
“VINN” - An accredited motivational program promoting convicted women’s sense of coherence and coping

Torunn Højdahl

Senior Advisor, The Correctional Service of Norway, Staff Academyⁱ

Jeanette H. Magnus

Professor, Head of the Institute of Health and Society, University of Oslo, Norway

Roger Hagen

Associate Professor, University of Science and Technology, Department of Psychology, Norway

Eva Langeland

Associate Professor, Bergen University College, Faculty of Health and Social Sciences, Norway

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ABSTRACT

This article aims to present a motivational program addressing rehabilitative needs specific to convicted women. The article shows how Antonovsky’s theory of Salutogenesis, its main concepts of Sense of Coherence and General Resistance Resources, are used as theoretical framework of this correctional program. Social cognitive theory (self-efficacy), the Transtheoretical Model of Change and the communication style of Motivational Interviewing are used as supportive methods to complement the salutogenetic approach.

The “VINN program”, as presented here, consists of 15 topics, four individual interviews as well as homework exercises. The goal of the program is to motivate the women to explore what challenges are worthwhile to engage in, what makes sense to them, increase their Sense of Coherence and their Quality of Life, and give confidence to desist from crime. The program is accredited by the Norwegian and Swedish correctional services. This article advocates using a salutogenetic approach as a new valuable direction in creating programs for convicted women.

Keywords: *Accredited correctional program, convicted women, female offenders, General Resistance Resources, Salutogenesis, Sense of Coherence, Rehabilitation.*

INTRODUCTION

A growing body of research indicates that many convicted women suffer from severe depressive and anxiety disorders and have struggled with poverty (Gido and Dalley, 2009; Van Wormer, 2010). Gender differences in lifetime psychiatric disorders are reported among offenders (Zlotnick et al, 2008). Convicted women were more likely to report suicide attempts, borderline personality disorder and bipolar disorder, than men. Anti-social personality disorder was the only psychiatric disorder that men were more likely to report than women (Zlotnick, et al, 2008). There seems to be a link between women’s childhood abuse and mental health problems, particular traumatic stress, panic and eating disorders (Covington, 2008; Gido and Dalley, 2009). In addition to psychiatric problems, more convicted women than men are involved in dysfunctional and unhealthy sexual relationships (Bloom and Covington, 2008; Desrosiers and Senter, 2007, 2008).

The traditional focus in correctional programs has been on targeting dynamic risk factors that are connected with crime, such as the Risk-Need-Responsivity (RNR) model (Andrews, Bonta and Wormith, 2006, 2011). Among others, these dynamic factors include poor cognitive skills, identification with criminal role-models, impulsive and anti-social lifestyle, dependency on alcohol and/or drugs and lack of work, education and income. Interventions based on cognitive behavioural theory and social learning theories have been demonstrated to have effect in reducing reoffending (Andrews, et al, 2011; Maguire, Grubin, Lösel and Raynor, 2010).

Various new concepts have emerged lately in the search for a complement to the RNR- model, such as Desistance Theory (McNeill, 2006, 2009) and Motivational Interviewing (Bogue and Nandl, 2012; Miller and Rollnick, 2013; Miller and Rose, 2009; Walters and National Institute of Corrections, 2007). The Good Lives Model (GLM) has been discussed in academic journals as a promising model (Purvis, Ward and Willis, 2011; Ward, Yates and Willis, 2012). The GLM model defines certain primary “goods” that people strive for and that give them a sense of being part of the greater community,

thus becoming more willing to adhere to its rules. Supporting offenders in reaching such goods can have a positive influence on reducing recidivism. Primary goods that support offenders are for example being part of a group, relationships, peace of mind, healthy living, feeling good and being able to control their life (Ward, et al, 2012). The GLM model is a form of health promotion (Ward et al, 2006), but to our knowledge this model has not yet been specifically concerned with gender. There is need for a gendered understanding in research, and also when creating programs to reduce reoffending (Andrews et al, 2012). Interventions designed for men have often been used as standard correctional practice for female offenders as well, and the gender differences in general needs, health and comorbid psychiatric disorders, suggest the need for gender specific treatment (Zlotnick, et al, 2008).

Meta-analytic evidence has suggested that participation in supportive social relationships improves the women’s re-entry into the community (Desrosiers and Senter, 2007, 2008; Zaplin, 2008). Other studies emphasize that women with traumatic experiences respond more positively when they; share their histories in groups with other women (Van Wormer, 2010), are in an environment that stimulates growth, and have relationships based on respect, empathy and where mutuality is supported (Bloom and Covington, 2008; Covington, 2008). Mutuality is imperative in a relationship, both to express own thoughts and feelings, and to be moved by and of other persons (Bloom, Owen and Covington, 2003; Covington, 2008). Researchers suggest specific gender-responsive programs with a curriculum that focuses on their mental health issues, enhances motivation and promotes coping skills. Additionally, such programs should address the women’s challenges and hone their strengths, and thereby support them to reach their full potential (Covington, 2008; Van Wormer, 2010).

Because of women’s specific rehabilitative needs, it seems that a salutogenetic approach (*salute* - of health, and *genesis* - the origins, or coming into existence, Antonovsky, 1987) in correctional programming is needed. A salutogenetic approach has demonstrated a beneficial effect on people with mental health problems (Langeland et al, 2006). An intervention based on salutogenetic principles; has

been implemented among non-incarcerated persons with mental health problems, and showed a significant improvement in their Sense of Coherence (SOC). They have a positive impact on SOC, coping with life's demands, mental health and well-being (Langeland, et al, 2006; Langeland, Wahl, Kristoffersen and Hanestad, 2007; Langeland, Wahl, Kristoffersen, Nortvedt and Hanestad, 2007). Increased SOC has been a positive effect of preventive and therapeutic interventions in populations at risk among juvenile delinquents (Koposov, Ruchkin and Eisemann, 2003).

To the best of our knowledge, based on searches in databases, journals and references (SwetsWise, ISI web of knowledge, Google scholars and Pubmed), Antonovsky's salutogenetic approach (Antonovsky, 1987, 1991, 1996) has not before been explicitly described as a theoretical model in any accredited correctional intervention for convicted women. This approach looks promising with respect to completing and maintaining treatment of the women's mental health issues and needs on coping with life's demands. The importance and opportunity for such a perspective on programs in correctional facilities seems therefore evident.

The purpose of this article is to present how Antonovsky's theory of salutogenesis supplemented with supporting theories, is used as theoretical framework and implemented into a motivational and gender-sensitive program in correctional facilities. This program "VINN" is specifically tailored for convicted women's needs for promoting their SOC and coping. The program "VINN" consisting of three parts (illustrated in Figure 1 and Table 1) aims to address these rehabilitative needs particular to women sentenced to prison or probation. The name "VINN" is taken from the Norwegian language and means winning, in this case becoming stronger with enhanced coping strategies.

THEORETICAL FRAMEWORK IN VINN

The fundamental theoretical concepts underlying the VINN-program is "Sense of Coherence" (SOC), central in the theory of Salutogenesis and "General Resistance Resources" (GRR) (Antonovsky, 1987). Elements from social cognitive theory (self-efficacy) (Bandura, 1997, 2001) together with

Motivational Interviewing (Miller and Rollnick, 2013; Miller and Rose, 2009; Rollnick, Miller and Butler, 2008) and the Transtheoretical Model of Change (Prochaska and DiClemente, 1982; Prochaska and Levesque, 2002) are used to complete and support the salutogenetic approach.

THE THEORY OF SALUTOGENESIS

The theory of Salutogenesis developed by Antonovsky (1979; 1987) represents a reaction towards the dominating focus on pathogenesis (the focus on illness and risk factors) in sociological and health-related research. Antonovsky's research derives from interviews with women who stayed healthy in spite of highly stressful experiences in concentration camps during World War II. His main finding was that these women were characterized by a strong SOC. Antonovsky (1987, 19) defines SOC as a: "*global orientation that expresses the extent to which one has a pervasive, enduring, though dynamic, feeling of confidence that the stimuli deriving from one's internal and external environments in the course of living are structured, predictable, and explicable (comprehensibility). The resources are available to one to meet the demands posed by these stimuli (manageability), and these demands are challenges worthy of investment and engagement (meaning)*". This particular combination of the cognitive and the motivational component is unique according to Antonovsky (1996). In this approach, health can be seen as a point on a continuum, where the central idea is to find the pathways that move a person towards the healthy end of the continuum and thus increase SOC, and enter into a positive interplay between Generalized Resistance Resources (GRR) and SOC. This is in contrast with the traditional focus on minimizing risk. Each person is understood as being in a dynamic and open interaction with the internal and external environments, and the prominent focus is to give attention to the person's own history. SOC is structured by GRR that seem to provide a person with coping skills and serve as a buffer in neutralizing the negative influences of stress (Antonovsky, 1991, 1996; Chen, 2010). Antonovsky defines GRR as "*any characteristic of the person, the group, or in the environment that can facilitate effective management of*

tensions.” The following areas have been seen as important to understand as the available sources for a person’s GRRs (Antonovsky, 1979, 99):

- 1) *Physical and biochemical* resources - such as appearance, fitness and body image.
- 2) *Cognitive and emotional* resources - such as self-identity, wisdom, knowledge and intelligence, where the most crucial coping resource is self-identity.
- 3) *Valuative* resources - coping strategies that are characterized by flexibility, foresight and rationality, including action and effective management of emotions.
- 4) *Interpersonal and relational* resources - a person with deep, immediate and close bounds to others may resolve tension more easily than those who have non-social bounds. The availability of social support is a central coping resource.
- 5) *Material* resources such as a safe accommodation, healthy economy, food and income.
- 6) *Macro socio-cultural* aspects - belonging to a culture or a community gives a person a place in the world and a sense of connection.

When someone faces or meets certain demands or a risk-situation, it is crucial to focus on developing an understanding of how the GRR can be useful in managing these demands. Someone who has the ability to identify, mobilize and utilize their GRR, seems to find it easier to deal with tension and perceive experiences that encourage the development of SOC. For each person it is important to have flexibility, strategies to make plans, and to have a willingness to consider how they should behave, in order to manage stressors and risk factors in the best possible way. When someone perceives some of life’s demands as worthy of engagement, they experience a greater sense of meaningfulness, and a greater sense of the other two components, comprehensibility and manageability as well (Antonovsky, 1991).

SUPPORTING THEORIES IN THE VINN-PROGRAM

Three theories support and supplement the salutogenetic approach. The first one is the social cognitive theory with the important concept of self-efficacy, defined as “*beliefs in one’s capabilities to mobilize the motivation, cognitive resources, and courses of action needed to meet given situational demands*” (Wood and Bandura, 1989, 26). The key principle is that people’s motivation for change and actions are grounded more on what they believe they can do (cognitions), than on what is objectively experienced and true. The concept of self-efficacy also plays an important role in the self-regulation of affective states. This perspective expands Antonovsky’s concepts of *comprehensibility* and *manageability*; to understand, meet and manage the demands posed by stimuli deriving from one’s internal or external environments.

The second component, “Motivational Interviewing” (MI) (Miller and Rollnick, 2002; Miller and Rose, 2009; Rollnick, et al, 2008), is complementary to Salutogenesis with its collaborative conversation style (Miller and Rollnick, 2013). The purpose of MI is to guide, follow and strengthen a person’s own motivation and engagement to change behavior. An atmosphere of acceptance and compassion is regarded as crucial in MI (Miller and Rollnick, 2013; Rogers, 1957, 1970; Rollnick, et al, 2008). MI has a special attention for establishing an empathic therapeutic alliance when practicing the basic “core” skills; asking open-ended questions, reflecting change talk and coping, providing affirmations and summaries. The use of core-skills helps in strengthening and evoking the person’s own motivations for changing behavior, and thus the possibility for promoting coping, health and well-being. This communication style is supportive to increase meaningfulness, which is the motivational component in SOC. Both MI and Salutogenesis focus on guiding a person toward commitment for change of behavior and in setting goals for the future (Miller and Rollnick, 2013).

The third important model underlining the change processes is the “Stages of Change” suggested in the Transtheoretical Model (Norcross, Krebs and

Prochaska, 2011; Prochaska and DiClemente, 1982; Prochaska and Levesque, 2002). In this model, behavioural change is conceptualized as a process that emerges over time and embraces progression through series of stages; precontemplation, contemplation, preparation, action and maintenance.

APPLICATION OF THEORIES IN THE VINN PROGRAM

Antonovsky's theory (1987) was selected as a basis for the VINN-program, because of its emphasis on identifying each individual's GRR, improving SOC, health and coping in risk situations. A typical salutogenetic orientation implies to evoke commitment for changing behavior and movement towards the more salutary end of the continuum, and an active adaption to the environment. It addresses in particular health issues and promotes coping, social support and self-identity.

As a gender-responsive curriculum built on Salutogenesis, the VINN-program, aims to maintain the women's need for support, and for sharing experiences with other women in the group about demands and coping strategies that can be helpful for them. During the program the women are encouraged to find something meaningful to be engaged in and believe in. This corresponds with Salutogenesis and with Bandura's social cognitive theory (1997), applied as an explicit change model in VINN. Furthermore, the women are motivated to explore what quality of life means for them individually and to find a lifestyle that may compete with crime, and thus reduce their chances of reoffending.

Figure 1 illustrates the present theoretical framework for the VINN-program, together with the evidence-based methods and the three parts of the curriculum (A, B, C). Together this approach aims to motivate the women, support their ability to cope, increase their Sense of Coherence, improve their quality of life and support desistance from crime. They are also encouraged to create positive relationships with and towards others, increase the use of GRR in order to cope in demanding situations.

IMPLEMENTATION OF THE VINN PROGRAM

Inclusion

To be included in a VINN group and become a "member", one must be serving a sentence in prison or be under the supervision of the Probation Service at a unit offering the VINN-program. The women apply for participation themselves. The facilitator discusses each woman's motivation for change, such as changes in attitudes to crime, criminal or unhealthy life-style, relations towards others, substance abuse or violence. The women's motivation of change is assessed according to the Stages of Change Model (Prochaska and Levesque, 2002) and the facilitator identifies her needs in relation to her sentence. If a woman is assessed to be at the precontemplation stage, her intention of making changes might be low and her chances for dropping out higher than if she is in the stage of contemplation. According to (Prochaska and Levesque, 2002) when a person is at the action stage, the commitment and willingness to look for alternatives to problem behavior, seems to increase. Thus, an expressed willingness to share personal experiences as well as an acknowledgment of the importance in showing openness towards life-style alternatives to criminal behaviour, is crucial for inclusion and for completing the program.

Structure

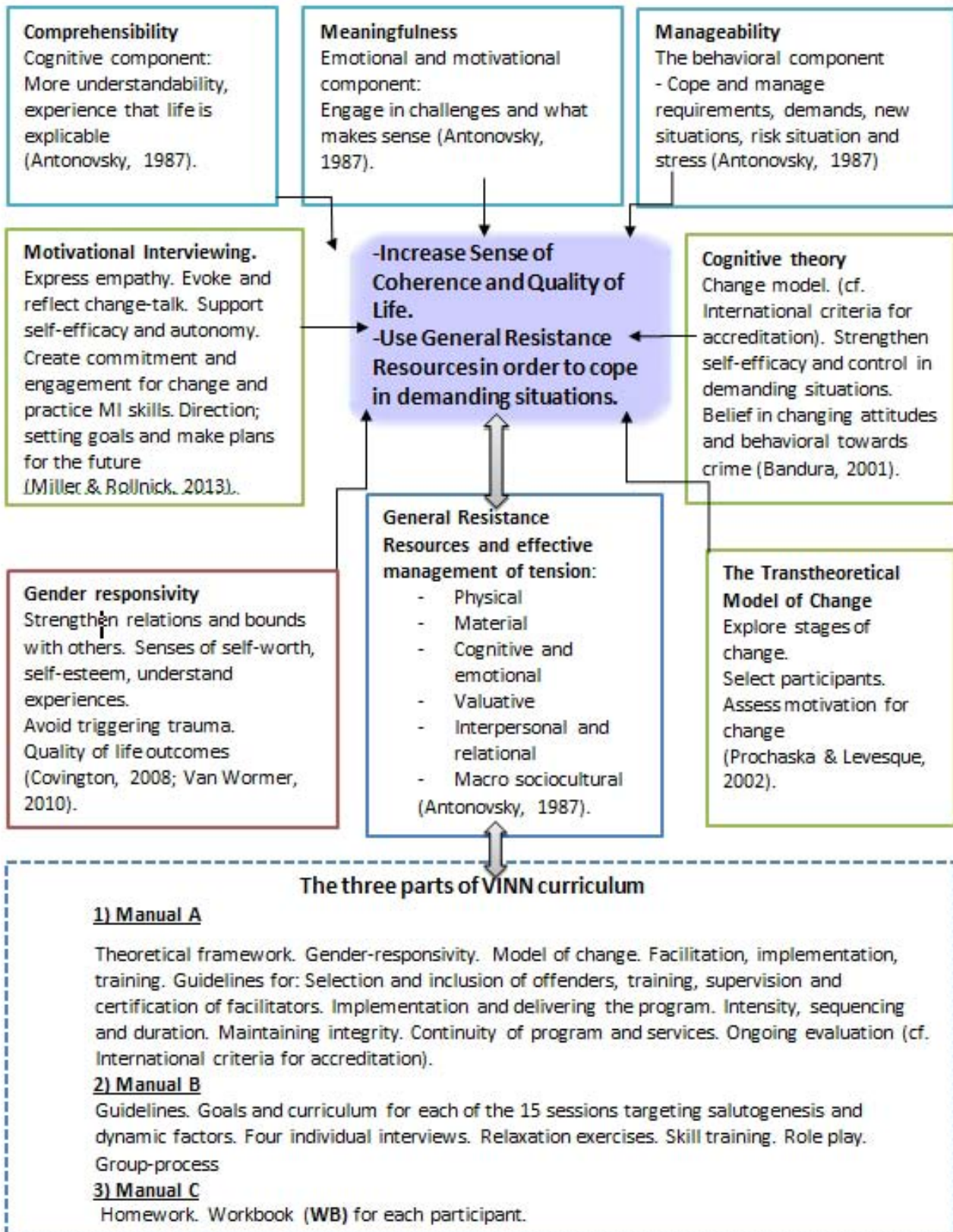
The program runs for a period of 6-12 weeks, and each session lasts for three hours (including two breaks). A group consists of two facilitators and 4-8 offenders, all women (see Table 1 for further details about aims and contents of the 15 topics).

Each session has the following structure:

- *Welcome; each member tells about their homework, how she has practiced her new social skills and relaxing exercises, and about her experiences from the last session.*
- *Presentation of the agenda and the aim of the current session, and opening of the new topic with a brainstorm in the group.*
- *Discussion of the topic of the session, with focus on Salutogenesis, self-efficacy, strength, Sense of Coherence, General Resistance Resources, coping and relations.*

Figure 1: The VINN-model

Application and integration of the theoretical framework in the curriculum of the VINN program, aimed at increasing Sense of Coherence (SOC), Quality of Life and General Resistance Resources (GRR).



- *Role-play, relaxing-exercise, skill-training.*
- *Working with (exercises from) the work-book in the session.*
- *A short presentation of the topic for the next session.*
- *Clarifying skill-training and what to do in the work-book and exercises before next session.*
- *A conversation that summarizes and evaluates the session.*

CONTENTS AND AIM OF EACH TOPIC IN THE VINN PROGRAM

The topics and interviews as presented in Table 1 below, are created to address rehabilitative issues that are particular to women (Covington, 2008; Van Wormer, 2010; Zaplin, 2008). All topics are informed by the salutogenetic approach and supporting theories, and maintain a gender-sensitive content.

I. 15 Topics 4 Individual interviews	II. Goals and desired outcomes in the VINN-program	III. Content and questions for discussions in group sessions and interviews. <i>WB= Work-book in and between every session included homework.</i>
I. Individual interview	Sufficient information about the program. Prepared to be a member of a VINN group.	Interviews about motivation and assessing motivations for participating. Willingness to share own feelings and thoughts.
1. Getting to know each other	Becoming a "member "and become acquainted with the group. Contributing to an emphatic climate in the group. Wish to continue in the group.	Information about contents and methods. Rules for the group. Getting to know each other and share experiences about the sentence. Express concerns about each other. <i>W.B. Practicing the relaxation exercise when feeling stress or anxiety.</i>
2. Identity – Who am I?	Express a positive image of oneself. Be aware of strengths and coping resources.	What affects one's identity and self-esteem? How to express oneself positively. <i>WB: Take notice of the characteristics of persons in the environment who have a positive impact.</i>
3. Communication	Be aware of own communication style. Differentiate between effective and less effective communication styles.	What is good communication? How to achieve a positive and supportive atmosphere in the group and in the environment. Reflect on the importance of social competence. <i>WB: Gain experience with expressing positive words to others. Think through situations that give a good mood.</i>
4. Crime	Understand their triggers to crime. Improve coping with risk situation for crime.	Analyze what triggers and maintain crime. Tell about a story when managing a risk-situation for crime. <i>WB: Gain experience with managing risk situations, and how to take control. Prepare the individual interview with facilitator.</i>
II. Individual interview	Awareness of own ability to manage risk situations.	Tell about own triggers to crime and individual needs. Assess motivation. Reflect on the importance of how to desist from crime.

<p>6. Economy and property crime</p>	<p>Attention about what triggers economy-related offenses. Discover legal alternatives to property crime. Be aware of own attitudes.</p>	<p>Tell own story about what triggers economic crime. How to communicate with creditors and resist pressures and temptations. Write a plan for the future. Role-play about getting in contact with creditors. WB: Gain experience with managing risk situations for economic crime and to manage own money/income.</p>
<p>7. Substance abuse and addiction</p>	<p>Pay attention to strategies and alternatives to abuse. Improve self-efficacy and coping with risk situations for drugs.</p>	<p>Tell own history and experience with drugs and dependence. How to cope with substance abuse. Explore ambivalence and stages of change. Evaluate own risk situations and possibilities for change. How to cope in a risk situation. WB: Gain experience on how to manage risk situation for drugs.</p>
<p>8. Sexuality and love</p>	<p>Knowing how to manage unwanted sexual attention and sexual harassment. Be aware of how sexuality and love affect quality of life.</p>	<p>How to express own sexuality, love and positive feelings. How to manage unwanted sexual attention and sexual harassment. How to escape from the exchange and selling of sex. WB: Gain experience with expressing love and positive feelings towards others.</p>
<p>9. Children</p>	<p>Pay attention to children’s needs for intimacy, predictability and transparency. Know how to express emotional empathy to children.</p>	<p>Talk about one’s own children. Children’s needs. Positive relationships. What affects emphatic child rearing. What to tell own children about the sentence. WB: Gain experience with telling about something positive from own childhood.</p>
<p>10. Grief and loss</p>	<p>Ability to express feelings related to crisis, grief and loss. Understand own feelings. Receive support. Hope for the future (meaningfulness).</p>	<p>Articulate thoughts and feelings associated with grief, loss, pain, guilt and shame. Tell about own losses and crisis, how to manage own feelings. WB: How to support others feelings.</p>
<p>11. Anger</p>	<p>Gain insight into what triggers anger. Regulate affective states and cope with anger. Accept and understand own feelings and emotional expressions. Maintain and develop good relationship with others.</p>	<p>Express emotions, like anger, in an appropriate and socially acceptable manner. Role-play. Coping with anger. WB: Gain experience with expressing how to manage anger in a way that is all right for yourself and others.</p>

<p>12. Violence</p>	<p>Understand what triggers and sustains violent behavior. Know different violent roles: performer, observer and victim. Pay attention to alternative solutions to violent behavior.</p>	<p>Violence and threats. Being exposed to violence and pain. Domestic violence, how to escape it and get social support. WB: Gain experience with expressing support and empathy to others.</p>
<p>III. Individual interview</p>	<p>Express thoughts and feelings about violence. Desires for the future. How to manage violence situations.</p>	<p>Discuss violence, and needs of housing, education, work, and other programs. <u>Assess motivation for change.</u></p>
<p>13. Boundaries in relationship</p>	<p>Evaluate own social boundaries. Acquire awareness of clear boundaries in relationship. Protect <u>oneself</u>.</p>	<p>Social boundaries in relationship. Role-play. Express and maintain desired boundaries without hurting others. Reflect on the importance of closeness and distance. WB: Gain experience with expressing boundaries towards others. Practicing boundaries in relationship.</p>
<p>14. Network and relationships</p>	<p>Identify supportive and positive persons. Discover the strengths and weaknesses in one's own network. Create belief in positive changes in network.</p>	<p>Friendship and positive relationships. Social ties and network with family and friends. Drawing present and future network map. How to enforce a positive change in one's network. WB: Getting in contact with persons in a positive manner. Try to make a positive change in network.</p>
<p>15. Summing up</p>	<p>Express own experiences and opinions about VINN. Express a compliment to the members. Be able to proceed on making positive changes - in practice.</p>	<p>Experiences and impressions of VINN and the group. How to go on with and maintain changes. Awarding of diplomas. WB: Prepare the individual interview with facilitator.</p>
<p>IV. Individual Interview</p>	<p>Express own thoughts and feelings about VINN, the group and about the future. Strengthen the ability to cope and take control.</p>	<p>Experience with VINN. Needs of resources; housing, education, work, and job opportunity. How to utilize internal and external resources. How to plan the re-entry to society. Assess motivation.</p>

Column I gives the title of the 15 topics and the interviews.

Column II describes the goals and desired outcomes for each topic and interview.

Column III presents issues and questions to be discussed in each session.

THE ATMOSPHERE IN THE VINN PROGRAM AND GENERAL RESISTANCE RESOURCES

During the program the facilitator establishes a warm and supportive atmosphere together with the members. The facilitators appear as positive role-models with an empathic and listening communication style. The members in the group are encouraged to express concern about each other and support each other.

The facilitators support the members to identify and utilize their GRR, and this might help the women to move towards healthier condition and increase SOC. Each woman considers and identifies the GRR at her disposal or in her immediate surroundings (Antonovsky, 1987, 1991; Eriksson and Lindstrom, 2006).

Here are some examples on how the GRR are to be identified and discussed during sessions. In the first three topics, the women identify cognitive and emotional resources, and some positive aspects of each woman are to be written on the flip-over. Self-identity is the most crucial GRR, together with social support. Confidence in managing risk-factors, such as crime, violence and substance abuse is discussed as necessary in a rehabilitation process (see topics “Crime”, “Substance abuse and addiction” and “Violence” in Table 1). The women discuss how they may appear positive toward others. The valuative GRR, such as flexibility, action and effective management of emotions, are important for most of the women, especially when managing anger. Accordingly, the interpersonal and relational GRR, like the quality of a supportive relationship and social bounds, are associated with a more successful reentry into the community (see topic “Sexuality and love”, “Borders in relationship”, “Children” and “Network and relations” in Table 1). According to Chen (2010), social support from family seems to have an effect on managing substance abuse and abstinence (see topics “Substance abuse and addiction”, “Network and relations” in Table 1).

First of all, it is important that the facilitators give congruent and genuine feedback to each woman during the sessions, with a special focus on their strengths, self-efficacy and coping abilities. Secondly, a reflective listening style is also important combined with open-ended questions with a salutogenetic focus, such as:

- *“You have talked about your anger/grief/aggression. How could you deal with your strong emotions in a way that is beneficial both to you and your companions?”*
- *“You have told about your traumatic experiences in your childhood, we would also want to hear about your strengths and possibilities and how you have managed these demands? Which of your strengths could you use to accomplish your desires for the future?”*
- *“How could you get a meaningful life?”*
- *“In what ways could you support someone who talks about her shame?”*

Such a communication style aims to support the women and empower them to face challenges and meet demands, and in developing an understanding of how the GRR can be useful in managing these demands.

The material GRR, such as need of housing, income, work/school, impact the integration and rehabilitation within communities, and are to be discussed in the individual interviews. During the program, each woman creates a “map of life”, and discusses different issues particularly related to her needs, so that she acquires an overview of her life. When planning the future, the macro-social GRR, like a social network and a feeling of belonging in a neighborhood and a community is important to identify and utilize. This holistic view of life might have a positive effect on SOC.

DEVELOPMENT OF VINN

During the last 12 years, the curriculum and topics in VINN have been developed and refined according to results from published results and the theoretical framework presented above, in close collaboration with the facilitators and the women participating in the program. These feed-back sessions have been important in developing and revising the structure, the gender-responsive content and the facilitation of the program. From each session the participants and facilitators gave their written feedback. In addition, certified facilitators and one of the authors of the program have also reviewed videos from various group sessions and talked with the participating women about their experiences. This has been shown useful in evaluating possible limitations and criticisms to the program and to make improvements compatible with this feedback.

Recently, relaxation exercises, informed by Williams (Williams, Kabat-Zinn, Teasdale and Segal, 2007) were also included to ease tensions and increase the level of present concentration. The participants are encouraged to use the exercises themselves in stressful situations, in order to manage strong negative emotions, panic and trauma.

The VINN-program is used both as a group-intervention program and as one-to-one conversation program. The latter is important if there are not enough women to constitute a group, which may be the case in some geographical areas or in probation, or if a potential participant is intellectually challenged or too anxious to participate in a group.

ACCREDITATION OF VINN

The program presented here was accredited in Norway in 2009 and in Sweden in 2010 in accordance with approved country specific criteria of accreditation. These criteria are built upon the ten international criteria described by Maguire and coworkers (Maguire, et al, 2010). Generally, the purpose of an accreditation process is to ensure the quality of an intervention. The program must be delivered according to high standards, and correspond with internationally acclaimed evidence-

based methods (Hanson, 2005; Maguire, et al, 2010). To our knowledge, similar requirements are requested by accreditation panels in England and Wales, the USA, Canada, Australia, The Netherlands, Denmark, Norway, Finland and Sweden.

Usually, the criteria that have to be presented and met (as illustrated in Figure 1) in order to reach accreditation of a correctional program are: a clear theoretical model of change, criteria for selection and inclusion of participants, an explanation of which dynamic factors would be targeted, an overview of research evidence supporting the effectiveness of the selected methods, appropriated skills orientation, an outline of the intensity, sequencing and duration of the intervention, a descriptions of how the participants should be engaged and motivated, the continuity of program and services and how to maintain program integrity, and finally, an ongoing evaluation of effect.

DISSEMINATION OF THE VINN-PROGRAM

The VINN program has been implemented in correctional facilities in six countries in Europe between 2004 and 2012; Estonia, Norway, Sweden, Denmark, Finland, the Russian federation; the republic of Mordovia, the oblast in Perm, Chuvashia, Ryazan, Belgorod and the regions of Tomsk and Moscow. The structure and topics are the same in all countries, but the content and implementation are adapted to women's needs and the various cultural contexts and to the various systems' type of legislation and implementation of sentences, for example high security and low security prisons, half-way houses, alternative sentences, community sentences, electronic monitoring and in services following up release on license.

CONCLUSION

To our knowledge, a presentation of an accredited intervention with a salutogenetic approach, complemented with internationally acclaimed evidence-based theoretical models like social cognitive theory (self-efficacy), the Transtheoretical Model of Change and the communication style of Motivational Interviewing, has not been published

before. We imply the importance of including a salutogenetic framework, informed by Antonovsky, in rehabilitation programs, as a complement to the currently framed models, for four reasons.

Firstly, this approach provides additional value to the treatment of convicted women because of a focus on promoting health, coping, Sense of Coherence and the emphasis on relations, social support and self-identity. Secondly, this approach allows an understanding of how the General Resistance Resources can be utilized to meet and manage demands and stressors. Thirdly, when a woman fashions her life and finds something meaningful to be engaged in and believe in, this could increase her motivation to make plans for positive behavioural changes that can improve her quality of life and restrain her from committing new crimes. Finally, each woman in the program gets an opportunity to reflect on her coping strategies, in order to enhance self-efficacy in aspects related to self-control in demanding situations, and in desisting from crime.

Our final point is that the dominant treatment of offenders mainly has focused on risk reduction, while the salutogenetic model is also concerned with a broader and more holistic perspective. The salutogenetic approach seems promising as a guide to correctional researchers and consultants creating new programs for convicted women, and is a potential contribution in resolving some issues of rehabilitation and mental health promotion among convicted women. A comprehensive evaluation of the efficacy of the program is ongoing and will be the subject of another paper.

NOTES

- ⁱ Torunn Højdahl, corresponding author. Ph.D. candidate at the Institute of Health and Society, University of Oslo, Norway. torunn@krus.no; hojdahl@gmail.com

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