

Just How Effective is Correctional Treatment at Reducing Re-Offending?

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This paper reviews the recent history and examines the present state of New Zealand correctional interventions. The focus is specifically on those interventions, programmes, or treatments that aim to reduce re-offending. Beginning in the 'nothing works' era of the 1970's, this paper reviews the international development of effective correctional interventions, and summarises the evaluation of these programmes in terms of published meta-analyses. The development, implementation and evaluation of a number of New Zealand treatment programmes are then discussed. Recidivism outcome measures from these New Zealand programmes are consistent with international benchmarks in terms of their ability to reduce re-offending. There is also a growing body of evidence that the effectiveness of these programmes can be further enhanced through particular attention to established principles of programme best practice, including providing culturally relevant and appropriate interventions to Māori offenders. A number of suggestions for increasing the effectiveness of correctional programming are made.

Historical Background: The What Works? Debate

Over the course of the 20th century the practice of penology has witnessed a fierce struggle between proponents of punishment and proponents of rehabilitation (Andrews & Bonta, 1998; Cullen & Gendreau, 1989; Hollin, 1992). These conflicting ideals reached a crescendo during the 1970's in what subsequently became known as the 'nothing works / what works' debate. Prior to the 1970's, rehabilitation - in the form of human service treatment - was widely accepted as a legitimate goal of correctional operations (Hollin, 2000). However the 1970's saw a dramatic shift in the power balance between the competing goals of rehabilitation and punishment

(Andrews & Bonta, 1998; Bonta, 1997; Cullen & Gendreau, 1989). Faced with rising crime rates and increasing prison crowding there was general public and professional disillusionment about the effectiveness of offender rehabilitation programmes (Cullen, Fischer & Applegate, 2000).

The backlash against rehabilitation was amplified by the influential review of Martinson (1974) whose name became synonymous with the 'nothing works' doctrine. This title came from the often cited article by Martinson (1974: 'What Works? - Questions and Answers about Prison Reform'). This paper is commonly credited with expediting the demise of human service and the ideals of rehabilitation (Andrews & Bonta, 1998; Cullen &

Gendreau, 1989). Martinson (1974) reviewed 231 studies of prison rehabilitative programmes. On the basis of his analysis he concluded that offender treatment was largely ineffective. For example, "...education... or psychotherapy at its best, cannot overcome, or even appreciably reduce, the powerful tendency for offenders to continue in criminal behaviour" (p.49). Lipton, Martinson and Wilks' (1975) reanalysed the same reviews as Martinson. They similarly noted that firstly, research done up to that point was methodologically weak, and secondly, there was no evidence that any treatment could be relied upon to consistently reduce recidivism (see also Brody, 1976). These arguments were not only favourably received by the dominant mainstream criminology scholars, but they were also consistent with the right-wing political ideologies of the 1970's and 1980's, such as those espoused by the Thatcher and Reagan governments in the United Kingdom and United States of America respectively (Hollin, 2000).

The pessimistic rhetoric of the 'nothing works' doctrine obviously had serious implications for the willingness of correctional authorities to invest resources in rehabilitative efforts. Depending on the chosen ideology, the apparent futility of correctional rehabilitation was a perfect excuse for harsher penalties, 'just desserts' or political revolution (Hollin, 2000). The 1970's and 1980's thus saw government funding shift away from

rehabilitation into primary crime prevention (e.g., policing) and deterrence (e.g., boot camps, 'scared straight' interventions, 'short, sharp shocks').

However, not all hope was lost. A small number of vocal critics of the 'nothing works' doctrine actively challenged the assumptions and empirical evidence presented by Martinson and colleagues. Foremost in this debate were a number of North American researchers, including Ted Palmer, Paul Gendreau, Don Andrews and Robert Ross. At the same time as Martinson was announcing that very few approaches had any effect on recidivism, Palmer (1975) was reanalysing the same data and finding that more interventions worked than the original analysis showed. This position was also supported by Thornton's (1987) reanalysis of a selection of studies used by Lipton and co-workers in 1975. Similarly, Gendreau and Ross (1979) and Ross and Gendreau (1980) were reporting on research that documented positive outcomes. Perhaps the most damaging blow to the 'nothing works' position was that delivered by Robert Martinson himself. In 1979 he wrote a paper that acknowledged errors in the earlier reviews and reported on new studies that demonstrated that some programmes did work. On the basis of this substantial contradictory evidence, Martinson recanted the 'nothing works' statements made in his 1974 article.

Reviews of Offender Rehabilitation

In the years since Martinson's original publication the pendulum has firmly swung back in favour of the notion that corrections based treatment can influence an offender's behaviour in prosocial directions. Indeed, a substantial and robust body of empirical research is now available to support the effectiveness of some interventions for offenders. Most significantly, a large number of meta-analytical¹ studies attest to the efficacy of some correctional treatment approaches (Andrews, 1995; Andrews, Zinger, Hoge, Gendreau, & Cullen, 1990; Dowden & Andrews, 1999, 2000; Garrett, 1985; Izzo & Ross, 1990; Lipsey, 1992; Lipsey, Chapman, & Landenberger, 2001; Lipton, 1994;

McGuire & Priestley, 1995; Wexler, Falkin & Lipton, 1990; Whitehead & Lab, 1989).

Although it is beyond the scope of the current article to review all of these meta-analyses, a number of recent attempts have been made to 'review the reviews'. For example, Losel (1995) reviewed twelve meta-analyses on correctional treatment. He reported that effect sizes ranged between $r=+.05$ and $r=+.36$, with an estimated mean effect for all assessed studies of $r=+.10$. Since then, McGuire (2000) has identified a further six meta-analyses. In combining the 18 meta-analytic reviews published between 1985 and 2000, McGuire reports a mean reduction in recidivism of between 5 and 10%. However, most importantly, he further identifies that many individual studies, and even some meta-analyses, report considerably larger effect sizes. This finding suggests that some methods of correctional intervention are consistently more effective at reducing recidivism than others. It is upon this basis that the New Zealand Department of Corrections has embarked on a policy of designing, implementing and evaluating its rehabilitative programmes in accordance with what is internationally regarded as 'best practice'.

Best practice in correctional programming entails the application of a structured cognitive-behavioural approach that focuses on addressing risk factors for criminal recidivism (Andrews, 2001; McGuire, 2002). The ultimate goal for the New Zealand Department of Corrections is to improve the effectiveness of, and to maximise the reductions in recidivism achieved by, correctional programmes.

New Zealand Correctional Programming

The history of correctional programming in New Zealand has largely followed the path prescribed by North American and British models and hence has been subject to the full impact of the 'nothing works/what works' doctrines (see for example McLaren, 1991, 1992). The NZ Department of Corrections has developed a number of programmes that aim to reduce recidivism for targeted offender groups. Targeted

offender groups have typically been those people imprisoned for offences against other people (e.g., sexual and violent offenders). Targeting has also been extended to include offenders who, by virtue of their repeat offending, occupy considerable, expensive space in the prison system (e.g., driving while disqualified offenders).

This section reviews a number of the rehabilitative programmes offered by the NZ Department of Corrections that specifically aim to reduce recidivism. Excluded are approaches that do not have the explicit goal of reducing recidivism (e.g., educational and vocational programmes such as the National Certificate in Employment Skills). Many of the programmes that are reviewed have been documented in internal departmental publications, however few have been published externally. This partially reflects the relatively small scale of the New Zealand initiatives, but also the operational focus of the Department of Corrections. However in the current social and political environment of having to carefully justify all expenditure, and ensure that practice is based on robust evidence-based models, it appears more important than ever that rehabilitative programmes are scientifically evaluated and, through external publication, are subjected to the necessary peer review. This sentiment was echoed by a previous Minister for Corrections, the Hon. Matt Robson, in the foreword to the 2001 report "*About Time*", when he stated "We must use sound, research-based, rehabilitation programmes for offenders so they do not re-offend." (Department of Corrections, 2001, p. v).

The evidence for effectiveness of six types of rehabilitative interventions is reviewed:

- the Psychological Service;
- Kia Mārama child sex offender treatment programme;
- Montgomery House violence prevention programme;
- Driving Offender Treatment programme;
- Te Piriti child sex offender programme; and
- Straight Thinking.

Psychological Service treatment evaluation studies

The dual roles of the Department of Corrections Psychological Service are to a) reduce recidivism and b) contribute to the safe and humane containment of offenders. The Psychological Service's effectiveness is primarily measured by its impact on offender recidivism, an index linked only to the first role. Psychologists employed by the Psychological Service deliver cognitive-behavioural offence-focussed interventions to high-risk individuals and groups of offenders.

A series of three evaluation studies has reviewed the effectiveness of the Psychological Service in reducing general recidivism. Each has shown that contact with the Psychological Service reduces the likelihood of recidivism, and that more intensive contact (e.g., treatment completed vs. not completed vs. assessment only) is associated with a greater reduction in recidivism. The first Psychological Service re-conviction study (Bakker & Riley, 1993) covered the period from 1 July 1990 to 30 June 1991 and followed subjects for up to 2 years. This study demonstrated a difference of 30 percent (effect size of approximately $r=+.30$) in recidivism for treatment completers ($n=235$) over the no-treatment control group ($n=1727$: 37% vs. 67% recidivism). Favourable comparisons were also observed between control and other treatment comparison groups (e.g., assessed only, treatment not completed).

The second re-conviction study (Bakker & Riley, 1996) followed the same sample, but over a five year period. In this study additional analyses were undertaken on rate of re-offending and seriousness. This second study noted that the effect size had reduced to 22 percent. An effect size of $r=+.22$ nonetheless represents a significant treatment effect, particularly given the long follow-up period. Unlike the first, in the second study control and treatment groups were matched on risk variables. Using an actuarial risk prediction methodology to control for differences in risk levels between no-treatment and treatment-completed groups reduced the recidivism difference between the two groups to

12.4 percent. Bakker and Riley (1996, p.38) concluded that "this should be seen as a 'cast iron' difference in that all possible differences between the groups have been controlled for". Although they are perhaps over-optimistic in their ability to control for all differences between the two groups, it is certainly evident that all coded offender variables including risk variables such as age, criminal history, and actuarial risk of recidivism, were closely matched between groups.

The third re-conviction study (Bakker, 1998) employed survival analysis to compare various treatment and control groups. Using data obtained between 1 July 1993 and 30 June 1994, a Kaplan-Meier survival curve analyses demonstrated a difference of 12 percent between the completed treatment group and a matched no-treatment control group. As with the two previous studies, favourable differences were also observed between the control group and the incomplete treatment (6% difference) and assessed only groups (6.5% difference).

Finally, McLean and Grace (1998) completed further analyses on existing data. They reported that when all treatment groups were combined (i.e. 'treatment complete' and 'treatment incomplete' groups combined so as to include drop-outs), and using estimates of survival at 1000 days, an overall effect size for the Psychological Service (on general recidivism) of $r=+.14$ is obtained. This effect size compares favourably with those reported for international treatment programmes based on established best practice principles. It is also noted that the treatment was equally effective with Māori offenders and non-Māori offenders.

The Kia Mārama sex offender treatment programme

Kia Mārama was established in 1989 as New Zealand's first specialist prison treatment programme for child sex offenders. Originally based on the Atascadero Sex Offender Treatment and Evaluation Programme in California (Marques, 1988), Kia Mārama was established as a 60-bed therapeutic community that provided group-based interventions to convicted

child sex offenders. The highly structured programme is based around 9 hours of group contact per week for a total duration of 33 weeks. Full details of the programme content are provided in the publications "*Kia Marama: A Treatment Programme for Child Molesters in New Zealand*" (Hudson, Wales & Ward, 1998) and "*And there was Light*" (Bakker, Hudson, Wales & Riley, 1998).

Bakker, et al. (1998) compared recidivism outcomes for 238 Kia Mārama graduates and a control group of child sex offenders convicted between 1983 and 1987 ($n=284$), before Kia Mārama had started. Psychological Service staff would have seen at least some of the offenders in the control group for individual treatment because child sex offenders have always represented a priority treatment group for the Department of Corrections.

After controlling for various demographic and offence variables (e.g., ethnicity, number of previous sexual convictions) and differing lengths of follow-up, survival analysis revealed a significant difference (Wald=5.62 $p<.05$) between the Kia Mārama treatment completed group and the control group. Kia Mārama-treated subjects had a failure rate less than one-half of the control group (10% cf. 23% were reconvicted of a sexual offence). McLean and Grace (1998, p. 96; and also personal communication with Randolph Grace, 10 October 2002) in their review of the Kia Mārama programme, reported that when personal, demographic and sample variables are controlled for, the effect size for Kia Mārama is approximately $r=+.20$. As with the Psychological Service effectiveness studies, the obtained effect size for Kia Mārama is very favourable when compared to international studies of a similar nature (e.g., Hall, 1995). However, it is important to note that only sexual recidivism against children and adults was recorded. This evaluation would be enhanced by presentation of statistics on non-sexual recidivism following completion of the Kia Mārama programme. Without this data it is not possible to determine if a specialist programme, such as Kia Mārama, has any generalised effect on recidivism or

whether the effect is localised to future sexual offences.

The Montgomery House Violence Prevention Programme

The Montgomery House Violence Prevention Programme began in 1987 as a joint project between the then New Zealand Department of Justice and the New Zealand Prisoners' Aid and Rehabilitation Society. The initial design, development and early implementation of the programme are documented in detail by Dixon and Wikaira (1988), Dixon and Polaschek (1992) and Polaschek and Dixon (2001). In 1994 the programme was thoroughly reviewed following concerns about the quality and integrity of the programme delivery. The programme was restructured in accordance with the review recommendations (Berry, 1995), and recommenced after a short hiatus in late 1994.

In brief, the revised programme is an 8-week group based intervention established upon social learning and cognitive behavioural principles (e.g., Andrews & Bonta, 1988; Cullen & Gendreau, 1989). Montgomery House is unique in that the programme structure and delivery strongly reflect traditional kawa (Māori protocol and customs). Broadly based on the Te Whare Tapa Whā model (Durie, 1994) the programme emphasises balance across a number of personal dimensions. For example, the programme specifically seeks to address te taha tinana (physical), te taha hinengāro (psychological), te taha wairua (spiritual), and te taha whanau (familial) needs of all residents (Montgomery House, 1994). The majority of referrals to Montgomery House are for Māori offenders. For example, in the study by Berry (1999) reported below, 81% of the treatment group were Māori, 13% Pacific Island, and 6% Caucasian.

Outcome results presented here relate to the first 10 programme intakes run following the 1994 review (January 1995 to December 1996) and are as documented in Berry (1999; see also, Berry, 2003). A total of 64 residents graduated from the 10 programmes run during 1995 and 1996. These 64 men were matched to a control sample on a

large number of relevant variables (e.g., ethnicity, age at first violent offence, number of previous violent and non-violent offences, amount of time spent in prison, maximum seriousness of offending, probability of re-conviction). There were no statistically significant differences between the treatment and control groups on any variables, although it was not ultimately possible to determine if any of the control group had had any other forms of treatment (Berry, 1999).

Reconviction data were collated after 17 months of follow-up for the treatment group, and 16 months for the controls. During this period the treatment group ($n=62$) accumulated 33 violent convictions compared to 51 for the control group ($n=62$)². Treatment completers thus registered 35.3% fewer convictions for violence than the control group. However, somewhat paradoxically, re-convictions for non-violent offences were 22% higher for the treatment group compared to the control group, despite being matched on risk variables. Berry (1999) suggests this result is caused by the higher percentage of the control group who were re-imprisoned and thus were not at liberty to commit non-violent offences for the remainder of the follow-up period. A more thorough evaluation of recidivism is provided by the survival analysis results (Berry, 1999). As previously noted, survival analysis allows variable periods of follow-up to be statistically controlled for. It also allows computation of statistics on the speed of re-conviction. When adjusted for rate of pre-programme violence, survival analysis showed that 26% of the treatment group had been re-convicted of a further violent offence compared to 44% of the control group after a mean of 16 months at liberty. In terms of the speed of violent re-conviction, treatment completers were significantly slower to re-offend than the matched control sample: Cox's $F(54,30) = 2.1, p=.01$.

Berry (1999) also provides a comparative analysis of the performance of the 18 individuals who dropped out of treatment (treatment non-completers) and their controls, who were also matched subject by subject on the same variables as for completers. The 18 treatment non-completers accumulated

127% more violent convictions than their matched controls during the 16-month follow-up period. The actual figures presented are all small: 25 violent convictions for the 18 treatment non-completers versus 11 violent convictions for their 18 matched controls. Therefore differences are not statistically significant, but there appears to be a trend for treatment non-completers to perform worse than all other groups (both completed treatment groups and non-treatment control groups) on re-offending seriousness statistics, speed to re-offending, and the proportion who failed (Berry, 2003).

McLean and Grace (1998) used a conservative approach to estimate the effect size for Berry's (1999) Montgomery House data. They combined the treatment-completed and treatment-not-completed groups and then compared this combined group to the combined control group, which yielded an effect size of $r=+.12$. This effect size is comparable to international findings on the treatment of adult violent offenders which, in the case of the Dowden and Andrews (2000) meta-analysis report a mean effect size of $r=+.07$ from 35 separate studies.

In a further investigation of the effectiveness of the Montgomery House Violence Prevention Programme, Wilson (personal communication, 2 April 2002) has followed up 60 of the original Berry (1999) sample for a total of 6 years. Wilson has reported that preliminary results indicate a difference of 20 percent between the violent recidivism rates of the treatment and control groups after 6 years (58% violent recidivism by the treatment group vs. 78% by the control group). These results provide further support that Montgomery House is effective at reducing the rate of violent recidivism and that the treatment effect endures even after an extended period of time at liberty.

The Driving Offender Treatment (DOT) programme

The DOT programme was developed by Bakker, Ward, Cryer and Hudson (1997) in response to the high recidivism rates of offenders convicted of driving while disqualified (DWD).

As documented by Bakker et al. (1997) and Bakker, Hudson and Ward (2000) the DOT programme is a relapse prevention-based intervention that focuses on the cognitive behavioural processes that lead a DWD offender to recidivate. It has been delivered in a group format to community based and incarcerated offenders.

In the Bakker et al. (2000) evaluation of the DOT programme, 144 male DOT participants were matched with 144 no-treatment DWD offenders according to age, ethnicity, number of previous DWD offences, alcohol related offences, and other criminal convictions. The control group had up to 6 years' follow-up while the treatment group follow-up period ranged from 3 years to 1 month (mean=405 days). Time to re-offence was corrected for any periods of incarceration. Survival analysis was employed to control for the differing lengths of follow-up. The results indicated that 46% of the DOT group had been reconvicted for DWD as compared to 65% of the control group. This represents a significant DWD-specific treatment effect size of approximately $r=+.18$. Positive effect sizes were also obtained for alcohol-related driving convictions (approximately $r=+.04$) and general recidivism (approximately $r=+.10$), but in initial analyses neither difference was statistically significant (Gehan Wilcoxon test = 0.53, $p < .48$ for alcohol related recidivism; Gehan Wilcoxon test = 1.55, $p < .061$ for general recidivism). However, when drop-outs were excluded from the analysis, the treatment effect for general recidivism did achieve significance (approximately $r=+.15$, Gehan Wilcoxon test = 1.71, $p = .04$). The DOT programme is therefore relatively unique in that it is effective at reducing the frequency of the specific behaviour targeted (DWD) and also has a more generalised, albeit smaller, effect on recidivism (any criminal offending).

Te Piriti sex offender treatment programme

Te Piriti Special Treatment Unit for child sex offenders at Auckland Prison was set up in 1994. It is closely modelled on the Kia Mārama

programme at Rolleston Prison in Christchurch but includes a far stronger Māori content with specific focus on promoting a therapeutic environment within a tikanga Māori framework. A recently completed evaluation study (Nathan, Wilson & Hillman, 2003) compared Te Piriti graduates with the same control group as used in the previously reported Kia Mārama evaluation. Results from this study are promising, with a sexual recidivism rate for Te Piriti graduates (Māori and non-Māori combined) of 5% as compared to the control sample sexual recidivism rate of 22%. This result was obtained with 2.5 to 4 years' follow-up after release from prison. Of perhaps most significance however is that when recidivism rates are analysed separately for ethnicity, Māori men were more successfully at Te Piriti, with its marriage of tikanga Māori and Western psychology, than at Kia Mārama, with its predominantly Western psychological approach. For example, the sexual re-offending rate for Māori graduates from Te Piriti was 4% ($n=68$) compared to 13.6% for Māori graduates from Kia Mārama. ($n=81$). Preliminary results therefore suggest that the Te Piriti programme is at least as successful in reducing sexual recidivism amongst child sex offenders as the Kia Mārama programme, and for Māori offenders, maybe even more successful. The findings strongly support the principle of responsivity, in that greater reductions in recidivism are obtained when the programme style and delivery is matched to the ethnicity of offenders. The findings from Nathan et al. (2003) add considerably to our understanding of the role that tikanga Māori processes play in the effective treatment of both Māori and non-Māori offenders.

Straight Thinking

Beginning in the 2000/2001 annual report, the Department of Corrections published effect sizes for a number of its rehabilitation programmes, including the Straight Thinking programme (Department of Corrections, 2001b, pp. 31-32). In these reports, the Department uses the term rehabilitation quotient (RQ) for effect size. The RQ compares a treatment group against a control group matched for age, ethnicity

and risk. It is computed from the respective difference between the control and treatment group in either re-conviction rates or re-imprisonment rates. Because only two years of results are available, the sample sizes remain small, and follow-up periods relatively short. Exact sample sizes are not reported. A further limitation noted in the 2001/2002 annual report is that the RQ results relate to a period of significant restructuring within the Department of Corrections (Department of Corrections, 2002). Both the 2000/2001 and 2001/2002 annual reports provide RQ figures for the Straight Thinking programme, which has not previously been evaluated in terms of recidivism outcome.

Straight Thinking is a cognitive skills programme similar in content and delivery to the Canadian "Cognitive Skills Program" (see Motiuk & Serin, 2001, for a brief review). It is designed to improve the critical reasoning skills, and change the beliefs and behaviour of offenders. Straight Thinking is delivered to groups of offenders in the community and prison. It is approximately 70 hours in duration and is non-specific to offence types (i.e. it does not focus on any one specific type of offence such as violence or sexual offending). The 2000/2001 reported effect sizes for Straight Thinking were $r=+.056$ when delivered in prison and $r=+.009$ when delivered in the community. RQs for the 2001/2002 year were reported only for prison-based Straight Thinking graduates ($r=+.01$). These very modest effect sizes, while in a positive direction, did not reach statistical significance. It should also be noted that these calculations excluded offenders who started but did not complete the programme, who were in fact re-imprisoned at a higher rate than the control group (Department of Corrections, 2002).

Of all the interventions reviewed in this paper, the Straight Thinking programme would appear to adhere least to the established principles of effective programming, as espoused by authors such as Andrews (2001) and McGuire (2002). For example, it does not focus on specific criminogenic needs, has no after care or structured

follow-up, and gives minimal attention to relapse prevention. So it is not surprising that only a very modest reduction in recidivism is obtained. It is anticipated that over time the accuracy of RQ reporting for Straight Thinking will increase, with larger sample sizes and lengthier periods of follow-up. However, recent international research has demonstrated that cognitive skills programmes have at best a modest effect on recidivism and at worse, may actually increase recidivism (see for example, Falshaw, Friendship, Travers, & Nugent, 2003).

Conclusions

Evidence on the effectiveness of some rehabilitation programmes in reducing the likelihood of future recidivism is strong. The New Zealand programmes reviewed in the current article provide further weight to this assertion. The effectiveness of both general (e.g., the Psychological Service) and specialist treatment programmes (e.g., for violent offenders, driving offenders, and child sex offenders) in New Zealand compares favourably with international reviews. Recent positive results with respect to the provision of culturally responsive and appropriate treatment to Māori offenders is especially encouraging.

Yet we have by no means reached the pinnacle of treatment effectiveness, even for our so-called most effective programmes. Collectively, the studies presently reviewed have a number of limitations. Firstly, the majority of the specialist treatments appear to only reduce the re-offending rate of the behaviour under intense focus. With the exception of the DOT programme (Bakker et al., 2000) the studies reviewed that do provide data on recidivism rates for specific and general re-offending suggest that general re-offending is not yet being addressed by attendance at these specialist programmes. This observation suggests that although antisocial attitudes, beliefs and behaviours specific to the offending (e.g., violence and child sex offending) may be being addressed, more pervasive or generalised antisocial behaviours are either remaining unchallenged or are resistant to challenge during these specialist

programmes. Addressing this shortcoming offers the opportunity to substantially broaden the effectiveness of programmes and in doing so reduce both specific and general offending behaviour.

Secondly, the issue of 'programme stacking' deserves comment. This relates to the provision of more than one rehabilitative programme during the course of an offender's sentence, for example, completion of a tikanga programme, followed by Straight Thinking, and immediately prior to release, a specialist violence prevention programme. Very few international studies, and no New Zealand studies, have addressed the complex issue of programme stacking (for an exception see Marquis, Bourgon, Armstrong & Pfaff, 1996). However, given the above discussion on the specificity of treatment results (i.e. treatment appears to only impact on the targeted offending behaviour and not to have a generalised effect to other types of offences), the provision of multiple types of programming – especially if targeted at different criminogenic needs – appears to hold significant promise. The successful results of the Te Piriti evaluation, which demonstrated that a programme that combines tikanga Māori processes with Western psychology, should offer strong encouragement for this area. Te Piriti has demonstrated that a tikanga Māori component has an additive value over an exclusively cognitive behavioural approach to the treatment of child sex offending. Whether the same result could be obtained by stacking a tikanga Māori programme with other cognitive behavioural programmes is yet to be answered.

Finally, many of the reviewed evaluations do not report how many offenders failed to complete programmes that they started, the reasons for their non-completion and what happened to them in terms of recidivism after dropping out (see Berry, 1999, 2003 for an exception). A number of studies, both internationally (Stark, 1992; Wormith & Olver, 2002) and in New Zealand (Department of Corrections, 2001b) indicate that treatment drop-outs have a higher recidivism rate than not only treatment

completers and control groups, but in some cases also treatment refusal groups. The inclusion of data on treatment non-completers also allows for the investigation of any possible selection bias (e.g., differences in risk, ethnicity, initial motivation) between completing and non-completing groups. Future evaluative studies should ensure that the issue of treatment non-completion is fully documented in the reporting of any results.

Summary

Programme evaluation is critically important to the advancement of correctional rehabilitation knowledge. Evaluation studies with specific and definable outcome criteria (e.g., recidivism) should provide the catalyst for programme improvement and evolution. This will only be achieved through critical analysis of what programmes are effective and for who, and subsequently, what parts of those programmes are effective and why. With the answers to these questions we then have the potential to further increase the effectiveness of treatment programmes with the ultimate aim of increasing community safety.

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Notes

1. Meta-analytic techniques are popular in outcome research as they allow for the statistical aggregation of results from independent studies (Garrett, 1985). The key outcome variable in meta-analysis is the mean effect size (r). An effect size provides an estimation of the difference in recidivism rates between experimental and control samples. For example, an effect size of $r=+.10$ would equate to a difference of 10 percentage points between the experimental and control group. Thus, if the recidivism rate for the control group was 55%, an effect size of $r=+.10$ would translate to a reduction in recidivism from 55% to 45% for the experimental group.
2. Note that these data represent just the frequency of reconvictions. They do not necessarily equate to 33 individuals re-offending, just 33 re-offences by an unknown number of individuals. Data for two individuals were excluded because the controls remained in prison throughout the follow-up.

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