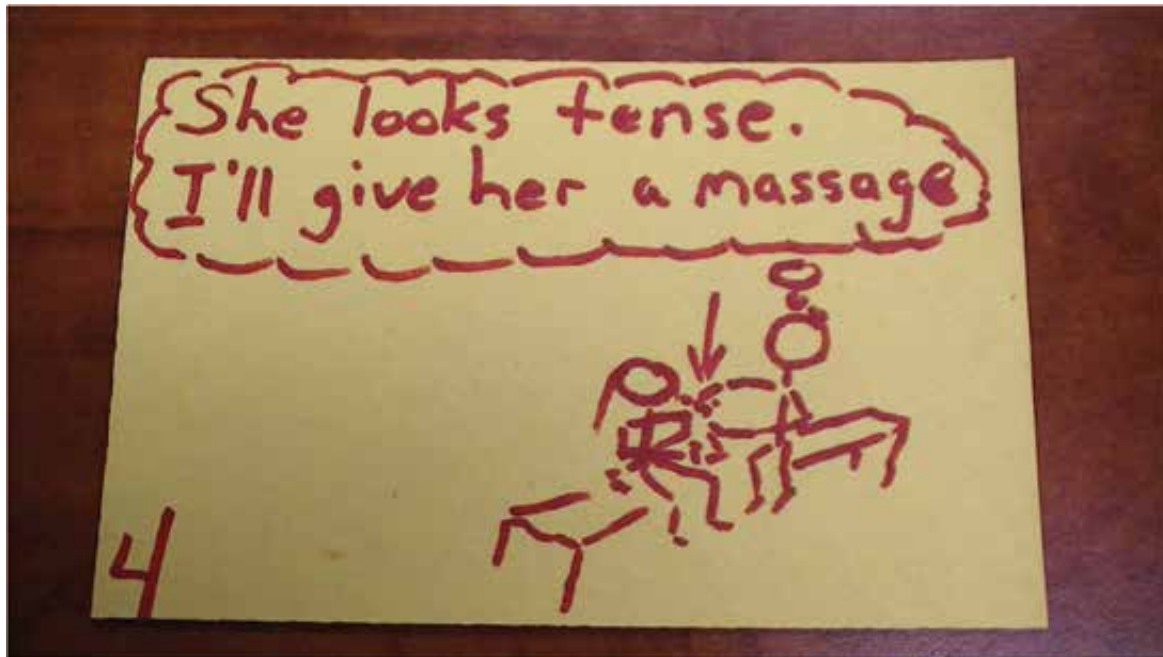


Figure 3. The client's unchallenged depiction of what he thought and what he did after he sat down on the bench beside his friend

tion likely be thinking/feeling?" This latter method allows the client to begin to get closer to idea that the victim had an emotional reaction to each aspect of the offense; something that may have been suppressed at the time of the offense and/or afterward. In this case, the client responded that he thought his friend might have wondered what he was doing when he began the massage, and that she might have felt startled or surprised.

As with the adaptation of the yellow cards, an easy way to separate thoughts and feelings is to draw a horizontal line across the PINK cards so that the client can record his impressions of what she was likely thinking" on the top portion of the card and 'what she was likely feeling' on the lower portion. (See Figure 4.)

The PINK cards also allow the client to address the manner in which non-verbal communication was operant by the therapist making reference to the red cards and asking what the actions are likely communicating. A second run through the PINK cards can also be done with questions that ask how the victim's non-verbal communication would be interpreted in regards to answering a simple question such

as, "Did the person indicate that she wanted to get "closer to you" or "farther from you?" This exercise can be particularly helpful in bypassing some of the pre-existing positions that the client carried because they are often not easily reconciled with any claims of being helpful or that the sexual event was consensual.

The opportunity to complete the PINK card row offers the client the chance to begin to develop some victim-empathy, if it has not yet occurred. When this row is completed, the efficacy of the client's prior "cover story" or rationalizations is revisited by reviewing each card - i.e., "Lets look at each card and see how they reflect your stated position that you were 'helping her.'" "Does this card reflect that she wanted your help?"

Another key learning opportunity at this point comes from reviewing the RED cards and asking, "What messages was she sending you that you missed, or ignored?" The notion that the client "missed or failed at interpreting" cues is a perspective that can be taken with the view that the client's failing to either read/interpret/ or respect the cues given may cause them to

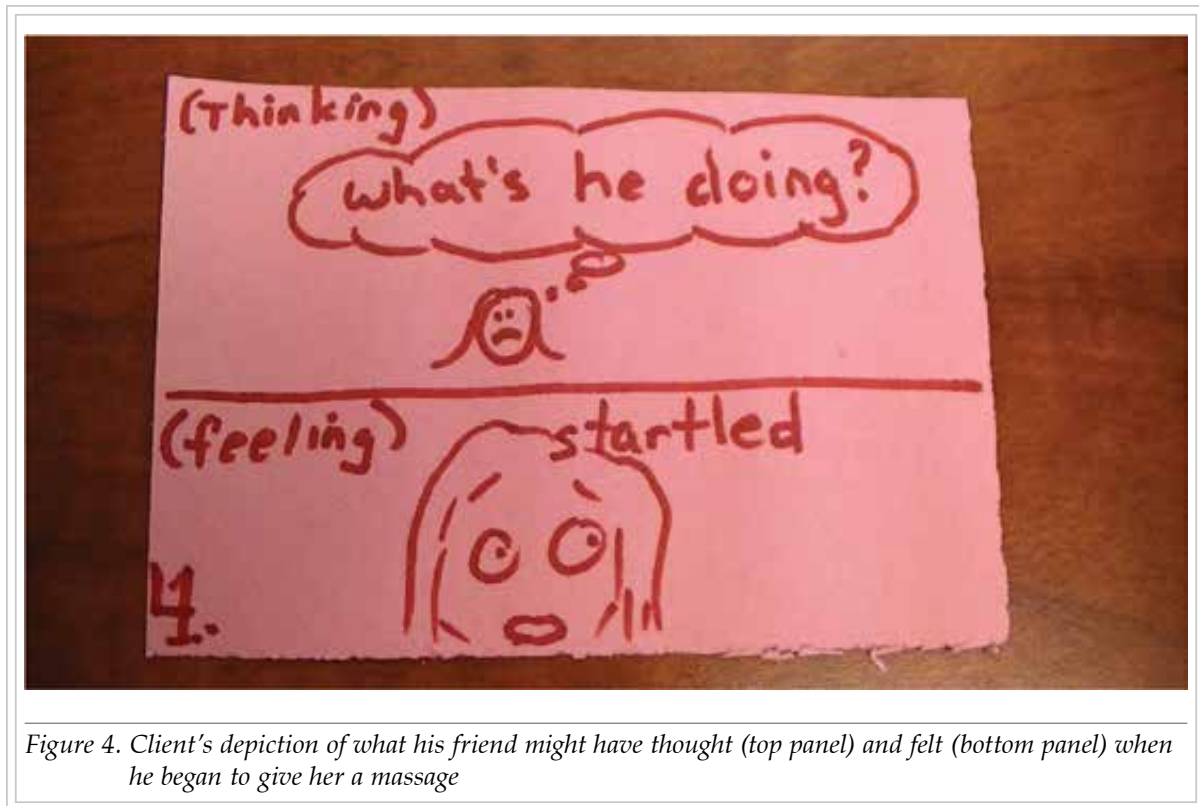


Figure 4. Client's depiction of what his friend might have thought (top panel) and felt (bottom panel) when he began to give her a massage

reoffend and this would lead to both more suffering of victims and harsher legal penalties to the client. At this point there is time for teaching on the role of cognitive distortions.

The manner in which these forms of “lies to the self” are shared is so that the client might appreciate the human capacity to be malleable through a succession of “justified” steps toward target goals which would otherwise be rejected if posed as outright questions. This teaching will later set the stage for the client to begin to see himself or herself as a “human who has faltered,” rather than as a “faulty human being.”

Insert teaching on consent here, specifically noting the age of consent. Encouraging the client to verbalize the request to touch the person is a prime way to ensure clarity and consent and ensure against misinterpreted non-verbal cues. A “no” response can be helpful in bolstering the resolve of the client to halt their arousal escalation.

The former perspective (even if distorted) of “*all sex is pleasurable*” is now challenged with the understanding of “*sex without consent = harm.*”

When asked if the client would deliberately harm someone else, they may offer an explicit “no” response. The therapist can agree, if appropriate, that the person does not seem of ill-intent however the client can now be challenged to raise their standard of future behaviour to match their awareness of the depths of harm that is inherent in the non-consensual sexual acts.

The PINK cards allow the client to see where/when he has begun to evoke harm upon the victim, in the pursuit of his sexual goals. It can be very effective to speak candidly with the client as to how they, at that point in the reporting, were harming/hurting another human being. The client will ultimately need to reconcile himself to being a person who has harmed another; something that may take time to process.

Coding the RED cards

The next step is to return to the RED cards and to code each one with a symbol denoting why the client was prompted to take each specific action; this is to be placed in a corner of each card. The client may have presented with some ego-saving justifications, such as “I was help-

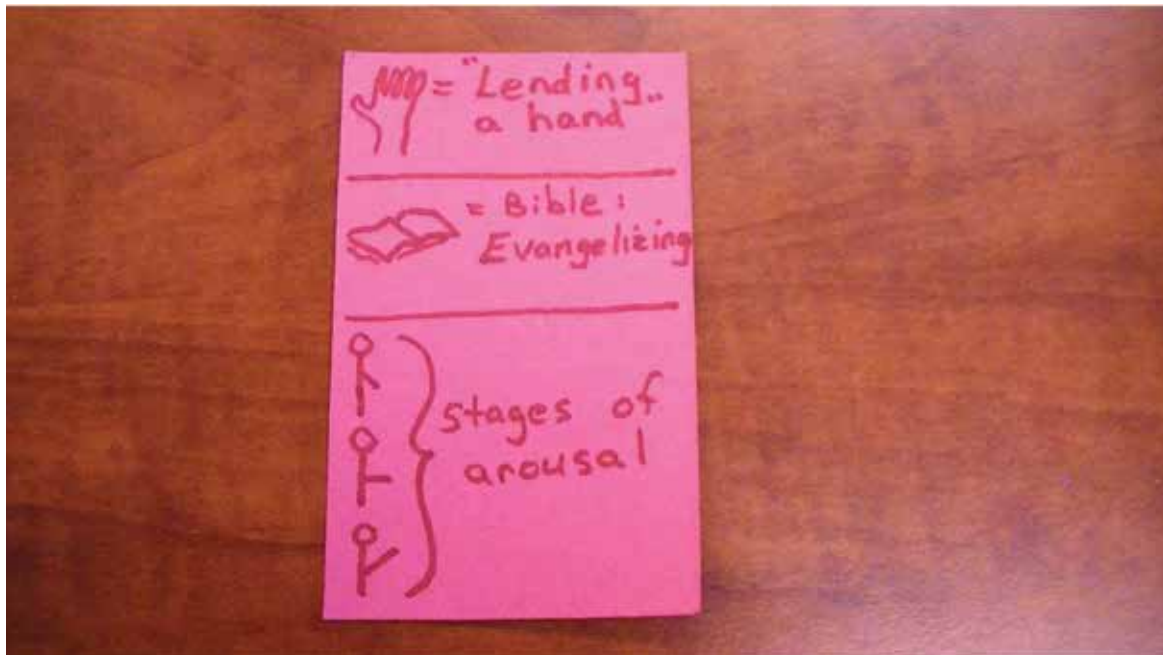


Figure 5. Symbols denoting various reasons why the client thought he took the action he did in Figure 3 (Top: He wanted to make her feel better; Middle: He thought it may encourage her to come to a Youth Group meeting with him; Bottom; He did (or did not) feel sexually aroused at the time)

ing her” or “She wanted me to” or “I wanted to get her to come to Youth Group,” etc. A simple symbol that represents these explanations is agreed upon between the client and therapist: one that is easily drawn. Some examples of symbols would be that of a hand to represent “helping,” a Bible to represent “evangelistic efforts,” a stick person with an elevated penis to depict various levels of sexual arousal, etc. The actual symbol used is not of consequence; only that it comes to represent a motivation that is understood by both the client and the therapist. Each red card is coded with these symbols being placed in a corner of the card. (It is preferable to have the client create his own symbols, if possible, so that the connection between symbol and meaning is enhanced.) See Figure 5 for a legend of sample symbols to use and Figure 6 for application of symbols to RED Cards.

It is possible that a card will contain more than one coded symbol, reflecting that the client may have had more than one motivating force operant at that time. In the later scenes in the series, the sexual acts are difficult to attribute other motivations to, other than sexual motivations.

The RED row is reviewed with the client while exploring how prevalent each motivation was and how, as the events unfolded, the motivation seems to have changed – i.e., from noble to sexual self-interest. We would expect to see cards/scenes that are perhaps solely coded with more noble intentions early in the account. These scenes provided the client with some foundation to substantiate their “cover story”; however, with each successive scene being coded, the manner in which the sexual theme surfaces to the point of being the only motivator can be clearly identified and becomes self-evident. The question then moves to a review of when lower-intensity sexual thoughts and feelings might have emerged earlier in the events, but may not have been recognized as such by the client.

YELLOW cards revisited

The Yellow cards, which had earlier depicted his presentation of “what he was thinking” at each stage, can then be reviewed once again with the client’s newly acquired appreciation of how the cognitive distortions contributed

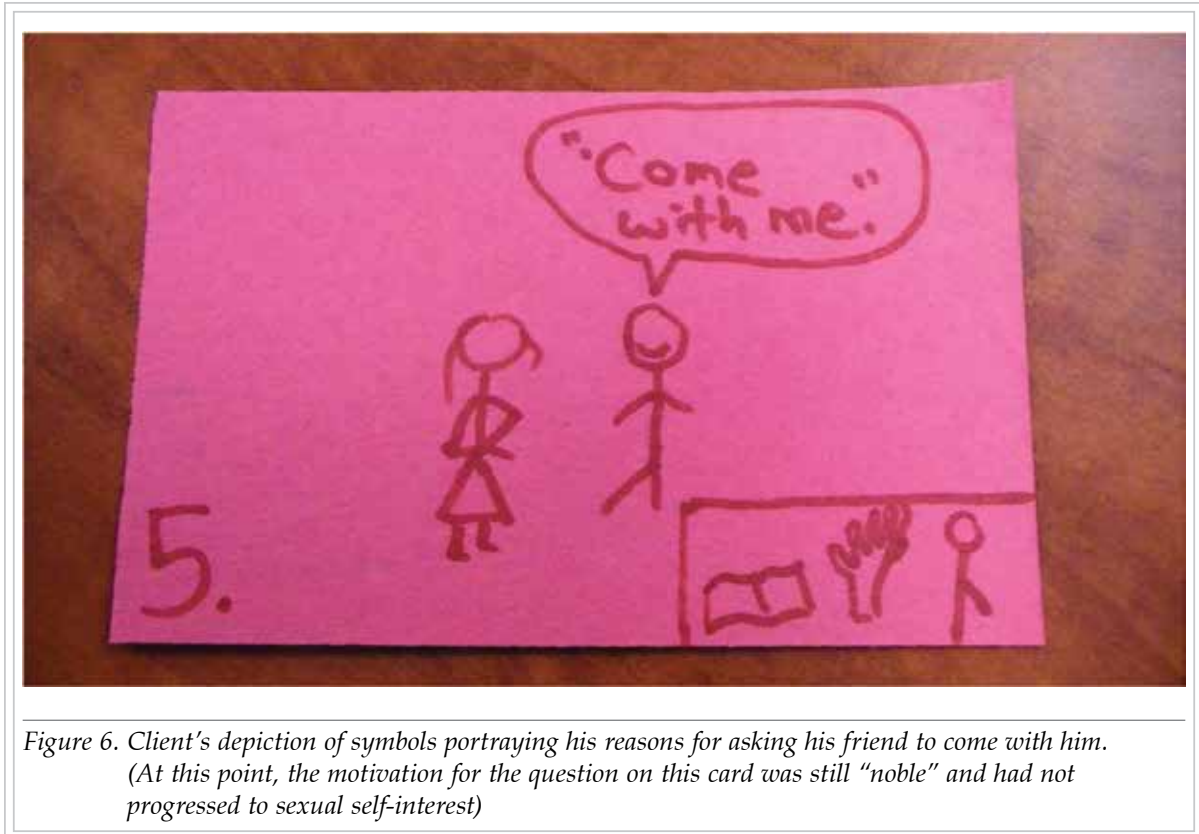


Figure 6. Client's depiction of symbols portraying his reasons for asking his friend to come with him. (At this point, the motivation for the question on this card was still "noble" and had not progressed to sexual self-interest)

to the offense. The coded motivations on the RED cards are referred to as a review of his thoughts/feelings (as previously captured on YELLOW cards) is made.

While considering the codes now inserted in the corners of the red cards, the therapist asks him what he might have been thinking as the other (sexual) motivation becomes more prevalent in each successive card in the stack. These thoughts are drawn or written on the yellow cards using a different coloured marker. Later review will be able to examine the disparity between the client's first account of "what he was thinking" with the second account that encompasses the sexual motivation.

The role of how self-deception functioned in the course of events is examined with the client. If more than one offense is being reviewed with a client, the manner in which any patterns have emerged is presented to the client and addressed with increased focus.

BLUE cards

The final row of corresponding, numbered cards involves the BLUE cards – that of "Exit Strategies." In this phase of the process, the entire collection of cards is set out on the table, as has occurred in most sessions, and the client is then asked how they might have extracted themselves from the unfolding scenario at each/any point in the process. The fact that taking an Exit point earlier in the arousal progression would be much more likely to lead to success is discussed openly with the client. (See Figure 7 for sample Exit Strategies.)

Another way of understanding these cards/ moments in time is to identify them as what the "wise man" (within the client) should do at that given juncture, factoring in all of the increased awareness that he has now gained through this exploration.

It is noted to the client that arousal is a dynamic that can be interrupted by the client taking steps to control its escalation. The teaching of thought-stopping techniques should be incor-



Figure 7. Sample "Exit Strategies" for the counsellor to suggest to the client to enable them to get out of a difficult "unfolding" situation

porated, coupled with arousal de-escalation techniques - especially for situations from which the client cannot "just leave." - e.g., suggesting "Look away. Silently notice and name five things that you see/hear/or smell that are not associated with the person before you." The simple "just leave" strategy is one that should be incorporated, especially when the sexual tension struggles are not easily bridled by the client. Methods to diminish the sexual tension should be incorporated into the exit strategies.

Once the client has been able to identify, on the BLUE cards, things they could have done to extract themselves from the situation at each step, the next phase is to review how the client would orchestrate a decrease in their arousal state. Such strategies are reviewed in earlier stages so as to both interrupt historic cycles and to allow the client to experience more control over their arousal. The question of how the client has been successful at de-escalation in other situations is also valuable given that it champions skills already possessed by the client which could be built upon.

Dealing with Emergency of Guilt in Counselling Session

Sex offenders who have not previously taken responsibility for the assault(s) and who begin to reconcile with this reality in session will likely be suddenly faced with a lot of guilt and/or shame. The therapist must be able to support the client through this difficult phase. The risk of self-harm is one that needs to be monitored and acted upon preemptively.

A culminating piece of work when dealing with sex offenders is the practice of them writing a letter or apology to the victim. This work is done by reviewing the range of potential damage that their acts have had, or may have had, upon the victim and by bringing their sensitivity to bear by reviewing the RED and PINK columns together just prior to writing the letter. The benefits in the letter writing are several. It offers the client a way to begin to reconcile their self-image, a concrete/external-to-session way of extending an apology, and a means of solidifying the acceptance of responsibility to assuage the tendency to regress. If a decision is made to send such a letter to the victim, this

should be reviewed for any legal implications (i.e., with the client's legal counsel if possible).

Receiving such a letter from an offender can offer the victim some assistance in the removal of any instances of self-blame in the offense. The admission of guilt and assumption of responsibility by the offender can be of use to the healing journey of the victim.

The client is informed as to the letter being a potential milestone in the healing process for the victim, while concurrently ensuring that it is not at all sufficient to excuse the offense.

Dealing with Regressions

Along with progress in ownership of responsibility for the abuse(s), clients will sometimes experience a setback in which former rationale for preserving their self-appraisal as being a non-offender will resurface. These regressions can be depicted as normal ways that the mind will try to preserve a positive self-image. It is wise to forewarn the client of the likelihood of such regressions occurring, early in the sessions, as being part of his progress toward acceptance of his responsibility and toward the integration of how his abusive actions reconcile with his attempts to preserve a "good" sense of self. When regressions occur, the therapist may use the cards as a reference point and inquire as to how the client sees this (regressive) viewpoint as being sufficient to explain "all" of the scenes that are present. The former explanations will become progressively less viable as logical explanations to account for the accumulation of facts and insight that are added to the meaning of the cards in successive sessions. It is helpful for the client to reconcile for himself or herself that the former cover stories no longer adequately explain the entirety of the actions and motivations that occurred during the offense. The client is left with reconciling a story-to-the-self that can account for all of the material revealed in the cards and this tends to be a natural influence toward acceptance of the truth, given that other explanations would typically be incomplete.

The role of victim-empathy as a primary factor in reducing future offenses is one that should be repeated and reviewed throughout the treatment.

The SOFFTT approach can also be used in dealing with multiple sex offenses in order to crystallize patterns that may be prevalent. Cards used in session should be retained in case such future work is required. Integrated into SOFFTT, the therapist would work with the client in the formation of relapse-prevention planning.

Key Messages From This Article

Persons with disabilities: SOFFTT is a way to help people to stop sexually touching people who don't want to be touched. It mostly uses drawings instead of words. It can help the person to learn to stop hurting others.

Professionals: SOFFTT is a systematic method to help guide you through most of the steps in treating sexual offenders. It structurally captures all of the relevant data which is carried forward into each session, helping the client to come to terms with all facets. It provides the client with numerous learning opportunities as to how their arousal develops, is managed and/or masked. Finally, it offers relapse prevention strategies. It can be helpful to use the SOFFTT to capture events that preceded the acts that occurred at the offending scene to look for patterns.

Policymakers: Having a structured approach to treatment for sex offenders can offer uniformity and thoroughness to the services that are funded. SOFFTT, as one example, has met with the approval of the Director of the Sexual Behaviors Clinic at the Royal Ottawa Mental Health, Dr. Paul Federoff, who asked me to adapt the technique for one of his sex offender groups. With further clinical input and refinements, the SOFFTT could become a widespread intervention. It is important to note that many counsellors do not feel adept at navigating sex offender treatment and are looking for clear how-to approaches to guide them. The SOFFTT was written with these therapists in mind.

Acknowledgements

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