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What Works in Correctional Rehabilitation in Europe: A Meta-Analytical Review

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Introduction

During the last decade important research initiatives have been undertaken to evaluate the functionality and profit of different models and techniques applied to delinquents and offenders. Prior to that period, in the seventies and at the beginning of the eighties, a few researchers analysed, in qualitative terms, collections of programmes of offender treatment to evaluate their contingent efficacy. These first inspections obtained, as a rule, negative results and transmitted a generalised pessimism about the possibilities of treating delinquency and crime effectively. The most widely disseminated conclusion of this period was delivered by Martinson, who in 1974 pronounced a kind of epitaph on this topic: in matters of rehabilitative efforts, "nothing works" (Martinson, 1974). This phrase became since then a customary notion of correctional literature (Pearson et al., 1995) and still many authors take issue with this at present.

However, the limits of these first qualitative reviews were great. On the one hand, these inspections were incapable of encompassing and relating the different factors implicated in the treatment programmes, such as the applied techniques' heterogeneity and the diversity of treated subjects, of application contexts, of methodology and of output measures. Furthermore, due to the limited precision of these first reviews, they also showed an evident inability to assess the contingent effects, be they small or partial, of some of the applied programmes. Certainly, when large volumes of information are reviewed in a qualitative manner, only general considerations can be obtained, similar to those where each researcher, according to his or her particular judgement, arrives to conclusions which are excessively generic and inaccurate. Of this manner, if we were to analyse programmes' effectiveness with delinquents and offenders, it would be very naïve to expect the programmes to eradicate the criminal behaviour of most of the treated subjects; therefore, the conclusion could not be other (and quite possible to advance before any efficacy review) than that the programmes failed absolutely. However, research questions so extreme and global, that only will admit global and extreme answers, do not appear to be raised from a scientific perspective, and more yet for a phenomenon so complex and multifactorial as crime.

Some of these problems are also evident in the last example of this narrative review. Palmer (1994), using both direct and indirect evidence, considered many studies of the effectiveness of different treatments for young offenders. He showed that for the majority of the studies, on the whole, experimental programmes showed success of rehabilitation for treatment vs. control groups. Palmer suggests that the results from independent studies, each of which show some improvement, may be classified and taken together, so that the evidence from several small independent samples, each showing low levels of significance, may be more fully assessed. As Wilkins (1996) points out, although this is a plausible analysis, and the findings of many of the studies may seem reasonable, the quality of the research varies widely, and the rigour of any attempts to sum the evidence is doubtful.

Recently, some researchers in the field of rehabilitation assessment have been more modest in their pretensions and, at the same time, methodologically more accurate than the first reviewers. This has been possible thanks to meta-analysis, a relatively recent statistical technique that permits the integration of studies related to a certain topic in order to compare and summarise the current knowledge on the analysed issue (Cooper, 1989; Glass, 1977; Gómez, 1987; Sánchez-Meca & Ato, 1989). More concretely, in the area of delinquency and crime treatment, meta-analysis offers a tool to answer important questions such as the following: Which are the more effective models and psychological techniques in the treatment of offenders? Which are the subjects that benefit more efficaciously? In which places or contexts are the various techniques more useful? And, above all, to what extent are treated subjects favoured above those which are not treated? To answer these questions the reviewers of crime treatment programmes carry out research processes of second order, where they collect a series of programmes that have been applied - and evaluated - during a given temporal period; they then systematically codify the various factors that could be related to the results - features of the treatment, of the subjects, of the context of application and of the methodology used - and they analyse the possible existing relations between these factors and the output measures that were taken for results (for example, psychological adjustment or recidivism). In such a way, through a laborious and systematic process, general conclusions can be obtained about the effectiveness of the treatment of offending behaviour.

According to the usual structure of meta-analysis, a research design was established that connected the various analysed variables in the form that is illustrated in Figure 1. As can be observed, meta-analysis enabled us to investigate the contingent existing relations between treatment factors, subjects, context and methodology, considered here as antecedent or independent variables, and the various output measures (treatment implementation level, institutional adjustment, psychological adjustment, educational adjustment, vocational adjustment, interaction skills adjustment and recidivism) as dependent variables.

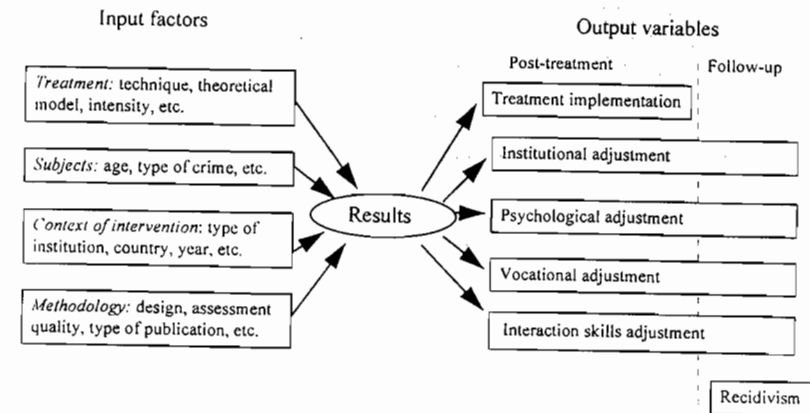


Figure 1: Research design

Up until now seven meta-analytical reviews of treatment programmes of delinquency and crime have been carried out in the world: six in America and one in Europe. The earliest meta-analysis on delinquency was carried out by an American researcher, Anne Garrett, who in 1985 assessed 111 treatment programmes applied to institutionalised juvenile delinquents and obtained an average *effect size* of $r = .18$ (Garrett, 1985). This means that the programmes studied by Garrett achieved, on average, an improvement of 18% in the measures obtained by the treated subjects above those of the not treated (Lösel, 1996; Redondo, 1994). In 1986 and 1987, a group of American researchers conducted two meta-analyses with 35 and 90 *diversion* programmes for delinquents, respectively (Gensheimer et al., 1986; Gottschalk et al., 1987), obtaining an identical *effect size* for both investigations of $r = .10$, that is, an improvement of 10%. In 1989, Whitehead and Lab (1989) analysed 50 programmes applied to juvenile delinquents, and detected an average efficacy of $r = .12$, although their own conclusions were pessimistic. A year afterwards, Andrews et al. (1990) published a review study including 154 treatment programmes of juveniles as well as adults offenders and informed of an average *effect size* of $r = .10$. Lipsey published in 1992 the results of the most ambitious review study carried out to that date. He included in his analysis 397 treatment programmes of juvenile delinquents, applied between 1945 and 1990 - encompassing almost five decades - in those which not less than forty thousand juveniles were evaluated. Lipsey obtained an average effectiveness that was somewhat more limited, between $.05$ and $.08$, that represents a percentage of improvement between 5 to 8%. This less than average efficacy is explained by Lipsey (1992a; 1992b) and additional authors (for example, Lösel, 1996; McGuire, 1992) in terms of the reduction caused by the inclusion in the study of many ineffective programmes existing in so numerous a sample as was analysed in this

case. In Europe there has been one meta-analytical review. This was conducted by a German research team (Lösel et al., 1987; Lösel & Köferl, 1989) that studied the effectiveness of the treatment applied in 18 *sociotherapeutic prisons*, obtaining an effect size of $r = .11$, which means an efficacy of 11%.

Recently Lösel has updated his 1987 meta-analysis (Lösel, 1995a) with the addition of two more outcome evaluations. The new findings scarcely change the previously obtained results: the revised total effect estimation again revealed a mean correlation coefficient of .11.

To date, however, no research has integrated in its analysis programmes applied in various European countries, contrary to what has happened in the Anglo-American context. This is precisely the novelty of our investigation: we will present in this chapter the main results of a meta-analytical review carried out on a set of programmes applied to delinquents and offenders in different European countries.

Our Research on European Programmes

Method

Literature search As we have discussed more extensively in a previous work (Redondo et al., 1996a), three different channels were used to search for studies that would be analysed. First, a computerised search was undertaken in three data bases, the *Dialogue Information Service* (that accesses the *Criminal Justice Periodical Index*), *Pascal* (a French data base) and *PsycLit*. Second, a direct review was done of journals, books, and monographs on criminology, psychology, education, social work, law, etc. And, finally, a letter was sent to a wide number of European experts and correctional institutions requesting them to forward studies of crime treatment programmes, published or unpublished. This research period covered 1980 to 1993, and the admitted languages were: English, Spanish, Catalan, French, Italian and Portuguese.

The set of 250 references initially located were screened and selected according to the following criteria:

1. Programmes applied to subjects under the control of the criminal justice system (in other words, delinquents or offenders).
2. The use of a strategy directed towards rehabilitation.
3. Incorporation of a scientific evaluation design that would permit the comparability between groups of treatment/control or between pre/post measures.
4. Inclusion of sufficient data for calculating effect size.

After considering these criteria, 49 studies from six countries were included in our meta-analysis. The studies produced 57 independent effect sizes (see Appendix).

Coding variables For the coding process, three instruments were used (see also Redondo et al., 1996a): a coding sheet, a coding book that established the

operational definitions of selected variables and computing data bases. In this process information was collected and structured into more than two hundred items referring to document identification, programme philosophy, features of subjects and groups, sampling, setting of application, design and follow-up period, treatment activities, outcome variables and conclusions of the authors.

Two factors were especially important for our analysis according to our research design: treatment and outcome variables.

Eight categories of theoretical treatment models were established:

1. Non-behavioural therapy, such as individual or group psychotherapy (a category where nine studies were classified).
2. Educational-informational treatment, such as school treatment or delivery of educational material (six studies).
3. Behavioural therapy, exclusively founded on classical or operand conditioning models as in the case of token economies, or environmental outlines based on contingencies (eleven studies).
4. Cognitive-behavioural therapy, such as social skills training or psycho-social competence programmes (nineteen studies).
5. Classical penal theory based on retribution, such as models of "shock incarceration" or increasing levels of institutional control (one study).
6. Therapeutic community where inmate-staff relationships were conceived as similar to patient-nurse relationships, or the decreasing levels of institutional control (five studies).
7. Diversion programmes or community treatment (five studies).
8. Others, for instance psychiatric institutions (one study).

Outcome variables were also coded in eight categories with a double possibility of measurement period, post-treatment and/or follow-up measures:

1. Measures of treatment implementation level.
2. Institutional adjustment (behaviour in prison, violence, social climate of institutions).
3. Psychological adjustment of personality and attitudes.
4. Educational-cultural adjustment (school participation, reading books, ...).
5. Vocational adjustment.
6. Interaction skills adjustment (cognitive capacities and emotional factors connected to it - self-control/impulsiveness, cognitive style, etc. -, actual development of interaction behaviour, hygiene and health skills, and general adjustment).
7. Recidivism (new crimes, new police contacts, arrests, return to prison).
8. Other measures.

Due to the great laboriousness and inherent difficulties in the codification process in a study such as this, a series of controls were established to guarantee its reliability. An initial mechanism to adjust the selection and definition of the included variables was the triple coding by independent coders of a sample of

twenty studies. After that the observed discrepancies were solved by consensus and the necessary rectifications in the coding instruments were effected. Then, concerning the outcome variables, a test of within-coder reliability was conducted at two different moments, which obtained an agreement index of 94%. Finally, the strictest judgement consisted of finding the reliability among three independent coders, where we found an agreement index of 86.2% for the codification of treatment categories and of 78.5% for the outcome variables categories. Furthermore, a reliability control of the statistical calculations of the effect size was also undertaken. For this, in twenty studies selected at random the calculations of the effect sizes were obtained by two independent coders, with a Pearson correlation coefficient of .83.

Calculating effect size The effectiveness of each programme included in the meta-analysis was calculated through the Effect Size (ES), which is the standardised mean difference, d (Glass, McGaw & Smith, 1981). This index was defined in two ways, depending on the type of study being analysed: (a) For the studies comparing two groups (experimental-control), d was the difference between the means of the two groups divided by the within-group standard deviation; for the one group and pre-test/post-test studies d was defined as the difference between the means of the pre-test and post-test divided by the within-group standard deviation. A positive value was assigned to d when the programme was effective, and a negative value in the contrary case. We express the ESs in terms of Pearson's correlation coefficient (r)¹ (Rosenthal, 1991). When a study presented the results of various programmes applied to different samples, an ES was calculated for each programme and these were considered independent studies. In this way, the 49 selected studies resulted in a total of 57 ES's. Also for each dependent variable its average ES was calculated, distinguishing between the two temporal moments of each register (post-test and the longest follow-up); a global ES in the post-test and in the last follow-up was also obtained. Each ES was weighted by the inverse-variance and the analysis of the moderator variables was made with the variance and regression analysis proposed by Hedges & Olkin (1985). The statistical analyses were made with the programmes DSTAT (Johnson, 1989) and SYSTAT (Wilkinson, 1992).

Results

Descriptive characteristics

Before presenting results on programme effectiveness (certainly the most important), we consider it necessary to offer to our readers some brief information

¹ The relation between d and r is about $d = 2r$ (Glass et al., 1981; Rosenthal, 1991).

on the main characteristics of the evaluated programmes. Tables 1 and 2 present the basic data of more relevant codified variables. The first important aspect concerns the *intervention magnitude*, conceptualised as the total number of treatment hours by subject (see Table 2). In other words, this information refers to the question: what was the programme potential? The programme potential constitutes a critical feature of offender treatment, since the magnitude could obviously influence effectiveness. For the set of analysed European programmes we obtained a median of 22.5 hours of intervention by subject (we preferred the median instead the mean because of the asymmetric character of distribution). According to this information it can be affirmed that, on average, the programmes analysed are of low intensity.

Linked closely to this programme issue is the duration and intensity of the programme; the programmes show a median duration of 2.5 months and 3.75 treatment hours per week. The theoretical treatment models more employed were the behavioural and the behavioural-cognitive (see Table 1).

Other relevant descriptive features concern the *total sample size* of participants in the programmes. A total number of 7,728 were evaluated in the analysed programmes, of which 4,284 were included in treatment groups and 3,444 in control groups. This means that our results on effectiveness - and this is one of the most powerful features that a meta-analytic integration offers - refer not to a sole programme or to a small number of offenders, but to a large number of subjects that were treated in many programmes. Consequently, the possibilities of generalisation of our results raise considerably.

The main characteristics of the subjects were: (1) the median age was 19 years old (see Table 2), although there were some missing data; (2) property offences were the most frequent (Table 1), and (3) the vast majority of the subjects were male (median: 100%).

The most frequent settings where the programmes were carried out were juvenile prisons, adult prisons and the community. The programmes were also implemented in custody regimes, most of the times. The countries that contributed more studies were Great Britain and Spain (Table 1).

Another relevant feature is the *follow-up period* used to evaluate some of employed outcome variables, due to the fact that its duration bears a close relationship to the generalisation of programme effectiveness. In average, the follow-up period for those programmes that included follow-up measures (for instance, social skills or recidivism) had a median value of 12 months, while the mean was 19.7 months. Even though the average duration of the follow-up was not as long as would be necessary for evaluating long-time variables as recidivism, this duration was, however, important if we consider that in variables such as recidivism the most critical recidivism rates occur during the first follow-up year (see for example, Redondo et al., 1996b; Sánchez-Meca et al., 1995; Tournier & Barre, 1990).

With respect to the methodological variables, it is noteworthy to say that the quasi-experimental design type was the most employed; the attrition rate in the

treated groups had a median of 20%, and also the between groups designs were more frequent than the one-group within-subject designs. Finally, although the majority are data from published studies, about a quarter are from non-published studies; that fact permits us to analyse if the publication bias influences our results.

Treatment effectiveness

The main question in our research can be formulated in the following terms: Are offender rehabilitation programmes effective? In a first analysis, we can see that from the 57 studies analysed, 50 (87%) obtained positive ES's, i.e., favouring treatment groups or the post-test measures in the case of pre-test/post-test designs, while 6 programmes showed negative ES's and in one case the ES was zero ($z = 5.83, p < .001$). Consequently, in the greater part of cases, it can be affirmed that

Table 1: Qualitative variables coded in the meta-analysis ($N = 57$)

Variables	Freq.	%	Variables	Freq.	%
<i>Theoretical model:</i>			<i>Regime:</i>		
- Non behavioural	9	15.8	- Closed	34	59.6
- Educational	6	10.6	- Semi-open	2	3.5
- Behavioural	11	19.3	- Open	11	19.3
- Cognit.-behavioural	19	33.3	- Other	7	12.3
- Classic penal theory	1	1.7	- NA*	3	5.3
- Therapeutic comm.	5	8.8			
- Diversion	5	8.8			
- Other	1	1.7			
<i>Subject age:</i>			<i>Country:</i>		
Adolescents (<16)	9	15.8	- Great Britain	26	45.6
Juveniles (16-21)	18	31.5	- Spain	13	22.8
Adults (>21)	25	43.9	- Germany	4	7.0
Mixed	5	8.8	- Netherlands	9	15.8
			- Sweden	4	7.0
			- Israel	1	1.8
<i>Offence type:</i>			<i>Design:</i>		
- Property	18	31.6	- Pre-experimental	12	21.0
- People	2	3.5	- Quasi-experimental	25	43.9
- Sexual	4	7.0	- Experimental	15	26.3
- Drugs traffic	2	3.5	- Behavioural	3	5.3
- Alcohol	7	12.3	- Institution comparison	2	3.5
- Mixed	16	28.1			
- NA*	8	14.0			
<i>Programme setting:</i>			<i>Between vs. within design:</i>		
- Juvenile reform center	3	5.3	- Between	39	68.4
- Juvenile prison	16	28.1	- Within	18	31.6
- Adult prison	17	29.8	<i>Publication source</i>		
- Community	14	24.5	- Published	42	73.7
- Other	4	7.0	- Unpublished	15	26.3
- NA*	3	5.3			

NA: Not available

any programme was more effective than no programme. A more significant approach consists in calculating the global ES for all the treatment, all the measures and for all the evaluation periods (post-test and follow-ups). The Pearson correlation coefficient was $r = .15$, that corresponds to a standardised mean difference of $d = 0.3039$, statistically significant for $p < .0000$ (95% confidence interval for d : 0.26; 0.35). The Pearson correlation coefficient can be interpreted directly, multiplied by one hundred, in terms of percentage of improvement. This means that treated groups surpassed controls in the set of evaluated variables by 15 points (Rosenthal & Rubin, 1982).

Table 2: Quantitative variables coded in the meta-analysis

Variables	k	Min.	Max.	Mean	S.D.	Median
Programme duration (in months)	46	0.067	41	5.67	7.63	2.5
Programme intensity (in hours/week)	46	0.75	56	17.04	23.52	3.75
Programme magnitude (in hours/subject)	45	1.5	9840	687.6	1691	22.5
Sample age (in years)	39	12.5	39.3	21.7	6.9	19
Sample sex (% of men)	52	0	100	93.51	20.86	100
Sample size	57	6	1212	112.5	213.2	36
Attrition (in treated group)	41	0	82.1	23.7	22.3	20
Follow-up (in months)	43	0.5	120	19.7	23.2	12

k: Number of studies. Min.: minimum score. Max.: Maximum score. S.D.: Standard Deviation

The average effectiveness is evident. However, the ES distribution of integrated studies is very heterogeneous [$Q(56) = 171.270, p < .0000$]. In meta-analysis this verification leads us inexorably to the analysis of the contingent existing relations between outcome and the various factors theoretically associated with it, following our design: factors of subjects, settings, methodology, and treatment.

Table 3: Effect size as a function of crime typology

Class	k	d_+	95% C.I.	r_+	Q_w	DF	p
Property	18	0.261	0.199:0.322	.129	101.85	17	.000
People	2	0.923	0.321:1.525	.419	0.02	1	.991
Sexual	4	0.172	-0.162:0.505	.085	14.99	3	.005
Drug traffic	2	0.241	0.111:0.371	.120	0.85	1	.653
Mixed	16	0.434	0.320:0.548	.212	19.06	15	.265
Alcohol	7	0.337	0.224:0.450	.166	6.32	6	.503
Overall	49	0.300	0.255:0.345	.148	$Q_w = 143.09$	43	.000
					$Q_B = 21.42$	5	.001

k: Number of studies. d_+ : average standardised mean difference. 95% C.I.: 95% Confidence Interval. r_+ : average correlation coefficient. Q_w : Within-class statistic. DF: Degrees of Freedom. p: probability. Q_B : Between-class statistic

Tables 3 and 4 present the results obtained in analysing the influence of two subject variables, the type of offence and the age, on the ES. The greatest effectiveness was obtained for offences against persons ($r = .419$), even though this ES corresponds to a very limited number of studies of $k = 2$, which hinders its generalisation, and in second place in mixed groups integrated by different typologies of offenders ($r = .212$, $k = 16$). The least effectiveness was produced with sexual offenders ($r = .085$, $k = 4$). This relationship was statistically significant [$Q_B(5) = 21.42$, $p = .001$]. With respect to the classification of the subjects by age groups, although significant results were not obtained [$Q_B(3) = 5.715$, $p = .126$], it is possible to say that the younger the subjects, the more effective the programme.

Table 4: Effect size as a function of subject's age

Class	k	d.	95% C.I.	r.	Q _w	DF	p
Adolescents	9	0.449	0.271:0.626	.219	10.39	8	.319
Juveniles	18	0.405	0.262:0.548	.198	41.18	17	.001
Mixed	5	0.312	0.212:0.411	.154	2.47	4	.781
Adults	25	0.273	0.219:0.328	.135	111.51	24	.000
Overall	57	0.304	0.260:0.348	.150	Q _w = 165.55 Q _B = 5.715	53 3	.000 .126

Partially related to the subjects' age variable are the programme settings. As can be seen in Table 5, the greatest effectiveness was achieved in juvenile centres ($r = .257$, $k = 3$) and in juvenile prisons ($r = .193$, $k = 16$), while the least effectiveness was obtained in adult prisons ($r = .119$, $k = 17$). This result is consistent with one of the more reiterated conclusions of correctional literature: youths would be more influenced by treatment than adults, whose criminal careers are much more established.

Table 5: Effect size as a function of setting of intervention

Class	k	d.	95% C.I.	r.	Q _w	DF	p
Juvenile center	3	0.532	0.114:0.949	.257	0.59	2	.898
Juvenile prison	16	0.394	0.242:0.547	.193	40.91	15	.000
Adult prison	17	0.240	0.183:0.298	.119	78.32	16	.000
Community	14	0.339	0.245:0.434	.167	32.75	13	.003
Other	4	0.475	0.301:0.649	.231	0.55	3	.968
Overall	54	0.295	0.250:0.340	.146	Q _w = 153.12 Q _B = 11.26	49 4	.000 .023

Table 6 presents the effectiveness of the programmes meta-analysed according to country. The reader should know that this is a weak analysis. It is true that - setting aside the Israeli study ($r = .320$), Spain ($r = .239$, $k = 13$) and Germany ($r = .205$, $k = 4$), get the best results; however, on the one hand, the Great Britain results are diminished by one particular study, without which the average ES is similar to other countries ($r = .15$, $k = 25$) and, on the other hand, Great Britain is the country with the highest number of studies.

Table 6: Effect size as a function of country

Class	k	d.	95% C.I.	r.	Q _w	DF	p
Great Britain	26	0.173	0.105:0.240	.086	88.34	25	.000
Spain	13	0.493	0.353:0.634	.239	34.19	12	.001
Germany	4	0.419	0.310:0.528	.205	4.58	3	.333
Netherlands	9	0.400	0.285:0.516	.196	9.00	8	.437
Sweden	4	0.318	0.211:0.426	.157	5.27	3	.260
Israel	1	0.674	0.063:1.286	.319	-	-	-
Overall	57	0.304	0.260:0.348	.150	Q _w = 141.38 Q _B = 29.89	52 5	.000 .000

In the framework of methodological variables a greater programme effectiveness was observed for behavioural designs, for instance reversion or baseline designs ($r = .395$, $k = 3$), that obviously are connected to behavioural and cognitive-behavioural programmes, that were also the most effective. Contrarily, the least effectiveness was obtained in experimental designs with random assignment of subjects ($r = .067$, $k = 15$).

Table 7: Effect size as a function of design type

Class	k	d.	95% C.I.	r.	Q _w	DF	p
Pre-experimental	12	0.361	0.233:0.488	.177	40.90	11	.000
Quasi-experimental	25	0.377	0.317:0.438	.185	61.74	24	.000
Experimental	15	0.134	0.052:0.215	.067	20.79	14	.144
Behavioural	3	0.861	0.451:1.271	.395	12.40	2	.006
Institution compar.	2	0.254	0.060:0.448	.126	4.91	1	.086
Overall	57	0.304	0.260:0.348	.150	Q _w = 140.74 Q _B = 30.52	52 4	.000 .000

In order to see if the publication bias could influence the validity of the meta-analysis results, a published versus non-published comparison was made. There

were no significant differences between the two sources of publication [$Q_w(1) = 2.66, p = .103$]. In fact, the non-published studies presented an even higher mean effectiveness than the non-published ones. Consequently, we reject the publication bias as a threat to the validity of our results.

Table 8. Effect size as a function of publication source

Class	k	d_e	95% C.I.	r_e	Q_w	DF	p
Published	42	0.286	0.237:0.335	.142	140.58	41	.000
Unpublished	15	0.379	0.279:0.479	.186	28.03	14	.021
Overall	57	0.304	0.260:0.348	.150	$Q_w = 168.61$ $Q_b = 2.66$	55 1	.000 .103

But, without doubt, the main outcome of our analysis concerns the effectiveness of the different types of treatment applied to offenders. Table 9 shows the ES's obtained by the different treatment models. The greatest effectiveness was observed for programmes founded on behavioural ($r = .279, k = 11$) and cognitive-behavioural models ($r = .273, k = 19$). Contrarily, the least effectiveness was achieved in a prison programme based on the classical penal theory or retribution ($r = .039$). In an intermediate level are the non-behavioural ($r = .194, k = 9$), educational ($r = .175, k = 6$) and diversion models ($r = .195, k = 5$).

Table 9. Effect size as a function of treatment theoretical model

Class	k	d_e	95% C.I.	r_e	Q_w	DF	p
Non behavioural therapy	9	0.395	0.308:0.483	.194	29.32	8	.000
Educational/informational	6	0.355	0.236:0.475	.175	12.13	5	.059
Behavioural therapy	11	0.581	0.407:0.754	.279	19.26	10	.057
Cognit.-behav. therapy	19	0.568	0.403:0.732	.273	38.68	18	.005
Classic penal theory	1	0.078	-0.010:0.166	.039	-	-	-
Therapeutic Community	5	0.251	0.137:0.365	.124	12.90	4	.024
Diversion	5	0.399	0.206:0.591	.195	3.44	4	.631
Other	1	0.036	-0.237:0.310	.018	-	-	-
Overall	57	0.304	0.260:0.349	.150	$Q_w = 115.73$ $Q_b = 55.54$	49 7	.000 .000

In relation to the programme characteristic variables, we included the following: duration, intensity and treatment magnitude. These quantitative variables were analysed through weighted simple regression analysis, with no clear relationship with the ES. Only the intensity of the programme (defined as the number of weekly treatment hours) explained 10.6% of the ES variance; thus, the most intense programmes were the most effective.

As other studies have shown (Lipsey & Wilson, 1993; Sánchez-Meca, 1996), in examining the relationship between the follow-up period and the ES², the least effectiveness was associated with the longest follow-up periods, although this was a weak correlation (adjusted squared correlation coefficient: .037).

Finally, we tested programme effectiveness on the various analysed dependent variables, taking the longest follow-up period of each study (see Table 10). A greater effectiveness was found for measures related to institutional ($r = .41, k = 7$), psychological ($r = .32, k = 3$), work ($r = .28, k = 7$) and school ($r = .27, k = 3$) adjustments.

The worst results for the test were obtained for the recidivism measures, as we will comment on further. Nevertheless, these results are for guidance only, since the number of studies is quite limited.

Table 10. Average effect sizes on several outcome measures in the last follow-up period

Class	k	d_e	95% C.I.	r_e	Q	DF	p
Overall	45	0.263	0.22:0.31	.13	153.23	44	.000
Recidivism	32	0.243	0.20:0.29	.12	123.48	31	.000
Institutional adjustment	7	0.901	0.53:1.27	.41	9.37	6	.154
Psychological adjustment	3	0.670	0.07:1.27	.32	0.81	2	.665
Social skills	13	0.402	0.29:0.52	.20	32.33	12	.001
School adjustment	3	0.571	0.27:0.87	.27	31.28	2	.000
Work adjustment	7	0.591	0.39:0.79	.28	4.60	6	.595

Recidivism outcomes

It is clear that when speaking of the rehabilitation of the offender, the fundamental outcome variable is recidivism, even though other issues such as social situation, psychological adjustment and so on, are also important improvements. We defined recidivism in a broad sense, including new contacts with the police, new offences, return to prison, revocation of parole, etc. (Sánchez-Meca et al., 1995). From the total of meta-analysed studies, 32 presented data about recidivism, involving 6,012 subjects (3,509 treated and 2,503 non-treated). The mean ES was positive ($r = .12$) and significant ($p < .001$); that shows the global effectiveness in the treatment of offenders. However, the great heterogeneity found in the ES's means that this general trend is contingent on several moderator variables [$Q(31) = 123.479, p = .000$].

² In order to analyse the relation between the follow-up period and the ES, we employed the weighted regression technique developed by Hedges and Olkin (1985), which gives more weight to the studies with the larger sample sizes. However, we decided to fix as 100 the largest possible sample size to avoid that the few studies with a sample size greater than 100 would have excessive influence in the analysis. In this way, the ratio between the highest and the lowest sample size was $100/4 = 25$.

First, note the strong relation between ES and the treatment model (Table 11). As mentioned in the overall results section, the treatments that were most effective in the reduction of recidivism were the behavioural-cognitive ($r = .265, k = 3$) and behavioural ($r = .232, k = 6$) therapies, followed by the non-behavioural therapies ($r = .192, k = 8$) and diversion ($r = .188, k=4$); the only study that applied classic penal theory did not obtain any effectiveness ($r = -.006$).

Analysing the types of crimes (Table 12) we see that the best result pertains to a study that included crimes against the person ($r = .338$); it is based on only one study, and thus must be interpreted with precaution. The second most successful category mixed several types ($r = .193, k = 8$), with the sexual crimes obtaining the worst results ($r = .068, k = 3$).

Table 11: Effect size on recidivism as a function of treatment theoretical model

Class	k	d _r	95% C.I.	r _r	Q _w	DF	p
Non behavioural therapy	8	0.392	0.304:0.479	.192	28.41	7	.000
Educational/informational	5	0.161	0.037:0.285	.080	6.27	4	.280
Behavioural therapy	6	0.477	0.328:0.626	.232	2.29	5	.891
Cognit.-behav. therapy	3	0.550	0.285:0.814	.265	9.68	2	.021
Classic penal theory	1	-0.012	-0.100:0.076	-.006	-	-	-
Therapeutic Community	5	0.255	0.141:0.369	.127	12.16	4	.033
Diversion	4	0.328	0.179:0.586	.188	3.02	3	.554
Overall	32	0.243	0.198:0.288	.121	Q _w = 61.83	25	.000
					Q _B = 61.64	6	.000

Table 12: Effect size on recidivism as a function of crime typology

Class	k	d _r	95% C.I.	r _r	Q _w	DF	p
Property	6	0.210	0.147:0.272	.104	62.39	5	.000
People	1	0.718	-0.107:1.544	.338	-	-	-
Sexual	3	0.136	-0.217:0.489	.068	14.62	2	.002
Drug traffic	2	0.246	0.116:0.375	.122	0.47	1	.790
Mixed	8	0.392	0.263:0.522	.193	10.34	7	.242
Alcohol	7	0.218	0.105:0.331	.108	12.28	6	.092
Overall	27	0.240	0.193:0.286	.119	Q _w = 100.10	21	.000
					Q _B = 8.01	5	.156

Similar to the overall results displayed in Table 4, recidivism data confirms the superior effectiveness of treatment of adolescents ($r = .205, k = 7$) and youths ($r = .188, k = 6$), in comparison to adults ($r = .101, k = 15$; see Table 13).

Table 13: Effect size on recidivism as a function of subject's age

Class	k	d _r	95% C.I.	r _r	Q _w	DF	p
Adolescents	7	0.419	0.229:0.608	.205	10.88	6	.144
Juveniles	6	0.384	0.249:0.518	.188	8.86	5	.181
Mixed	4	0.241	0.139:0.343	.120	9.17	3	.057
Adults	15	0.202	0.145:0.259	.101	85.09	14	.000
Overall	32	0.243	0.260:0.348	.121	Q _w = 114.0	28	.000
					Q _B = 9.48	3	.023

Finally, we must mention the relationship between ES and the design type used in the studies. As Table 14 shows, the pre-experimental studies (pre-test/post-test designs) have the worst results ($r = .069, k = 10$). This result contradicts prior research that indicated that the pre-test/post-test designs generally show higher ES's than the experimental ones (e.g., Lipsey & Wilson, 1993). The reason for this apparent contradiction is that in the category of pre-experimental studies we included only Thornton's (1987) contribution, which with 1,000 subjects is the only study in our meta-analysis that employed classical penal theory, with negative outcomes ($r = -0.006$). With this exception, the two experimental studies that obtained recidivism measures (McMurrin & Boyle, 1990; Slot, 1983) are the least effective ($r = .098$), with no statistical significance. However, this result should be interpreted with caution, because of the small sample size (26 subjects each).

Table 14: Effect size on recidivism as a function of design type

Class	k	d _r	95% C.I.	r _r	Q _w	DF	p
Pre-experimental	10	0.139	0.075:0.203	.069	48.68	9	.000
Quasi-experimental	19	0.321	0.251:0.391	.159	49.94	18	.000
Experimental	2	0.197	-0.362:0.757	.098	0.54	1	.764
Institution compar.	1	0.504	0.338:0.670	.244	-	-	-
Overall	32	0.243	0.198:0.288	.121	Q _w = 99.16	28	.000
					Q _B = 24.32	3	.000

Discussion and Conclusions

In his review of meta-analysis studies with offenders, Lösel (1995a) discusses three topics in detail: types of treatment, methodological characteristics and settings. The same author in another paper (Lösel, 1995b), as well as McGuire and Priestley (1995), review the "guidelines for more effective programmes", some of which we present now with the objective of analysing our results.

Type of treatment In Lipsey's meta-analysis (1992a; 1992b) treatment modality was the most important single cluster of moderators. Within the juvenile justice system, the highest effect sizes were found for employment ($r = .18$), multimodal (.12), behavioural (.12), and skill-oriented (.12) programmes. Studies of programmes based on deterrence (-.12) and on vocational training (-.09) even showed negative effects. In programmes *outside* of the juvenile justice system, skill oriented (.16), multimodal (.10), and behavioural (.10) treatments performed best, and where employment/vocational-measures were the worst (-.01). With the exception of the modalities of employment/vocational interventions, the other findings were consistent: multimodal (i.e., they recognised the variety of offenders' problems), behavioural, and skill-training measures were more successful than other treatments in programmes inside and outside of the juvenile justice system (such as family counselling, group therapy, etc.). The last finding means that their contents and the methods they employed were designed to teach clients problem-solving, social interaction and other types of coping skills. These are intervention strategies drawn from behavioural, cognitive or cognitive-behavioural sources.

If we look at the meta-analytical review regarding the prevention of antisocial behaviour, this trend finds new support. Durlak et al. (1993) conducted a meta-analysis evaluating controlled outcome studies of primary prevention that had appeared up until the end of 1991. In general, all types of programmes had significant positive impacts on participants, with the mean ES's (divide by 2 to obtain the "r" ES) ranging from 0.25 to 0.50, being the most effective programmes of cognitive-behavioural nature. In a more recent study, Durlak and Wells (1994) conducted a new meta-analytic review of the impact of secondary prevention by evaluating the results of 130 published and unpublished controlled studies appearing until the end of 1991. Again, behavioural and cognitive-behavioural treatments were the most successful strategies, being both of them equally effective in producing moderately strong effects (mean ES of 0.51 and 0.53, respectively), which were almost twice as high as those emanating from non behavioural interventions (mean ES = 0.27).

Our research confirms this overall finding. Also in Europe the cognitive and behavioural treatment modalities are the most effective in the treatment of offenders, with an ES of $r = .27$ in the global meta-analysis, and .26 (cognitive) and .23 (behavioural) with the criteria of recidivism. At the opposite end of the spectrum, the only study that used retribution/deterrence as its theoretical framework did not show any improvement ($r = .039$ and $-.006$, respectively).

Setting of intervention This matter needs further clarification because it is possible to argue that the most important feature of an intervention programme is "what we are going to do", instead of "where we are going to do that" (see Garrido & Redondo, 1993). However, it seems that programmes located in the community on balance yield more effective outcomes, perhaps due to their possibilities of increasing the generalisation process.

A recent study (Bondeson, 1994) adds new evidence on that question. Bondeson's latest book explores and evaluates the use and effects of three forms of probation sanctions in Sweden (conditional sentence, "pure" probation and probation with institutional treatment). After carefully controlling for a host of influences, Bondeson's quasi-experimental methods lead her to conclude that the greater the intervention, the more disadvantaged people become in terms of survival without further offending. In raw terms, 12 per cent of the conditionally sentenced, 30 per cent of straight probationers and 61 per cent of those placed on probation after institutional treatment recidivated at least once over a two-year period. When these groups were broken down into comparable risk categories, she found the same results. Furthermore all the individuals studied showed less recidivism when their sentences were conditional.

The author, in attempting to reveal the reality of probation supervision and the treatment institutions in Sweden, finds support for what she calls the theory of negative individual prevention. In particular, the special institutions were designed to address issues of unemployment, housing and drug/alcohol misuse. As Rutherford (1996) comments, her findings provide a sombre warning to persons intent on discovering a penal institutional panacea: "despite the aims and fundamental structure of the institutions studied, their negative effects were more prominent than their positive effects and the majority of probationers underwent some form of so-called prisonisation" (Bondeson, 1994, p.186).

However, we think that this research shows exactly the fact we pointed out earlier: *the nature of the intervention programme is the "key variable"*, instead of its location. From Bondeson's work we can not conclude that the "pure" probation or the institution plus the probation involved effective programmes at all. It is completely logical that institutions designed to address issues of "unemployment, housing and drug/alcohol misuse" obtain the worst results *without specific programmes directed to improve these problems*. So, our research does not confirm the trend derived from Bondeson's research and some meta-analytical studies: the 14 studies which employed the community as the intervention setting obtained an ES of $r = .16$, the lowest compared with the categories of juvenile centre (.25) or juvenile prison (.19), among others.

Methodological characteristics Although the results of meta-analyses are not uniform, the major trend is a negative correlation between effect size and design quality: the stronger or more rigorous designs (involving randomisation or experimental validity) obtain lower results than weaker or less rigorous designs. The European meta-analysis confirms this fact. In our research the experimental designs with random assignment show the lowest effectiveness ($r = .067$), while the pre-experimental and quasi-experimental have similar ES (.17 and .18, respectively). On the other hand, as Garrett (1985) and Gottschalk et al. (1987) have found, among others, our data also present a lower effect size for the measure of recidivism as a criteria of success ($r = .12$, 32 studies), compared with other non-offending

measures such as institutional adjustment (.41, with only 7 studies) or psychological adjustment (.32, 3 studies). The fact that the number of studies is not too large is balanced for the fact that recidivism is the lowest effect size (see Table 10). This criteria, then, presents the greatest difficulty for any programme that tries to obtain positive effects.

Integrity of the programmes Another characteristic of successful programmes is the way an intervention is put into practice, including events such as training and support of staff, sharing of a plan for programme monitoring and evaluation, and a reasonable connection between stated objectives and methods being used (see Hollin, 1995). Although our meta-analysis did not study this concept exactly, it is possible to assume that the programmes that employed more rigorous treatment theoretical models more strictly supervised the integrity of the implementation and the other circumstances mentioned before. Of the different models that appear in our research, two are defined by the care that was taken in the control and monitoring of implementation: the cognitive-behavioural model and the behavioural therapy model. As we have showed earlier, both of them obtain the best effect size: $r = .273$ and $.279$, respectively.

Other features associated in the literature with successful programmes such as risk classification, impact on criminogenic needs or the principle of "responsivity" (Andrews, 1995; Lösel, 1995a, 1995b; McGuire & Priestley, 1995) were not able to be studied in our meta-analysis.

Our investigation has some merits and also certain limitations. The main merit resides in having carried out a systematic review of European treatment programmes of delinquency and crime, analysing strategies used, features of treated subjects, application settings and methodology of evaluation, in connection with effectiveness. Also, we consider a plus that our research has been conceived as an ongoing research project, which supposes that the assessment instruments will permit the integration of future programmes and more extensive analysis on this topic.

But our research also has some limitations that will have to be addressed in future studies. The first concerns the inherent difficulties of the programme location process, by reason of the numerous European languages: probably there are other treatment programmes written in German, Swedish, Danish and also in other languages of east European countries. Some of these reports probably have not been located for their inclusion in our analysis. A second difficulty is related to the low methodological criterion adopted for the acceptance of programmes. With the objective of disposing of the greatest possible information, some studies that used weak assessment designs were accepted. Our results can be obviously influenced by this methodological tolerance. Perhaps in future research, when we could incorporate a greater number of reports on European programmes, this minimalistic methodological criterion will be revised. A third deficiency is related to the exclusive use up until now of univariate analysis, in those which efficacy is

analysed in connection with different factors, taken one at a time. The availability of a greater number of studies in the future probably permit the accomplishment of more sophisticated multivariate analysis.

In the foreword to Palmer's (1994) book, Michael Gottfredson says that for some people "the very possibility of rehabilitation is an essential value of our society, and thus the dimmest glimmer of empirical hope is all that is required to maintain rehabilitation as a justification" (in dealing with offenders). Yes, this is true, but probably it is not enough. We must be able to show that we are effective in treating offenders. As the meta-analytical literature indicates, our research provides convincing evidence that in the rehabilitation of offenders, something works. It challenges the "nothing can be done" policy in corrections, showing that criminal behaviour can be reduced by programmes designed to modify the skills, attitudes, or behaviour of offenders. This is not a light objective. Recently the media have turned the spotlight on juveniles and adult violent offenders, and bombarded the public with stories of senseless and random violence, *psychokillers*, gangs, guns, and drug use and trafficking. Howell et al. (1995, p.vii) have reflected on this issue in America in the case of juvenile offenders: "The idea of 'getting tough' on youth, even for a minor first offence, has led to calls for treating juvenile offenders as if they were adults. This means setting aside rehabilitative goals and dismissing the proven ability of the juvenile justice system to turn most young offenders around. The original basis for establishing the juvenile justice system - to provide an alternative to a harsh, ineffective criminal justice system for children - is in danger of being forgotten".

Perhaps the situation is not so serious in Europe, but we should not be too certain about that, especially if we remember how often European policies follow the ones born in America. Very recently, Robert Ross et al. (1995, pp. 3-4) said that "a substantial body of research has demonstrated that some programmes, conducted by some practitioners, with some offenders, in some settings have been effective. There are no panaceas. No programme will be effective with all offenders or in all settings". This is also true in Europe. We do not need panaceas, but realities. And these support the ideal of rehabilitation.

Appendix

Study	Country	Treatment	n_E	n_C	d_C^a	d_R^a
Bayón (1985)	Spain	Nonbehav. ther.	7	7	0.923	-
Bayón & Compadre (1991)	Spain	Cog-behav. ther.	8	^b	0.639	-
Belfrage (1991)	Sweden	Nonbehav. ther.	188	132	0.454	0.454
Beljaars & Berger (1987)	Netherlands	Cog-behav. ther.	32	45	0.439	-
Berggren & Svård (1990)	Sweden	Therap. comm.	280	^c	0.259	0.259
Bishop et al. (1987)	Sweden	Therap. comm.	42	38	0.035	0.099
Bovens (1987)	Netherlands	Educat./Informat.	91	62	0.263	0.263
Brown (1985)	Great Britain	Behav. ther.	8	8	-0.200	-0.200
Collins & Tate (1988)	Great Britain	Diversion	29	19	0.811	0.811

Study	Country	Treatment	n _E	n _C	d _G ^a	d _R ^a	
Cook et al. (1991)	Study 1	Great Britain	Nonbehav. ther.	33	11	-0.207	-0.207
	Study 2	Great Britain	Nonbehav. ther.	11	11 ^d	-1.260	-1.260
Cooke (1989)	Great Britain	Therap. comm.	12	- ^b	0.946	0.718	
Cooke (1991)	Great Britain	Nonbehav. ther.	120	- ^c	0.603	0.603	
Cullen (1987)	Study 1	Great Britain	Cog-behav. ther.	5	9	0.533	-
	Study 2	Great Britain	Cog-behav. ther.	5	9	-0.658	-
	Study 3	Great Britain	Cog-behav. ther.	11	15	1.667	-
	Study 4	Great Britain	Cog-behav. ther.	11	- ^b	3.385	-
Day (1988)	Great Britain	Behav. ther.	20	- ^b	0.311	0.311	
Dünkel (1982)	Germany	Nonbehav. ther.	323	889	0.480	0.480	
Fisher (1991)	Great Britain	Cog-behav. ther.	6	5	0.848	-	
Garrido et al. (1989)	Spain	Cog-behav. ther.	33	28	0.413	-	
Garrido & Sanchis (1990)	Spain	Cog-behav. ther.	7	16	0.842	-	
Hollin & Courtney (1983)	Study 1	Great Britain	Cog-behav. ther.	4	8	0.632	-
	Study 2	Great Britain	Cog-behav. ther.	4	8 ^d	0.965	-
Hollin et al. (1986)	Study 1	Great Britain	Cog-behav. ther.	5	10	0.560	-
	Study 2	Great Britain	Cog-behav. ther.	5	10 ^d	0.592	-
Hopkins (1991)	Great Britain	Cog-behav. ther.	8	7	0.472	-	
Kravetz et al. (1990)	Israel	Behav. ther.	33	16	0.674	-	
Kruissink (1990)	Netherlands	Diversion	124	68	0.421	0.421	
Kury (1989)	Study 1	Germany	Cog-behav. ther.	32	106	0.144	0.144
	Study 2	Germany	Nonbehav. ther.	32	106 ^d	0.144	0.144
Legaz et al. (1990)	Spain	Diversion	15	6	0.233	0.281	
López et al. (1992)	Spain	Diversion	22	- ^b	0.577	-	
Martin (1989)	Spain	Behav. ther.	26	25	0.836	-	
McDougall et al. (1987)	Great Britain	Cog-behav. ther.	18	18	0.478	-	
McMurrin & Boyle (1990)	Study 1	Great Britain	Educat./Inform.	13	13	0.000	0.000
	Study 2	Great Britain	Educat./Inform.	15	13 ^d	-0.247	-0.247
Members of Demonst. Unit (1986)	Great Britain	Nonbehav. ther.	109	- ^b	0.039	0.039	
Moreno & Battestini (1989)	Spain	Educat./Inform.	44	- ^b	0.995	-	
Petterson et al. (1986)	Sweden	Therap. comm.	70	61	0.551	0.658	
Redondo (1983)	Spain	Behav. ther.	25	- ^b	0.229	-	
Redondo (1984)	Spain	Behav. ther.	8	- ^b	1.077	-	
Redondo et al. (1991)	Spain	Behav. ther.	288	- ^b	0.475	0.504	
Robertson & Gunn (1987)	Great Britain	Therap. comm.	61	61	-0.168	-0.168	
Rosner (1988)	Germany	Nonbehav. ther.	420	47	0.405	0.405	
Sánchez & Polo (1990)	Spain	Other	103	- ^b	0.036	-	
Sastriques (1993)	Spain	Behav. ther.	20	- ^b	1.886	-	
Scholte & Smit (1987)	Netherlands	Diversion	71	71	0.216	0.217	
Shepherd (1991)	Great Britain	Cog-behav. ther.	15	20	0.211	-	
Singer (1991)	Great Britain	Educat./Inform.	152	- ^b	0.282	-0.031	
Slot (1983)	Netherlands	Behav. ther.	9	17	0.549	0.419	
Slot (1984)	Netherlands	Behav. ther.	6	- ^b	1.011	0.492	
Slot & Bartels (1983)	Netherlands	Cog-behav. ther.	29	29	1.066	1.219	
Slot & Heiner (1986)	Netherlands	Behav. ther.	22	- ^b	0.559	0.559	
Thornton (1987)	Great Britain	Clasic penal th.	1,000	- ^b	0.078	-0.012	
Van Dalen (1989)	Netherlands	Educat./Inform.	250	250	0.379	0.281	
Weaver & Fox (1984)	Great Britain	Cog-behav. ther.	38	- ^b	0.647	0.647	

n_E: Sample Size of treated group; n_C: Sample size of control group; d_G: Global standardised mean difference; d_R: Recidivism standardised mean difference; ^a: d_G and d_R are unbiased standardised mean differences (Hedges & Olkin, 1985); ^b: One group design; ^c: Not available; ^d: Same control group than Study 1; ^e: Control group proceeds from another paper.

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Preface

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Two institutions played a key role in supporting this event: The Catalan Board of Psychologists and the Center of Legal Studies of the Justice Department of Catalonia. The former provided financial support for the conference as well as valuable logistic and administrative assistance. The latter provided the facilities for the conference.

The preparation of this book has meant hard work for contributors and editors. The original papers were screened, completed and updated during the time that has elapsed since the Conference. We appreciate very much the patience shown by the authors, who committed themselves to a series of tasks that were necessary to produce the book in its final state. *Advances in Psychology and Law: International Contributions* would have not been possible without the altruistic and continuous collaboration of the colleagues of the first editor of this book at the Center of Legal Studies: Carlos Ferrer, Maribel Baños, Luis de Santiago, Orestes Martínez, Núria Rius-Pastor and Eulalia Luque. The editors would like to give special thanks to Antonio Marchal whose painstaking work over the past year in preparing the final copy has been indispensable. And last but not least, we want to express our gratitude to Elisabeth Abu Homos, Bianka Ralle and Christoph Schirmer from De Gruyter for their constant support and suggestions throughout all the editorial process.

The Editors

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